

CADTH RAPID RESPONSE REPORT: REFERENCE LIST

Hemostatic Gauze for Wound Care: Clinical Effectiveness and Cost-Effectiveness

Service Line: Rapid Response Service

Version: 1.0

Publication Date: April 07, 2020

Report Length: 8 Pages



Authors: Diksha Kumar, Charlene Argáez

Cite As: Hemostatic gauze for wound care: clinical effectiveness and cost-effectiveness. Ottawa: CADTH; 2020 Apr. (CADTH rapid response report: reference list).

Disclaimer: The information in this document is intended to help Canadian health care decision-makers, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not endorse any information, drugs, therapies, treatments, products, processes, or services.

While care has been taken to ensure that the information prepared by CADTH in this document is accurate, complete, and up-to-date as at the applicable date the material was first published by CADTH, CADTH does not make any guarantees to that effect. CADTH does not guarantee and is not responsible for the quality, currency, propriety, accuracy, or reasonableness of any statements, information, or conclusions contained in any third-party materials used in preparing this document. The views and opinions of third parties published in this document do not necessarily state or reflect those of CADTH.

CADTH is not responsible for any errors, omissions, injury, loss, or damage arising from or relating to the use (or misuse) of any information, statements, or conclusions contained in or implied by the contents of this document or any of the source materials.

This document may contain links to third-party websites. CADTH does not have control over the content of such sites. Use of third-party sites is governed by the third-party website owners' own terms and conditions set out for such sites. CADTH does not make any guarantee with respect to any information contained on such third-party sites and CADTH is not responsible for any injury, loss, or damage suffered as a result of using such third-party sites. CADTH has no responsibility for the collection, use, and disclosure of personal information by third-party sites.

Subject to the aforementioned limitations, the views expressed herein do not necessarily reflect the views of Health Canada, Canada's provincial or territorial governments, other CADTH funders, or any third-party supplier of information.

This document is prepared and intended for use in the context of the Canadian health care system. The use of this document outside of Canada is done so at the user's own risk

This disclaimer and any questions or matters of any nature arising from or relating to the content or use (or misuse) of this document will be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and all proceedings shall be subject to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

The copyright and other intellectual property rights in this document are owned by CADTH and its licensors. These rights are protected by the Canadian *Copyright Act* and other national and international laws and agreements. Users are permitted to make copies of this document for non-commercial purposes only, provided it is not modified when reproduced and appropriate credit is given to CADTH and its licensors.

About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Questions or requests for information about this report can be directed to requests@cadth.ca



Research Questions

- 1. What is the clinical effectiveness of hemostatic gauze with kaolin for patients requiring wound care?
- 2. What is the clinical effectiveness of hemostatic gauze with chitosan for patients requiring wound care?
- 3. What is the cost-effectiveness of hemostatic gauze with kaolin for patients requiring wound care?
- 4. What is the cost-effectiveness of hemostatic gauze with chitosan for patients requiring wound care?

Key Findings

Two systematic reviews were identified regarding the clinical effectiveness of hemostatic gauze for patients requiring wound care. No evidence regarding the cost-effectiveness of hemostatic gauze was identified.

Methods

A limited literature search was conducted by an information specialist on key resources including PubMed, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were hemostatic gauze composed of chitosan and kaolin, and wound care. Filters were applied to limit the retrieval health technology assessments, systematic reviews, and meta analyses, randomized controlled trials, economic studies, and non-randomized studies. The search was also limited to English language documents published between January 1, 2015 and March 30, 2020. Internet links are provided where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.



Table 1: Selection Criteria

Population	Patients of any age requiring internal or external wound care
Intervention	Q1 & Q3: Hemostatic gauze impregnated or coated with kaolin Q2 & Q4: Hemostatic gauze impregnated or coated with chitosan; Hemostatic gauze made from chitosan
Comparator	Q1 & Q3: Hemostatic gauze impregnated or coated with chitosan; Hemostatic gauze made from chitosan Q2 & Q4: Alternative types of chitosan hemostatic gauze
Outcomes	Q1 & Q2: Clinical effectiveness (e.g., cessation of bleeding, survival, time to stop bleeding, blood loss) and safety (e.g., burns, infections) Q3 & Q4: Cost-effectiveness (e.g., cost per benefit gained)
Study Designs	Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, and economic evaluations

Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessments and systematic reviews are presented first. These are followed by randomized controlled trials, non-randomized studies, and economic evaluations.

Two systematic reviews¹⁻² were identified regarding the clinical effectiveness of hemostatic gauze for patients requiring wound care. No relevant health technology assessments, randomized controlled trials, non-randomized studies, or economic evaluations were identified.

Additional references of potential interest are provided in the appendix.

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-Analyses

- Welch M, Barratt J, Peters A, Wright C. Systematic review of prehospital haemostatic dressings. J R Army Med Corps. 2019 Feb 2. <u>PubMed: PM30711924</u>
- Boulton AJ, Lewis CT, Naumann DN, Midwinter MJ. Prehospital haemostatic dressings for trauma: a systematic review. *Emerg Med J.* 2018 Jul;35(7):449-457.
 PubMed: PM29728411

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

No literature identified.



Economic Evaluations

No literature identified.



Appendix — Further Information

Systematic Reviews and Meta-Analyses

Unclear Comparator

 Liu J, Zeng Q, Ke X, Yang Y, Hu G, Zhang X. Influence of Chitosan-based dressing on prevention of synechia and wound healing after endoscopic sinus surgery: a metaanalysis. Am J Rhinol Allergy. 2017 Nov 4;31(6):401-405.
 PubMed: PM29122085

Randomized Controlled Trials

Alternative Comparator — Cellulose-based Hemostatic Agent

 Efeoglu C, Sipahi Calis A, Karasu Z, Koca H, Boyacioglu H. Prospective randomized single-blind study of post-operative bleeding after minor oral surgery in patients with cirrhosis. *Turk J Gastroenterol*. 2019 Feb;30(2):171-176.
 PubMed: PM30457557

Alternative Comparator — Collagen-based Hemostatic Agent

 Pippi R, Santoro M, Cafolla A. The Use of a Chitosan-derived hemostatic agent for postextraction bleeding control in patients on antiplatelet treatment. *J Oral Maxillofac* Surg. 2017 Jun;75(6):1118-1123.
 PubMed: PM28189659

Alternative Comparator — Hydrocolloid Dressing

 Halim AS, Nor FM, Mat Saad AZ, Mohd Nasir NA, Norsa'adah B, Ujang Z. Efficacy of Chitosan derivative films versus hydrocolloid dressing on superficial wounds. *J Taibah Univ Med Sci.* 2018 Dec;13(6):512-520.
 PubMed: PM31435371

Alternative Comparator — Standard Gauze

 Hwang YG, Lee JW, Won EA, Han SH. Prospective randomized controlled study of hemostatic efficacy with kaolin-impregnated dressings in diabetic foot ulcers taking anticoagulants undergoing debridement in an outpatient clinic. *J Diabetes Res.* 2019 Nov;2019:9316380.

PubMed: PM31828170

 Kabeer M, Venugopalan PP, Subhash VC. Pre-hospital hemorrhagic control effectiveness of Axiostat® dressing versus conventional method in acute hemorrhage due to trauma. *Cureus*. 2019 Aug 29;11(8):e5527.
 PubMed: PM31687302



 Noh JH, Lee JW, Nam YJ, Choi KY. Is intraoperative use of QuikClot combat gauze effective for hemostasis after total knee arthroplasty? *Clin Orthop Surg.* 2017 Mar;9(1):43-49.

PubMed: PM28261426

 Dilokhuttakarn T, Vilai P, Rungsinaporn V. The efficacy of Chitosan dressing in reducing blood loss for harvest site in split thickness skin graft: a randomized control trial. J Med Assoc Thai. 2016 Nov;99 Suppl 8:S19-s24. <u>PubMed: PM29901373</u>

- Kondapalli SS, Czyz CN, Stacey AW, Cahill KV, Foster JA. Use of Kaolin-impregnated gauze for improvement of intraoperative hemostasis and postoperative wound healing in blepharoplasty. *J Clin Aesthet Dermatol*. 2016 Jun;9(6):51-55.
 PubMed: PM27386052
- Hatamabadi HR, Asayesh Zarchi F, Kariman H, Arhami Dolatabadi A, Tabatabaey A, Amini A. Celox-coated gauze for the treatment of civilian penetrating trauma: a randomized clinical trial. *Trauma Mon.* 2015 Feb;20(1):e23862.
 PubMed: PM25825701
- 13. Mo X, Cen J, Gibson E, Wang R, Percival SL. An open multicenter comparative randomized clinical study on Chitosan. *Wound Repair Regen.* 2015 Jul-Aug;23(4):518-524.

PubMed: PM25845544

Non-Randomized Studies

Alternative Comparator

14. Gupta A, Rattan V, Rai S. Efficacy of Chitosan in promoting wound healing in extraction socket: a prospective study. *J Oral Biol Craniofac Res.* 2019 Jan-Mar;9(1):91-95.

PubMed: PM30456164

- Winstanley M, Smith JE, Wright C. Catastrophic haemorrhage in military major trauma patients: a retrospective database analysis of haemostatic agents used on the battlefield. J R Army Med Corps. 2019 Dec;165(6):405-409.
 - PubMed: PM30287682
- 16. Choron RL, Hazelton JP, Hunter K, et al. Intra-abdominal packing with laparotomy pads and QuikClot during damage control laparotomy: a safety analysis. *Injury*. 2017 Jan;48(1):158-164.

PubMed: PM27469399

Alternative Outcomes

 Bar J, David A, Khader T, Mulcare M, Tedeschi C. Assessing coagulation by Rotational Thromboelastometry (ROTEM) in rivaroxaban-anticoagulated blood using hemostatic agents. *Prehosp Disaster Med.* 2017 Oct;32(5):580-587.
 PubMed: PM28625215



Unclear Comparator

 Shinkawa T, Holloway J, Tang X, Gossett JM, Imamura M. Experience Using Kaolinimpregnated sponge to minimize perioperative bleeding in Norwood operation. World J Pediatr Congenit Heart Surg. 2017 Jul;8(4):475-479.
 PubMed: PM28696876

Review Articles

 Peng HT. Hemostatic agents for prehospital hemorrhage control: a narrative review. *Military Med Res.* 2020 Mar 25;7(1):13. <u>PubMed: PM32209132</u>

 Allison HA. Hemorrhage control: lessons learned from the battlefield use of hemostatic agents that can be applied in a hospital setting. *Crit Care Nurs Q*. 2019 Apr/Jun;42(2):165-172.
 PubMed: PM30807340

21. Zhang YJ, Gao B, Liu XW. Topical and effective hemostatic medicines in the battlefield. *Int J Clin Exp Med*. 2015 Jan 15;8(1):10-9. PubMed: PM25784969