

# The Science of JumpStart® Wound Dressings

Surgical site infections (SSI) occur in

1% to 2%

of all patients worldwide undergoing inpatient surgery<sup>1-3</sup> SSIs affect

## millions

of patients each year
US: 1.5 million<sup>4</sup>
Europe: 500,000<sup>2</sup>

SSIs increase annual treatment costs
US:
+\$3.5 to \$10 billion⁵
Europe:
+€1.5 to €19 billion⁶

SSIs prolong
hospitalization
US: +9.7 days<sup>5</sup>
Europe: +6.5 days<sup>6</sup>

3%

estimated mortality rate with SSI4

**75**%

of SSI-associated deaths are directly attributable to the infection<sup>4</sup>

**50%** 

of SSIs are preventable 1,7,8



#### **Not Just a Postoperative Dressing**

Bioelectric dressings have demonstrated benefits when applied preoperatively, in addition to use during routine postoperative care.

- This prospective case series found that preoperative application of a microcurrent dressing resulted in significantly diminished C. acnes skin burden at the time of surgery.<sup>9</sup> Click here to read more.
- When applied 2 hours before the development of an acute wound, bioelectric dressing can prevent biofilm formation<sup>10</sup>
- JumpStart dressing has been shown to be equally as effective in preventing bacteria formation as traditional skin preparation products<sup>11</sup>
- When used both pre- and postoperatively, JumpStart dressing can provide enhanced antibacterial protection to wound sites

#### Evidence for Successful Use in Spine<sup>12</sup>

- Retrospective hospital-registry study found that SSI persists as a leading complication of spinal fusion surgery
- The majority (57.5%) of infections studied were resistant to the prophylaxis administered during the procedure

 The microbiology of spinal fusion surgical site infection has an anatomic gradient

- Bacteria gradient along the spine:
  - Gram-positive: cervical spine
  - Gram-negative: lumbar spine
- JumpStart dressing kills and protects against both gram-positive and -negative bacteria

#### References

1. Keely Soyle K, Rachala S, Nodzo SR. Centers for Disease Control and Prevention 2017 guidelines for prevention of surgical site infections. review and relevant recommendations. *Curr Rev Musculoskelet Med.* 2018;11(3):357-369. doi:10.1007/s12178-018-9498-8.2. WHO global guidelines for the prevention of surgical site infection. World relevant recommendations. *Curr Rev Musculoskelet Med.* 2018;11(3):357-369. doi:10.1007/s12178-018-9498-8.2. WHO global guidelines for prevention of surgical site infection. World relevant recommendations. *Curr Rev Musculoskelet Med.* 2018;11(3):357-369. doi:10.1007/s12178-018-9498-8.2. WHO global guidelines for prevention of surgical site infection. An expension of the prevention of surgical site infection. An expension of the prevention of surgical site infection. An expension of the prevention of surgical site infection. A surgical site infection. A creased July 12, 2021. https://www.cdc.gov/abs/glofs/shal/scott\_costpape.pdf 6. Leaper DJ, van Goor H, Reilly J, et al. Surgical site infections in European perspective of Incidence and economic burden. *In Wound J.* 2004.006/fx.7. Screen Surgical site infections in European perspective of Incidence and economic burden. *In Wound J.* 2004.006/fx.7. Screen Surgical site infections in European perspective of Incidence and economic burden. *In Wound J.* 2004.006/fx.7. Screen Surgical site infections in European perspective of Incidence and economic burden. *In Wound J.* 2004.006/fx.7. Screen Surgical site infections in European perspective of Incidence and economic burden. *In Wound J.* 2004.006/fx.7. Screen Surgical site infections in European perspective of Intellegence and economic burden. *In Wound J.* 2004.006/fx.7. Screen Surgical site infections in European perspective in European perspective

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