# Borate-Based Bioactive Glass Matrix Helps Reduce Treatment Costs for Hard-to-Heal Wounds



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# INTRODUCTION

A borate-based bioactive glass wound matrix (BGWM)\* has demonstrated promise in healing hard-to-heal wounds,<sup>1-3</sup> potentially reducing treatment costs. We compare dressing treatment costs prior to BGWM\* vs. during BGWM\* therapy, based on clinical outcomes of 4 wounds treated with BGWM\* after numerous failed prior treatment modalities.

# **METHODS**

Three patients with 4 wounds were treated. Wound types were: diabetic foot ulcer (DFU) (n=3) and venous leg ulcer (VLU) (n=1). Patients received appropriate standard-of-care products/therapies in a tertiary wound care center for at least one year prior to BGWM\*. Therapy was switched to BGWM\* upon presentation to the clinic. Costs prior to BGWM\* were estimated and compared to costs during BGWM\* therapy. Estimates were based on top tier pricing for a large integrated delivery network. Costs prior to BGWM\* comprised dressings and debridement costs, and not skin graft or cellular and tissue-based product costs, even if used prior to BGWM\*. Dressing types included in the estimate were silver alginate and gelling fiber, absorbent, and collagen. Costs during BGWM\* therapy comprised the matrix and absorbent dressing, plus collagen dressings used between final BGWM\* application and wound closure. Wound debridement was performed as needed prior to BGWM\* use, but not after BGWM\* was initiated; therefore, debridement was not included in BGWM\* cost estimates. Estimates did not consider hospitalization, antibiotics, or pain medication costs, or reimbursement rates.

# RESULTS

**Patient 1** was a 60-year-old female with two 8-year-old DFUs. Cost prior to BGWM\* was \$89,568. Cost during BGWM\* therapy was \$18,113, an 80% decrease from the cost prior to BGWM\*. The first DFU closed after 9 BGWM\* applications over 15 weeks; the second closed after 13 BGWM\* applications over 20 weeks.

**Patient 2** was a 68-year-old male with a 1.5-year-old DFU. Cost prior to BGWM\* was \$19,080. Cost during BGWM\* therapy was \$9,506, a 50% decrease. The DFU closed after 7 BGWM\* applications over 7 weeks.

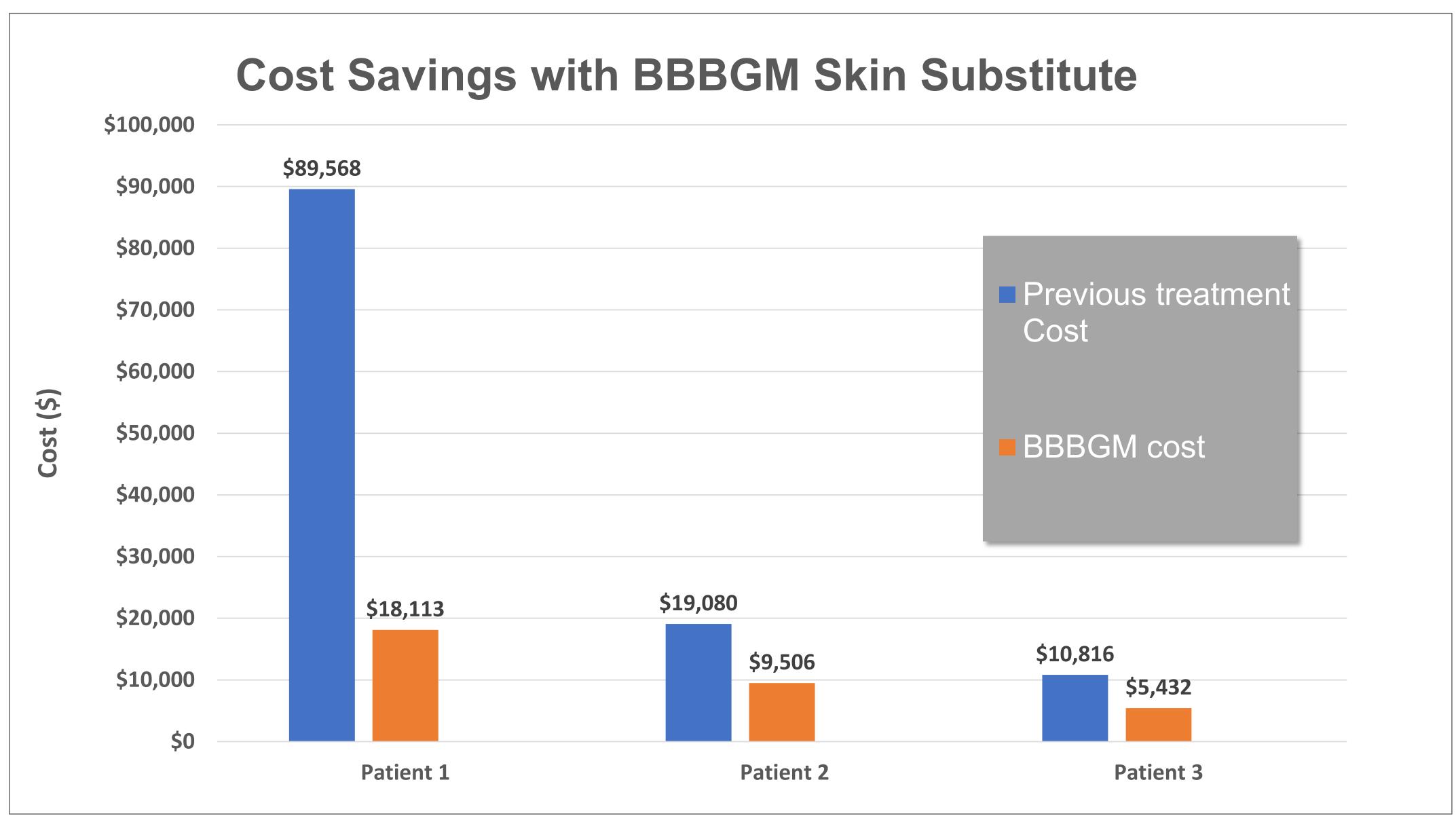
**Patient 3** was a 39-year-old female with a 1-year-old VLU. Cost prior to BGWM\* was \$10,816. Cost during BGWM\* therapy was \$5,432, a 50% decrease. The VLU closed after 4 BGWM\* applications over 11 weeks.

# **DISCUSSION**

By facilitating healing of hard-to-heal wounds, BGWM\* reduced costs compared to prior treatment modalities. Patients reported reduced pain and improved quality of life during BGWM\* therapy.







#### **References:**

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- 2. Jung S, Day T, Boone T, Buziak B, Omar A. Anti-biofilm activity of two novel, borate based, bioactive glass wound dressings. Biomed Glas. 2019;5(1):67-75.
- 3. Rahaman MN, Day DE, Sonny Bal B, et al. Bioactive glass in tissue engineering. Acta Biomater. 2011;7(6):2355-2373.

\*Mirragen® Advanced Wound Matrix, ETS Wound Care, Rolla, Missouri