Challenging Perspectives on an Established Wound Healing Technology: BeneHold™ Hydrocolloid: The New Paradigm

First Generation
• Absorbent and gentle, but break down in the wound
• Dark yellow, brown and thick

Original Formulations

Second Generation
• Semi-integrated, less residue
• Higher tack, less skin friendly

Mainstream products

Today
• Highly integrated, do not break down in the wound
• Very absorbent yet high adhesion
• Gentle and very conformable
• Extended wear
• Odorless and translucent

BeneHold™

Though these dressings have been on the market for decades, clinical use of traditional hydrocolloids has declined in recent years in favor of alternatives like foams, alginates, and absorbent fibers. BeneHold brings a new perspective and performance that challenges established ideas around this class of products.

Advanced, patented hydrocolloid technology provides gentle yet secure adhesion for extended wear, even in hard to dress locations. Combined with high absorbency and clean removal, BeneHold hydrocolloids demand a second look.

An Avery Dennison business
Hydrocolloid Revisited

The BeneHold family of hydrocolloid wound dressings leverages Vancive’s unique and propriety next-generation adhesive formulations. Unlike traditional hydrocolloids, these materials remain highly integrated to cleanly remove from the wound bed and the periwound skin.

In independent laboratory testing, BeneHold Bordered Hydrocolloid Dressing with Odor Control was found to leave minimal adhesive residue on the skin, and scored better in this regard than Comfeel® Plus Ulcer, DuoDERM® Extra Thin, DuoDERM® CGF®, and Tegaderm™ Hydrocolloid.** And unlike Tegaderm™ Hydrocolloid, the dressing does not require taping to secure.

Patented Odor Control Technology

Unlike conventional hydrocolloids, the adhesive is inherently odorless. But in addition to that, a patented Vancive hydrocolloid adhesive formulation incorporates cyclodextrins shown to entrap and absorb offending odorant molecules.

Efficient Moisture Management

BeneHold hydrocolloid adhesives have superb fluid-handling capacity, such that they provide moisture management capabilities on par with other, much thicker dressings. Thus, patients receive the benefits of a highly absorbent adhesive in a format less cumbersome to wear.

Each dressing’s total fluid-handling capacity (FHC) is the combination of its moisture-vapor transmission rate (MVTR) and static absorption.* Despite its comparatively low profile, the BeneHold dressing manages moisture as well as (or better than) other, thicker hydrocolloids.

Designed For Patient Comfort

BeneHold Bordered Hydrocolloid Dressing with Odor Control combines Vancive’s unique adhesive technology with a smooth, low-friction polyurethane top film.

For maximum absorbency, a layer of odor-control adhesive is centered on a larger portion of hydrocolloid adhesive creating a low-profile edge to avoid roll-off. The dressing is conformable so as to mold to the body’s contours, even in hard to dress areas. It is available in both square and sacral shapes to further enhance ease of application and patient comfort.

In the clinical evaluations, patients rated the dressing as being highly comfortable to wear and painless to remove. Clinicians assessed the adhesive removal to be atraumatic, and unanimously found that the dressing remained in place longer than expected and longer than previously used dressings.

** BeneHold Bordered Hydrocolloid Dressing with Odor Control compared with DuoDERM® Extra Thin (ConvaTec #187955), DuoDERM® CGF® (ConvaTec #187660), Comfeel® Plus Ulcer (Coloplast #3110), and Tegaderm™ Hydrocolloid (SM #90002) after seven days’ wear on the backs of healthy human volunteers.

*Independent laboratory testing of BeneHold Bordered Hydrocolloid Dressing with Odor Control compared with DuoDERM® Extra Thin (ConvaTec #187955), Comfeel® Plus Ulcer (Coloplast #3110), Tegaderm™ Hydrocolloid (SM #90002) and DuoDERM® CGF® (ConvaTec #187660). Fluid-handling capacity measured according to §3.3 of standard BS EN13726:1:2002

**[Nurses] have all used hydrocolloids in the past which have created an odor... they don’t like the smell, and patients don’t like the smell. But this one is particularly non-odorous. It doesn’t have that hydrocolloid smell to it.” — Rosie Callaghan Tissue Viability Specialist Nurse
Advancing Clinical Results

BeneHold Bordered Hydrocolloid Dressing with Odor Control was the subject of a ten patient clinical evaluation conducted at the Worcester Health and Care Trust (Worcester, UK), under the direction of Professor Jackie Stephen-Haynes, Professor in Tissue Viability at Birmingham City University, with clinical leadership by Rosie Callaghan, Tissue Viability Specialist Nurse. Most of the wounds addressed were pressure ulcers, located on various parts of the body, such as the sacrum, heel, elbow, and foot. One wound began as a skin tear that had gone untreated for some time, and one was the result of a ruptured abscess. Clinicians documented their impressions of the dressing throughout the evaluation period, which lasted a maximum of four weeks.

Sustained Wear On Hard To Dress Areas

All ten patients switched to BeneHold from another dressing: seven from an absorbent foam, one from a transparent film, and in the other two cases the prior dressing was unspecified.

In seven of these cases, the prior dressing was not staying in place: wounds were located in awkward locations, and in some cases complications of incontinence resulted in regular exposure to moisture and soiling. These required daily (or even more frequent) dressing changes.

On average, patients wore BeneHold Bordered Hydrocolloid Dressing three days longer than their previous dressings.

Extended wear time was enabled by the dressing’s ability to mold around body contours and by the combination of a thin border, which sits flush against the skin, and a smooth low-friction top layer that together make the dressing less likely to dislodge from the skin.

Promotes Autolytic Debridement

In nine of the ten wounds (all except the ruptured abscess), much of the wound bed was covered with necrotic tissue at presentation. In several of these cases, clinicians noted debridement as an immediate treatment goal, but attempts to soften the eschar using products like hydrogel or honey had been unsuccessful.

By the end of the evaluation, the amount of necrotic tissue decreased in nearly every case: four wounds that began covered >90% with eschar ended with none, three others went from 100% necrotic to 50% or less, one decreased slightly and in one the eschar remained, but was noticeably softened.

Several of these were difficult cases in which the wound at presentation was in a static mode, unable to progress to further healing. Debridement was seen as the first step on a path to improvement.