

Plus Triclosan-Coated Sutures

Budget Impact Model



The petri dish image is for illustrative purposes only, zone of inhibition testing results can vary. Variance in testing results does not impact bacterial colonization.

SSI Prevention

- Surgical site infections (SSIs) are a common and costly problem, accounting for about 15% of all healthcare-associated infections¹
- SSIs take a significant clinical and economic toll as patients are **5 times more likely to be readmitted, hospitalized for up to 10 additional days, and 2 times more likely to die**^{1,2}

International Guidelines:

National Institute for Health and Care Excellence (NICE)

Centers for Disease Control and Prevention (CDC)

World Health Organization (WHO)

American College of Surgeons and Surgical Infection Society (ACS & SIS)

HTA Report:

European Network of Health Technology Assessment (EUnetHTA)

Guidelines on reducing the risk of surgical site infections are general to triclosan-coated sutures and are not specific to any one brand.

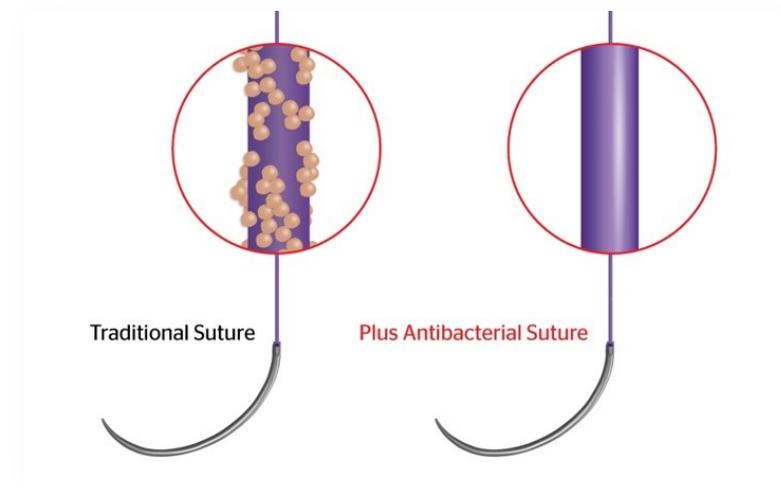
Triclosan-Coated Sutures

Plus Sutures –the only sutures with triclosan available worldwide with antibacterial protection offered by IRGACARE[®]* MP (Triclosan)[†]:

- Plus Sutures are made with high purity material of triclosan – IRGACARE[®] MP* – a broad-spectrum antimicrobial agent that has been widely used and extensively studied for over 30 years⁸
- Triclosan has been shown in vitro to inhibit bacterial colonization of the suture for 7 days or more, including bacteria commonly associated with SSI⁹⁻¹¹

Ethicon's Plus Triclosan-Coated Sutures come in a range of polymers and sizes:

- Coated VICRYL[™] Plus Antibacterial (polyglactin 910) Suture
- MONOCRYL[™] Plus Antibacterial (poliglecaprone 25) Suture
- PDS[™] Plus Antibacterial (polydioxanone) Suture
- STRATAFIX[™] Knotless Tissue Control Devices with Plus Antibacterial



For complete indications, contraindications, warnings, precautions, and adverse reactions, please reference full package insert.

*Trademark of BASF SE

[†]There are no competitive triclosan coated sutures that have both FDA clearance and CE Marked as of January 2017

Objectives

- To estimate the potential financial impacts following wound closure with triclosan-coated sutures or uncoated sutures for National Health Service (England) as a healthcare provider.

Methods

- A systematic review of all evidence available from January 2005 to September 2016 with all identified publications reviewed manually for inclusion in the final list of studies.
- The results of the meta-analysis were used in a cost analysis, using the National Health Service (NHS England)-based cost of inpatient admissions for infections and differential costs of triclosan-coated sutures versus uncoated

Results

- A total of **34 studies were included**. The mean number of patients was 493 per study; 252 patients in the triclosan-coated sutures group and 241 patients in the uncoated suture group.
- The primary analysis demonstrated a **39% reduction in the risk of SSI for the triclosan-coated sutures group** compared to the uncoated suture group (Odds Ratio: 0.61, 95% CI: (27%, 48%), $p < 0.001$).
- **Overall savings were estimated to be £91.25 per procedure**. The cost analysis reported mean savings per procedure from £56.59 for clean wound procedures to £248.23 for contaminated/dirty wound procedures.

Conclusions

- Antimicrobial sutures may result in significant cost savings across various surgical wound types.

Model Inputs & Results

The results from the model are based on the following parameters, the default values of which can be edited by the user. Use of future practice is anticipated to result in cost savings of: **£28,023**

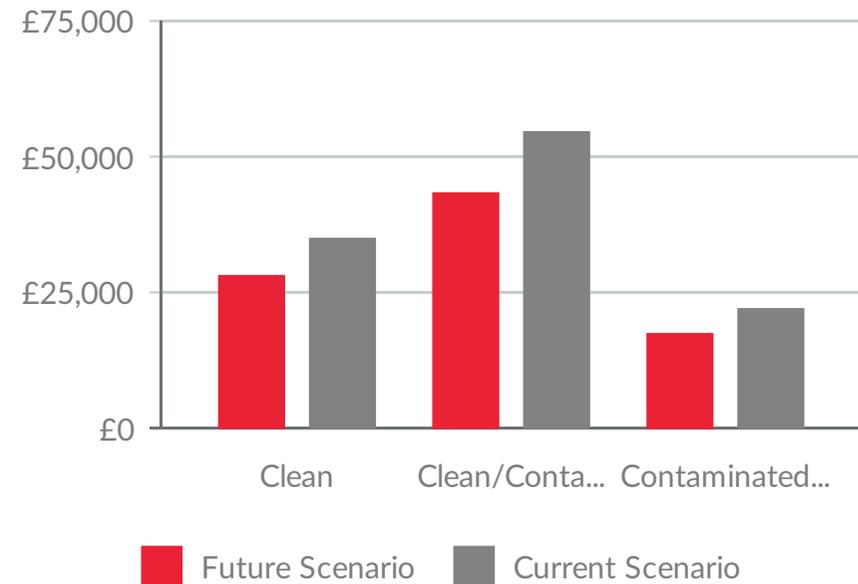
Procedure Volume and SSI Rates

- Total annual procedures: 250
- SSI rates: by wound type
- Current use of 100 % and 0 % and future use of 20 % and 80 % of traditional sutures and triclosan-coated sutures, respectively.

Cost Inputs

- Sutures used per procedure: 3
- Cost per traditional suture strand: £3.87
- Cost per triclosan-coated suture strand: £5.03
- Cost per admission for SSI: £3,122.86

Institutional Costs by Wound Type



References

1. World Health Organization (2009) WHO Guidelines for Safe Surgery.
2. de Lissovoy G, Pan F, Patkar AD, Edmiston CE Jr, Peng S (2011) Surgical site infection incidence and burden assessment using multiinstitutional real-world data. Poster presented at: International Society for Pharmacoeconomics and Outcomes Research 11th Annual European Congress; November 5-8; Madrid, Spain.
3. National Institute for Health and Care Excellence. Surgical site infections: prevention and treatment. NICE guideline [NG125] Published: 11 April 2019. Accessed September 2019. Available from: <https://www.nice.org.uk/guidance/ng125/>
4. Berrios-Torres SI, Umscheid CA, Bratzler DW, et al. (2017) Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infection. *JAMA Surg* doi:10.1001/jamasurg.2017.0904
5. World Health Organization. Global guidelines on the prevention of surgical site infection. 2016.
6. Ban KA, Minei JP, Laronga C, et al. (2016) American College of Surgeons and Surgical Infection Society: Surgical Site Infection Guidelines, 2016 Update. *J Am Coll Surg* 224: 59-74.
7. Huic M, Tandara Hacek R, Ercevic D, Grenkovic R, Poklepovic Pericic T, Utrobicic A, Civljak M, Puljak L (2017) Antibacterial-coated sutures versus nonantibacterial-coated sutures for the prevention of abdominal, superficial and deep incisional, surgical site infection (SSI). *EUnetHTA Joint Action 3 WP4*.
8. Barbolt TA (2002) Chemistry and safety of triclosan, and its use as an antimicrobial coating on Coated Vicryl Plus Antibacterial Suture (coated polyglactin 910 suture with triclosan). *Surg Infect (Larchmt)* 3(suppl): S45-S53.
9. Ming X, Rothenburger S, Yang D (2007) In vitro antibacterial efficacy of Monocryl Plus Antibacterial Suture (poliglecaprone 25 with triclosan). *Surg Infect (Larchmt)* 8 (2): 201-207.
10. Rothenburger S, Spangler D, Bhende S, Burkley D (2002) In vitro antimicrobial evaluation of coated Vicryl Plus Antibacterial Suture (coated polyglactin 910 with triclosan) using zone of inhibition assays. *Surg Infect (Larchmt)* 3(suppl): S79-S87.
11. Ming X, Rothenburger S, Nichols MM (2008) In vivo and in vitro antibacterial efficacy of PDS Plus (polydioxanone with triclosan) suture. *Surg Infect (Larchmt)* 9 (4): 451-457.
12. Chang WK, Srinivasa S, Morton R, et al. (2012) Triclosan-Impregnated Sutures to Decrease Surgical Site Infections: Systematic Review and Meta-Analysis of Randomized Trials. *Ann Surg* 255 (5): 854-859.
13. Sajid MS, Craciunas L, Sains P, et al. (2013) Use of antibacterial sutures for skin closure in controlling surgical site infections: a systematic review of published randomized, controlled trials. *Gastroenterol Rep* 1 (1): 42-50.
14. Edmiston CE, Daoud FC, Leaper D (2013) Is there an evidence-based argument for embracing an antimicrobial (triclosan)-coated suture technology to reduce the risk for surgical-site infections?: A meta-analysis. *Surgery* 154 (1): 89-100.
15. Wang ZX, Jiang CP, Cao Y, et al. (2013) Systematic review and meta-analysis of triclosan-coated sutures for the prevention of surgical-site infection. *Brit J Surg* 100 (4): 465-473.
16. Daoud FC (2014) Systematic Literature Review Update of the PROUD Trial: Potential Usefulness of a Collaborative Database. *Letter to Surg Infect (Larchmt)* 15 (6): 857-858.
17. Apisarnthanarak A, Singh N, Bandong AN, et al. (2015) Triclosan-Coated Sutures Reduce the Risk of Surgical Site Infections: A Systematic Review and Meta-Analysis. *Infection Control & Hospital Epidemiology* 36 (2): 169-179.
18. Guo J, Pan LH, Li YX, et al. (2016) Efficacy of triclosan-coated sutures for reducing risk of surgical site infection in adults: a meta-analysis of randomized clinical trials. *J Surg Res* 201 (1): 105-117.
19. Sandini M, Mattavelli I, Nespoli L, Uggeri F, Gianotti L (2016) Systematic review and meta-analysis of sutures coated with triclosan for the prevention of surgical site infection after elective colorectal surgery according to the PRISMA statement. *Medicine* 95 (35): e4057.
20. Wu X, Kubilay NZ, Ren J, et al. (2017) Antimicrobial-coated sutures to decrease surgical site infections: a systematic review and meta-analysis. *Eur J Clin Microbiol Infect Dis* 36 (1): 19-32.
21. de Jonge SW, Atema JJ, Solomkin JS, Boermeester MA (2017) Meta-analysis and trial sequential analysis of triclosan-coated sutures for the prevention of surgical-site infection. *Br J Surg* 104 (2): e118 - e133.
22. Elsolh B, Zhang L, Patel SV (2017) The effect of antibiotic-coated sutures on the incidence of surgical site infections in abdominal closures: a metaanalysis. *J Gastrointest Surg* 21 (5): 896-903.
23. Henriksen NA, Deerenberg EB, Venclauskas L, Fortelny RH, Garcia-Alamino JM, Miserez M, Muysoms FE (2017) Triclosan-coated sutures and surgical site infection in abdominal surgery: the TRISTAN review, meta-analysis and trial sequential analysis. *Hernia* 21 (6): 833-841.
24. Konstantelias AA, Andriakopoulou CS, Mourgela S (2017) Triclosan-coated sutures for the prevention of surgical-site infections: a meta-analysis. *Acta Chirurgica Belgica* 117 (3): 137-148.
25. Leaper DJ, Edmiston CE, Jr., Holy CE (2017) Meta-analysis of the potential economic impact following introduction of absorbable antimicrobial sutures. *Br J Surg* 104 (2): e134-e144.
26. Hunger R, Mantke A, Herrmann C, Mantke R (2019) Triclosan-coated sutures in colorectal surgery: assessment and meta-analysis of the recommendations of the WHO guideline. [Triclosan-beschichtete nahtmaterialien in der kolorektalen chirurgie]. *Der Chirurg* 90 (1): 37-46.
27. Uchino M, Mizuguchi T, Ohge H, Haji S, Shimizu J, Mohri Y, Yamashita C, Kitagawa Y, Suzuki K, Kobayashi M, Kobayashi M, Sakamoto F, Yoshida M, Mayumi T, Hirata K (2018) The Efficacy of Antimicrobial-Coated Sutures for Preventing Incisional Surgical Site Infections in Digestive Surgery: a Systematic Review and Meta-analysis. *J Gastrointest Surg* 22 (10): 1832-1841.
28. Centers for Disease Control. Principles of Epidemiology in Public Health Practice, Third Edition An Introduction to Applied Epidemiology and Biostatistics. May 2012. Available from <https://www.cdc.gov/ophs/csels/dsepd/ss1978/lesson3/section5.html> [accessed September 2019].
29. NHS Hospital episode statistics database. (2014-15) Based on number of surgeries in the UK.
30. Ethicon Inc, EFP Medical Devices List 2018. Data on File.
31. National Institute for Health and Care Excellence. Surgical site infections: prevention and treatment. NICE guideline [NG125] [D] Evidence review for the effectiveness of closure materials and techniques in the prevention of surgical site infection. Published: 11 April 2019. Accessed September 2019. Available from: <https://www.nice.org.uk/guidance/ng125/>
32. Badia JM, Casey AL, Petrosillo N, Hudson PM, Mitchell SA, Crosby C (2017) Impact of surgical site infection on healthcare costs and patient outcomes: a systematic review in six European countries. *J Hosp Infect* 96: 1-15.

Disclaimer

Johnson & Johnson Information Security Policies require that the device you are using to connect to this service is a device managed by Johnson & Johnson OR complies with the following: Security patches are up-to-date; An up-to-date commercial Anti-Virus/Anti-Malware product is installed and operational (i.e., not disabled), with up-to-date definitions; A commercial software firewall is installed and operational (i.e., not disabled); No peer-to-peer (P2P) file sharing software is installed; Access to this service from an untrusted device, including, but not limited to, those at cyber cafes and public kiosks is PROHIBITED. You must confirm below that you are complying with these requirements before accessing this service.

The information contained in this budget impact model is for informational purposes only and represents no statement, promise or guarantee by Ethicon concerning costs, payments of charges. Given that prices and medical costs are hospital and context specific, default values within this model are provided as a starting point only, and are designed to be replaced by user-defined estimates where available. Resource utilization has been estimated by Ethicon based on published literature evidence and is for illustrative purposes only. This model is not intended to influence clinical practice. Accordingly, Ethicon does not make any representation that any information it provides will guarantee any cost savings or efficiencies. Clinicians and health services providers remain responsible for compliance with local and national policies and procedures governing clinical activity and reimbursement.

Reference to Ethicon products or services does not imply that such products or services are or will be available in your country where it may be subject to different regulations and conditions of use. Such reference does not imply any intention on Ethicon's part to sell this product or service in your country and you should always rely on product information especially created for your country. Triclosan-coated sutures have been shown in vitro to inhibit bacterial colonization of the suture, addressing one of the risk factors associated with Surgical Site Infections (SSI). Other risks of SSI may remain.

Johnson & Johnson Medical Limited
Baird House, 4 Lower Gilmore Bank
Edinburgh, EH3 9QP. UK

www.jnjmedicaldevices.com

© Johnson & Johnson Medical Limited 2019, 122558-190905 UK

Not for distribution in the USA.