

Evidence brochure



CONTIPLAN<sup>+</sup>  
3-in-1 Continenace Care Cloths

## Complete skin care regime to protect against IAD

- ✓ Unique cream-based formulation
- ✓ Cleanses, moisturises and protects
- ✓ For skin affected by urinary, faecal or double incontinence

from the makers of  
**clinell**<sup>®</sup>

## A complete skin care regime for IAD

Clinical evidence shows IAD can be prevented and managed with a structured skin care regime<sup>1,2</sup>.

Incontinence-associated dermatitis (IAD) is a specific form of moisture-associated damage (MASD) that affects patients suffering from incontinence<sup>1</sup>. It is:



### Prevalent

IAD is estimated to affect nearly **1 in 5 incontinent patients in acute healthcare** facilities<sup>3</sup>



### Painful

Patients with IAD suffer with **uncomfortable symptoms, poor patient experience and reduced quality of life**<sup>1</sup>



### Preventable

Robust evidence shows that **correct care can prevent IAD and improve patients' symptoms**<sup>1,2</sup>

## Contiplan can be used to protect against IAD

For skin at risk of developing IAD



No redness and intact skin



For skin affected by the symptoms of IAD



Red but intact skin

## Using Contiplan 3-in-1 Continence Cloths

Contiplan makes caring for patients with incontinence that much easier by building a complete skin care regime into a ready-to-use cloth.

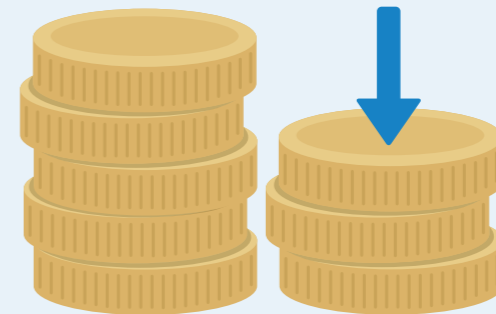
IAD management causes significant financial and practical burden<sup>4-6</sup>, **increasing nursing time by approximately 34 minutes – every day**<sup>7</sup>. This time adds to costs accumulated by **multiple consumable products** and secondary challenges, such as **pressure ulceration and infection**<sup>4-6</sup>.

### Case study: Swapping traditional methods for Contiplan in large care homes<sup>8</sup>

**↑ 55%** Improvement in skin integrity, on average\*



Generated cost savings up to



**40%\*\***

Saved time equivalent to



**+1** full-time carer per home per year\*\*\*

## Overcoming traditional methods' challenges

Global guidelines champion the use of 3-step skin care regimes<sup>1</sup>, however, they also suggest that traditional cleansing isn't suitable for preventing and managing IAD<sup>1,9</sup>.

To prevent and manage IAD, a structured skin care regime should<sup>1</sup>:

### Cleanse

Remove the source of irritation such as urine and/or faeces

### Moisturise

Application of moisturisers help restore the skin's natural barrier function

### Protect

Use a skin barrier or protectant to help avoid/minimise exposure to urine and/or faeces

**66.2%**  
of wash basins are contaminated with common hospital-acquired pathogens<sup>13</sup>

### Traditional method using soap and water

- **Soap damages** skin's natural barrier<sup>10,11</sup>
- **Time-consuming** for staff<sup>8</sup>
- **Laborious** multi-step process<sup>12</sup>
- **High costs** associated with time and consumable products<sup>4-6,8</sup>

#### Step 1 Cleanse



Wash basin  
Soap/cleansing product  
Dry wipes/  
wash cloths  
Towels

#### Step 2 Moisturise



Moisturisers

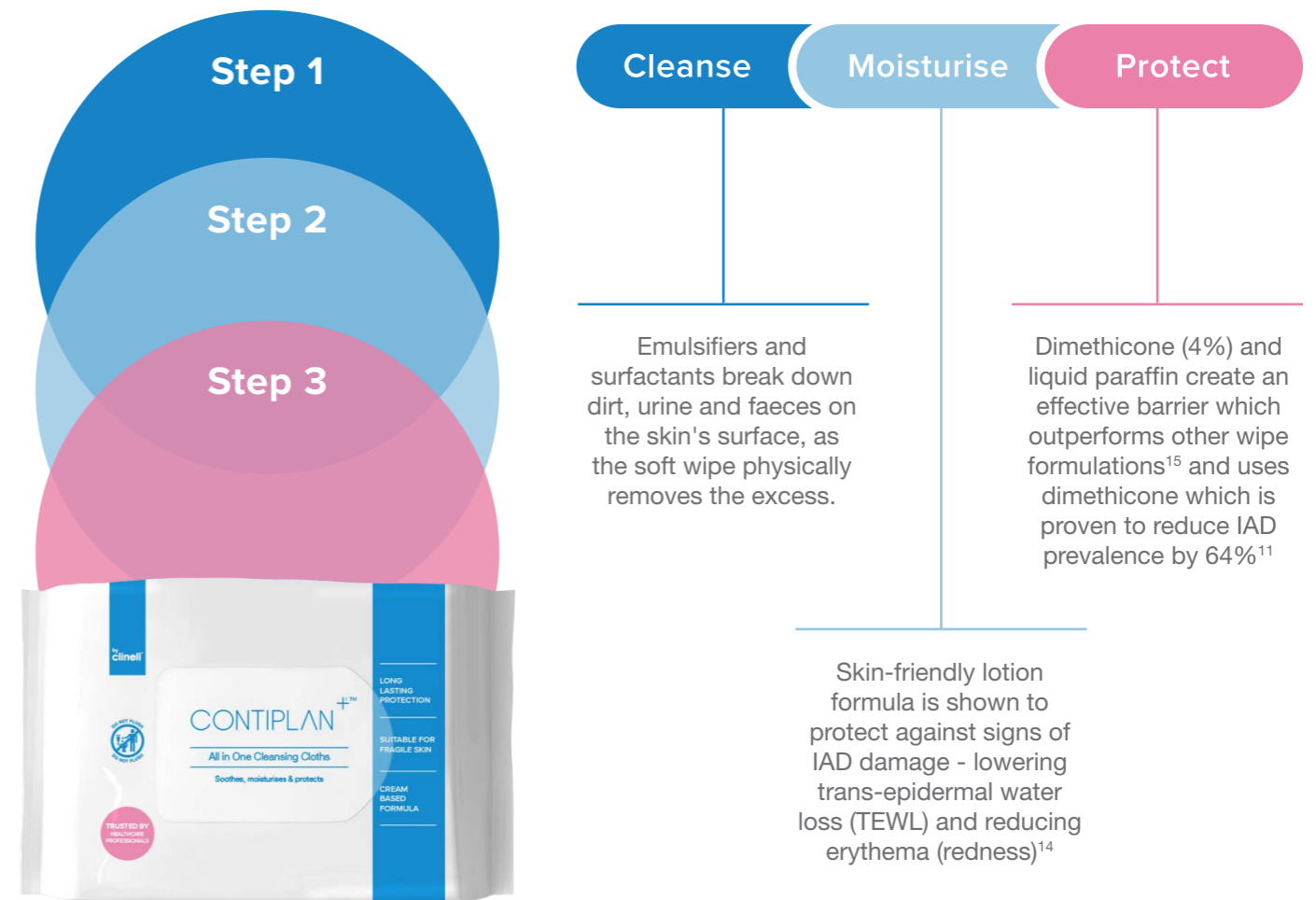
#### Step 3 Protect



Barrier creams

## How Contiplan works

Contiplan combines all 3 skin care steps into 1 quick and simple solution. Each ultra-soft cloth provides maximum barrier protection and care to skin affected by incontinence.

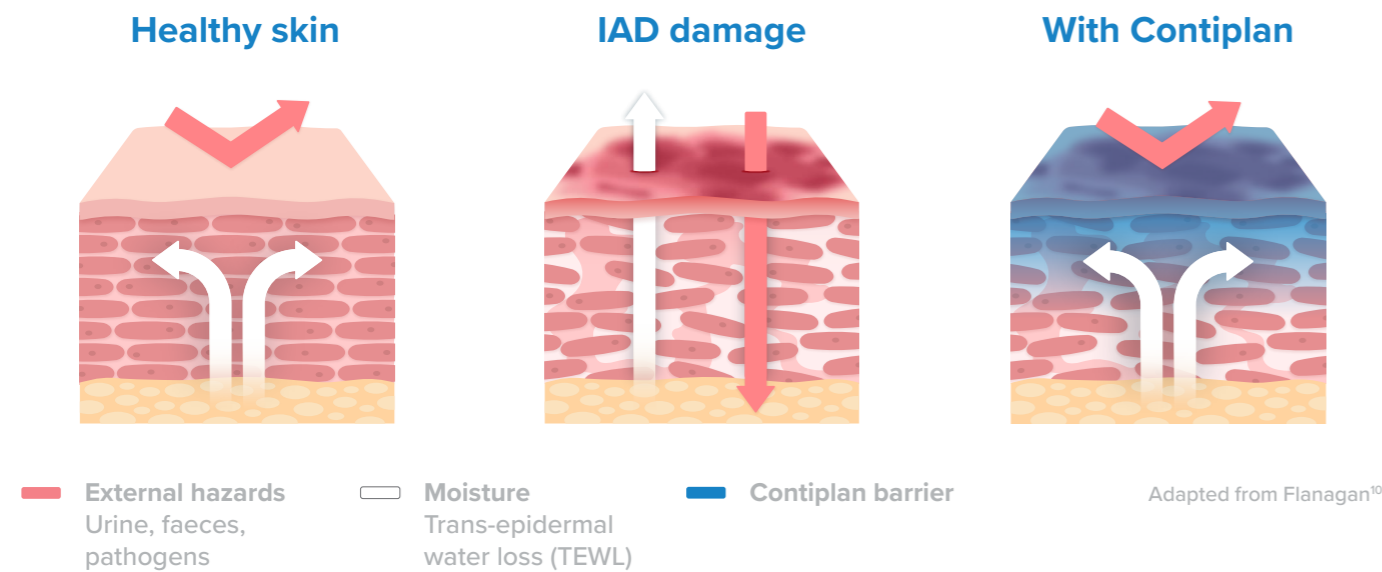


“The cloths are great and we get really good patient feedback. They are a lot kinder to patients' skin and staff find them so much easier to use. **The whole process is a lot quicker and more dignified.**”

Continence Team Lead, Nottingham University Hospitals

## Maximum barrier protection

To minimise prolonged exposure to urine and faeces, Contiplan forms a strong yet invisible barrier on the skin.

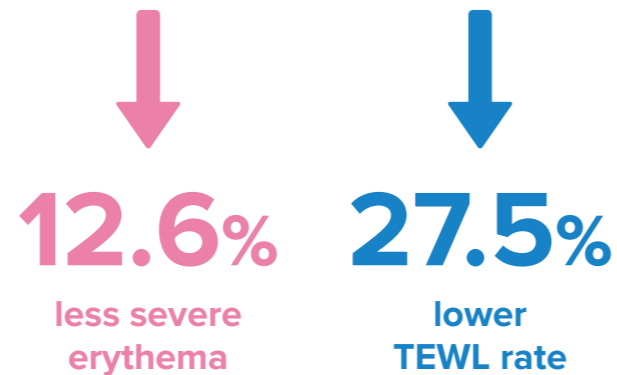


### Skin study: barrier protection test<sup>14</sup>

This study compared Contiplan's ability to protect skin from external hazards against another widely-used continence wipe.

Each wipe was applied to volunteers' healthy skin followed by a chemical irritant to mimic effect of urine or faeces.

**Contiplan was more successful in preventing signs of IAD** including skin redness and moisture loss.



## Protecting skin against IAD

Contiplan's protective barrier is proven to outperform and out-last other widely-used continence cloths<sup>15</sup>.

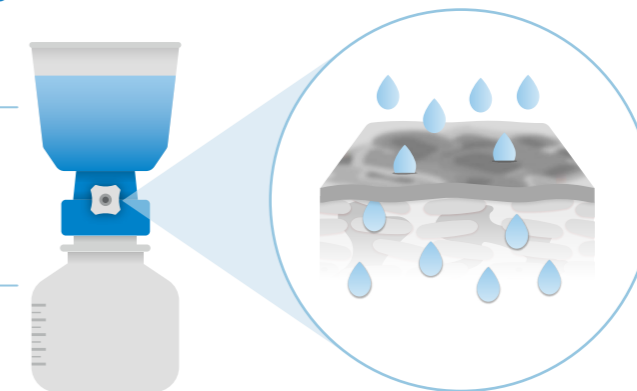
### Laboratory report: testing barrier function of 7 continence cloths<sup>15</sup>

This experiment tested each cloth's ability to create a barrier against external hazards such as urine and/or faeces.

#### Experiment set-up

**Upper beaker**  
Contains liquid to represent urine or faeces

**Lower beaker**  
To collect liquid that passes through the skin model

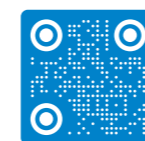
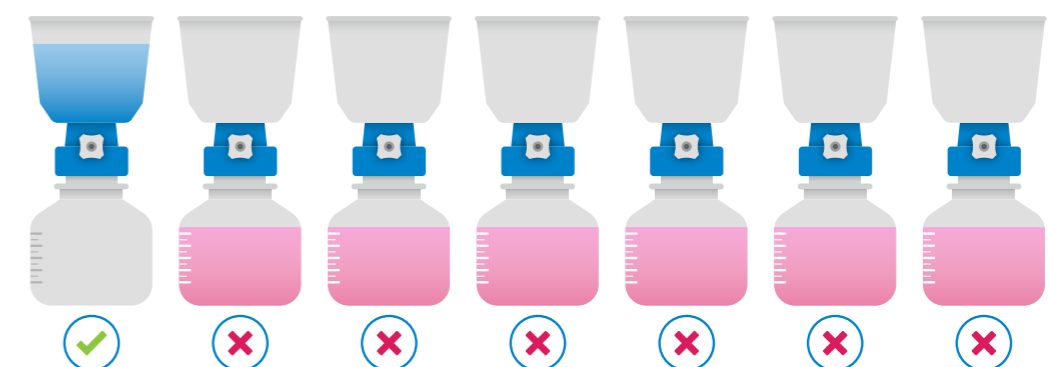


**IAD model**  
A permeable membrane which behaves like skin damaged by IAD

Each continence cloth was wiped onto the IAD model before liquid was added to the upper beaker. The set-up was observed to see which continence cloth would form the most effective, long-lasting barrier.

#### After 5 hours:

**Only Contiplan created an effective barrier capable of protecting against IAD.**



See it in action at  
[www.contiplan.co.uk](http://www.contiplan.co.uk)  
or scan here



# Ordering information

Product	Unit of issue	Code	NHSSC
<b>Contiplan 8</b>	Pack of 8 cloths	CON8	VJT520
<b>Contiplan 25</b>	Pack of 25 cloths	CON25	VJT188

## About GAMA Healthcare

Contiplan is formulated and developed by GAMA Healthcare – infection prevention specialists and creators of Clinell Universal Wipes.

For more information or advice about how you could implement Contiplan in your organisation, speak to your local **GAMA Healthcare Area Manager**, or visit [www.contiplan.co.uk](http://www.contiplan.co.uk)

## References

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\*Percentage is based on a skin assessment score across 45 residents over 5 day-period using IAD Severity Evaluation Form. The total score before the intervention (day 0) was 110 and at the end of the intervention (day 5) was 50. Some elements of the skin assessment form were taken from Borchert et al<sup>16</sup>

\*\*Based on a time and motion study completed by 18 residents using traditional continence methods vs Contiplan

\*\*\*Based on a time and motion study completed by 18 residents using traditional continence methods vs Contiplan and assuming 10 incontinent residents per home.

**Do not use Contiplan on broken or bleeding skin**