



International Wound Infection Institute

International Wound Infection Institute (IWII) Wound Infection in Clinical Practice. Wounds International. 2022.

Table 11: Antiseptics (medicated and non-medicated) commonly used in wound treatment

Solution	In vitro/bench research	Uses in wound treatment			Comments
		Cleanse/irrigate	Topical	BBWC	
Alginate gel	<ul style="list-style-type: none"> Broad spectrum activity against Gram-negative and Gram-positive bacteria.¹ Prevents biofilm formation at ≤0.5% concentration.² Inhibits established biofilm growth at concentrations >0.5%.² 		✓		<ul style="list-style-type: none"> Alginate gel with two enzymes: lactoperoxidase and glucose oxidase.³ Available in 3% and 5% concentration, selection based on wound exudate levels.^{2,3} Not toxic to keratinocytes or fibroblasts.¹
Concentrated surfactant gels (e.g. PMM surfactant)	<ul style="list-style-type: none"> Active against <i>P. aeruginosa</i>, <i>Enterococcus spp.</i>, <i>S. epidermidis</i>, <i>S. aureus</i> and methicillin-resistant <i>S. aureus</i> (MRSA) biofilms.⁴ 	✓	✓	✓	<ul style="list-style-type: none"> Poloxamer-based surfactant that forms a gel when it warms on tissue.⁴
Copper (Metallic copper, cupric oxide and cuprous oxide nanoparticles)	<ul style="list-style-type: none"> Activity against Gram-negative and Gram-positive bacteria including <i>S. aureus</i>, <i>P. aeruginosa</i>, <i>E. coli</i>. and MRSA in <i>in vitro</i> models.⁵⁻⁷ 		✓		<ul style="list-style-type: none"> Available as a surfactant and impregnated in dressings.^{5,7} Toxic to human cells, although toxicity is lower with nanoparticle preparations.^{5,7}
Dialkyl carbamoyl chloride (DACC)	<ul style="list-style-type: none"> Capacity to bind with a range of bacteria including <i>S. aureus</i> and MRSA,⁹ without further bacterial replication.⁹ Capacity to bind with <i>P. aeruginosa</i>, <i>S. aureus</i>, <i>S. epidermidis</i> and MRSA biofilms.^{9,10} 		✓	✓	<ul style="list-style-type: none"> A dressing with fibres covered in a hydrophobic derivative of fatty acids; bacteria bind to the dressing and are removed with dressing change.¹⁰⁻¹³ Antimicrobial effect is achieved by mechanical characteristics.¹⁰⁻¹²
Honey (Medical grade)	<ul style="list-style-type: none"> Effective against Gram-positive and Gram-negative bacteria including <i>E. coli</i>, <i>P. aeruginosa</i>, <i>S. aureus</i>, <i>Acinetobacter</i>, <i>Stenotrophomonas</i>, MRSA and vancomycin-resistant enterococci (VRE).¹⁴⁻¹⁷ Inhibits biofilm activity, including <i>Pseudomonas</i> biofilms.¹⁸⁻²¹ 	✓	✓	✓	<ul style="list-style-type: none"> Acidic, hyperosmolar sugar solution available as paste or dressings (e.g., hydrocolloids, alginates, tulle).^{14,22} Antimicrobial effect relates to production of hydrogen peroxide by an enzyme within honey.¹⁴ Promotes autolytic debridement.^{22,23} Select products that have been gamma irradiated.²¹
Iodophors (Povidone iodine)	<ul style="list-style-type: none"> Broad spectrum activity against Gram-negative and Gram-positive bacteria, fungi, spores, protozoa and viruses.²⁴⁻²⁸ Penetrate and disrupt biofilms, including <i>P. aeruginosa</i> and <i>S. aureus</i> biofilms at 1% concentration.^{24,26} Eradicates <i>S. aureus</i>, <i>K. pneumoniae</i>, <i>P. aeruginosa</i> and <i>C. albicans</i> biofilms at 0.25% concentration.^{26,27} 	✓	✓	✓	<ul style="list-style-type: none"> Halogen antimicrobial²⁴ available as ointment, gel, liquid, surfactant and wound dressing.²⁵ Has additional anti-inflammatory effects.^{24,26,29} No reports of bacterial or cross resistance.^{24,26,27} Dose dependent cytotoxic effect on osteoblasts, myoblasts and fibroblasts.^{24,30} Rapid release formulas may require 2-3 daily application for optimal effect.²⁴ Contraindicated in neonates, iodine sensitivity, thyroid or renal disorders and large burns.^{24,25}
Iodophors (Cadexomer iodine)	<ul style="list-style-type: none"> Broad spectrum activity against Gram-negative and Gram-positive bacteria, fungi, spores, protozoa and viruses.²⁴ Reduces microbial burden complicated by biofilm at 0.9% concentration.³¹ 		✓	✓	<ul style="list-style-type: none"> Halogen antimicrobial²⁴ available as powder, paste, solution and wound dressings.³² Dose dependent cytotoxic effect on keratocytes and fibroblasts.²⁴ Contraindicated in children below 12 years, iodine sensitivity, thyroid or renal disorders and extensive burns.²⁴

Table 11: Antiseptics (medicated and non-medicated) commonly used in wound treatment

Solution	In vitro/bench research	Uses in wound treatment			Comments
		Cleanse/irrigate	Topical	BBWC	
Iodophors (Poly-vinyl alcohol [PVA]-based foam)	<ul style="list-style-type: none"> Broad spectrum activity against Gram-negative and Gram-positive bacteria, fungi, spores, protozoa and viruses.²⁴ Active against <i>P. aeruginosa</i> and <i>S. aureus</i> biofilms.²⁴ 		✓	✓	<ul style="list-style-type: none"> Halogen antimicrobial²⁴ available as dressing. Low level of cytotoxicity for most products^{24, 33} Dose dependent toxicity has been observed with iodine impregnated foam dressing.³⁴
Octenidine dihydrochloride (OCT)	<ul style="list-style-type: none"> Broad spectrum action against Gram-positive and Gram-negative bacteria, MRSA and fungi.³⁵⁻⁴² Eradicates bacterial biofilm^{43, 44} for up to 72 hours.³⁵ 	✓	✓	✓	<ul style="list-style-type: none"> Available in gel, irrigation and surfactant preparations.⁴⁵ Does not promote bacterial resistance. Good tissue tolerability has been demonstrated;^{46, 47} not shown to disrupt healing.⁴⁵ Anaphylaxis and allergic response rarely observed.^{48, 49}
Polyhexa-methylene biguanide (PHMB)	<ul style="list-style-type: none"> Efficacious against Gram-positive bacteria, Gram-negative bacteria, fungi and viruses.^{26, 27, 32, 43, 50} Effective against <i>P. aeruginosa</i>, <i>S. aureus</i>, MRSA and mixed species biofilms.^{26, 32, 43, 50-53} 	✓	✓	✓	<ul style="list-style-type: none"> Available in gel, irrigation and surfactant preparations. Does not promote bacterial resistance.^{22, 26, 27} Low cytotoxicity <i>in vitro</i>.⁵⁰ Eczema or anaphylaxis rarely observed.⁵⁰
Silver (Salts and compounds, including sulphadiazine, oxides, phosphate, sulphates and chlorides)	<ul style="list-style-type: none"> Concentration dependent effect in eradicating mature <i>P. aeruginosa</i> and <i>S. aureus</i> biofilm.^{26, 54} Reduce bacterial loads complicated by biofilm.³² Silver dressings/slow-release ions have broad spectrum activity,⁵⁵ including against MRSA and VRE.²⁵ 		✓		<ul style="list-style-type: none"> Available as ointment, gel and wound dressing. Dose and time dependent cytotoxic effects on human fibroblasts, keratinocytes and endothelial cells,²⁶ may delay epithelialisation.²⁵ Microbial resistance appears uncommon^{25, 55} but has been reported for some isolates.^{11, 56}
Silver: (Elemental [metal and nano-crystalline])	<ul style="list-style-type: none"> Broad spectrum activity against Gram-negative and Gram-positive bacteria,^{57, 58} including <i>P. aeruginosa</i>, <i>E. coli</i> and <i>S. aureus</i>.⁵⁸ Inhibit biofilm formation.⁵⁷ 		✓		<ul style="list-style-type: none"> Available as wound dressings No⁵⁸ or mild⁵⁹ concentration-dependant cytotoxic effect on fibroblasts.
Silver with anti-biofilm mechanisms	<ul style="list-style-type: none"> Broad-spectrum antimicrobial action.⁶⁰ Prevents biofilm formation.^{60, 61} 		✓	✓	<ul style="list-style-type: none"> Available as 1.2% ionic silver impregnated dressing enhanced with EDTA (a chelating agent with its own broad spectrum antimicrobial and antibiofilm activity⁶²) and benzethonium chloride (BEC; a surfactant)^{60, 61, 63}
Super-oxidised solutions (Sodium hypochlorite [NaOCl] antimicrobial preservative)	<ul style="list-style-type: none"> Eradicates <i>P. aeruginosa</i> and MRSA,⁵¹ but has a time dependent response.⁶⁴ 	✓	✓		<ul style="list-style-type: none"> Available in alginate, irrigation and surfactant preparations. Naturally occurring oxidising antiseptic,⁶⁵ sometimes available as a blend with hypochlorous acid (HOCl).⁶⁶ Dose and time dependent cytotoxicity to keratinocytes and fibroblasts;⁶⁴ older preparations (e.g., traditional 0.4-0.5% Dakin's solution) have high tissue cytotoxicity.⁶⁶
Super-oxidised solutions: (Hypochlorous acid (HOCl) antimicrobial preservative)	<ul style="list-style-type: none"> Broad spectrum action against bacteria, virus and fungi, including MRSA.^{51, 65} Eradicates bacterial and fungal biofilms.^{51, 67} 	✓	✓	✓	<ul style="list-style-type: none"> Available in irrigation and surfactant preparations and as an antimicrobial preserved wound cleanser.⁶⁶ ⁶⁵Sometimes available as a blend with NaOCl.⁶⁶ Has an anti-inflammatory effect through reducing activity of histamines, matrix metalloproteinases mast cell and cytokine activity.⁶⁵ Dose dependent cytotoxicity, but non-cytotoxic at concentrations that achieve antimicrobial action.⁶⁶

Table 11 References

1. De Smet K, van den Plas D, Lens D, and Sollie P. Pre-clinical evaluation of a new antimicrobial enzyme for the control of wound bioburden. *Wounds*, 2009; 21: 65–73.
2. Cooper RA. Inhibition of biofilms by glucose oxidase, lactoperoxidase and guaiacol: the active antibacterial component in an enzyme alginogel. *Int Wound J*, 2013; 10(6): 630-7.
3. White RJ. Flaminal enzyme alginogel: A novel approach to the control of wound exudate, bioburden and debridement. *J Tissue Viability*, 2014; 23(2): 78-80.
4. Woo K, Hill R, LeBlanc K, Percival SL, Schultz G, Weir D, Swanson T, and Mayer DO. Effect of a surfactant-based gel on patient quality of life. *J Wound Care*, 2018; 27(10): 664-78.
5. Bezza FA, Tichapondwa SM, and Chirwa EMN. Fabrication of monodispersed copper oxide nanoparticles with potential application as antimicrobial agents. *Scientific Reports*, 2020; 10(1): 16680.
6. Ahamed M, Alhadlaq HA, Khan MAM, Karuppiah P, and Al-Dhabi NA. Synthesis, characterization, and antimicrobial activity of copper oxide nanoparticles. *Journal of Nanomaterials*, 2014; 2014: 637858.
7. Balcucho J, Narváez DM, and Castro-Mayorga JL. Antimicrobial and biocompatible polycaprolactone and copper oxide nanoparticle wound dressings against methicillin-resistant *Staphylococcus aureus*. *Nanomaterials*, 2020; 10(9).
8. Ronner AC, Curtin J, Karami N, and Ronner U. Adhesion of methicillin-resistant *Staphylococcus aureus* to DACC-coated dressings. *J Wound Care*, 2014; 23(10): 484-8.
9. Cooper R and Jenkins L. Binding of two bacterial biofilms to dialkyl carbamoyl chloride (DACC)-coated dressings *J Wound Care*, 2016; 25(2): 76-82.
10. Rippon MG, Rogers AA, and Ousey K. Antimicrobial stewardship strategies in wound care: Evidence to support the use of dialkylcarbamoyl chloride (DACC)- coated wound dressings. *J Wound Care*, 2021; 30(4): 284-96.
11. Mosti G, Magliaro A, Mattaliano V, Picerni P, and Angelotti N. Comparative study of two antimicrobial dressings in infected leg ulcers: A pilot study. *J Wound Care*, 2015; 24(3): 121-7.
12. Totty JP, Bua N, Smith GE, Harwood AE, Carradice D, Wallace T, and Chetter IC. Dialkylcarbamoyl chloride (DACC)-coated dressings in the management and prevention of wound infection: a systematic review. *J Wound Care*, 2017; 26(3): 107-14.
13. National Institute of Health and Care Excellence. 2021. Leukomed Sorbact for preventing surgical site infection, NICE Guidance NICE: UK.
14. Yilmaz AC and Aygin D. Honey dressing in wound treatment: A systematic review. *Complement Ther Med*, 2020; 51 (no pagination).
15. McLoone P, Tabys D, and Fyfe L. Honey combination therapies for skin and wound Infections: A systematic review of the literature. *Clin Cosmet Investig Dermatol*, 2020; 13: 875-88.
16. Mama M, Teshome T, and Detamo J. Antibacterial activity of honey against methicillin-resistant *Staphylococcus aureus*: A laboratory-based experimental study. *Int J Microbiol*, 2019; 2019: 7686130.
17. Girma A, Seo W, and She RC. Antibacterial activity of varying UMF-graded Manuka honeys. *PLoS One*, 2019; 14(10): e0224495.
18. Pleeging CCF, Coenye T, Mossialos D, de Rooster H, Chrysostomou D, Wagener F, and Cremers NAJ. Synergistic antimicrobial activity of supplemented medical-grade honey against *Pseudomonas aeruginosa* biofilm formation and eradication. *Antibiotics (Basel)*, 2020; 9(12).
19. Halstead FD, Webber MA, and Oppenheim BA. Use of an engineered honey to eradicate preformed biofilms of important wound pathogens: an in vitro study. *J Wound Care*, 2017; 26(8): 442-50.
20. Cooper RA, Bjarnsholt T, and Alhede M. Biofilms in wounds: a review of present knowledge. *J Wound Care*, 2014; 23(11): 570-80.
21. Lu J, Turnbull L, Burke CM, Liu M, Carter DA, Schlothauer RC, Whitchurch CB, and Harry EJ. Manuka-type honeys can eradicate biofilms produced by *Staphylococcus aureus* strains with different biofilm-forming abilities. *PeerJ*, 2014; 2: e326.
22. Leaper DJ, Schultz G, Carville K, Fletcher J, Swanson T, and Drake R. Extending the TIME concept: What have we learned in the past 10 years? *Int Wound J*, 2012; 9(Suppl 2): 1-19.
23. Oryan A, Alemzadeh E, and Moshiri A. Biological properties and therapeutic activities of honey in wound healing: A narrative review and meta-analysis. *J Tissue Viability*, 2016; 25(2): 98-118.
24. Wolcott RD, Cook RG, Johnson E, Jones CE, Kennedy JP, Simman R, Woo K, Weir D, Schultz G, and Hermans MH. A review of iodine-based compounds, with a focus on biofilms: Results of an expert panel. *J Wound Care*, 2020; 29(Sup7): S38-s43.
25. Dumville JC, Lipsky BA, Hoey C, Cruciani M, Fison M, and Xia J. Topical antimicrobial agents for treating foot ulcers in people with diabetes. *Cochrane Database Syst Rev*, 2017; 6(6): Cd011038.
26. Alves PJ, Barreto RT, Barrois BM, Gryson LG, Meaume S, and Monstrey SJ. Update on the role of antiseptics in the management of chronic wounds with critical colonisation and/or biofilm. *Int Wound J*, 2020.
27. Barreto R, Barrois B, Lambert J, Malhotra-Kumar S, Santos-Fernandes V, and Monstrey S. Addressing the challenges in antisepsis: Focus on povidone iodine. *Int J Antimicrob Agents*, 2020; 56(3): 106064.
28. Tan EL and Johari NH. Comparative in vitro evaluation of the antimicrobial activities of povidone-iodine and other commercially available antiseptics against clinically relevant pathogens. *GMS Hyg Infect Control*, 2021; 16: Doc05.
29. Mitani O, Nishikawa A, Kurokawa I, Gabazza EC, Ikeda M, and Mizutani H. Enhanced wound healing by topical application of ointment containing a low concentration of povidone-iodine. *J Wound Care*, 2016; 25(9): 521-9.
30. Liu JX, Werner JA, Buza JA, III, Kirsch T, Zuckerman JD, and Virk MS. Povidone-iodine solutions inhibit cell migration and survival of osteoblasts, fibroblasts, and myoblasts. *Spine (Phila Pa 1976)*, 2017; 42(23): 1757-62.
31. Malone M, Johani K, Jensen SO, Gosbell IB, Dickson HG, McLennan S, Hu H, and Vickery K. Effect of cadexomer iodine on the microbial load and diversity of chronic non-healing diabetic foot ulcers complicated by biofilm in vivo. *J Antimicrob Chemother*, 2017; 72(7): 2093-101.

32. Schwarzer S, James GA, Goeres D, Bjarnsholt T, Vickery K, Percival SL, Stoodley P, Schultz G, Jensen SO, and Malone M. The efficacy of topical agents used in wounds for managing chronic biofilm infections: A systematic review. *J Infect*, 2020; 80(3): 261-70.
33. Kida D, Gładysz O, Szulc M, Zborowski J, Junka A, Janeczek M, Lipińska A, Skalec A, and Karolewicz B. Development and evaluation of a polyvinylalcohol-cellulose derivative-based film with povidone-iodine predicted for wound treatment. *Polymers (Basel)*, 2020; 12(6).
34. Yonezawa R, Sunaga T, Maruoka J, Kadomatsu K, and Watanabe T. A case of iodoform toxicity due to drug-induced acute kidney injury after discontinuation of iodoform gauze. *Am J Ther*, 2021.
35. Cutting KF, White RJ, and Mahoney P. Wound infection, dressings and pain, is there a relationship in the chronic wound? *Int Wound J*, 2013; 10(1): 79-86.
36. Kramer A and Assadian O. Octenidine dihydrochloride-Characteristics and clinical use. *Int J Antimicrob Agents*, 2013; 42: S21.
37. Krishna BVS and Gibb AP. Use of octenidine dihydrochloride in meticillin-resistant *Staphylococcus aureus* decolonisation regimens: A literature review. *J Hosp Infect*, 2010; 74(3): 199-203.
38. Staneviciute E, Na'amnih W, Kavaliauskas P, Prakapaite R, Ridziauskas M, Kevlicius L, Kirkliauskiene A, Zabulis V, Urboniene J, and Triponis V. New in vitro model evaluating antiseptics' efficacy in biofilm-associated *Staphylococcus aureus* prosthetic vascular graft infection. *J Med Microbiol*, 2019; 68(3): 432-9.
39. Hirsch T, Limoochi-Deli S, Lahmer A, Jacobsen F, Goertz O, Steinau HU, Seipp HM, and Steintraesser L. Antimicrobial activity of clinically used antiseptics and wound irrigating agents in combination with wound dressings. *Plast Reconstr Surg*, 2011; 127(4): 1539-45.
40. Goroncy-Bermes P, Brill FHH, and Brill H. Antimicrobial activity of wound antiseptics against extended-spectrum beta-lactamase-producing bacteria. *Wound Medicine*, 2013; 1: 41-3.
41. Assadian O. Octenidine dihydrochloride: chemical characteristics and antimicrobial properties. *J Wound Care*, 2016; 25(3 Suppl): S3-6.
42. Pavlik V, Sojka M, Mazurova M, and Velebny V. Dual role of iodine, silver, chlorhexidine and octenidine as antimicrobial and antiprotease agents. *PLoS One*, 2019; 14(1).
43. Krasowski G, Junka A, Paleczny J, Czajkowska J, Makomaska-Szaroszyk E, Chodaczek G, Majkowski M, Migdał P, Fijałkowski K, Kowalska-Krochmal B, and Bartoszewicz M. In vitro evaluation of polihexanide, octenidine and NaClO/HClO-based antiseptics against biofilm formed by wound pathogens. *Membranes (Basel)*, 2021; 11(1).
44. Stuermer EK, Besser M, Brill F, Geffken M, Plattfaut I, Severing AL, Wiencke V, Rembe JD, Naumova EA, Kampe A, Debus S, and Smeets R. Comparative analysis of biofilm models to determine the efficacy of antimicrobials. *Int J Hyg Environ Health*, 2021; 234: 113744.
45. Braun M, McGrath A, and Downie F. Octenilin® range made easy. *Wounds UK*, 2013; 9(4).
46. Hämmerle G and Strohal R. Efficacy and cost-effectiveness of octenidine wound gel in the treatment of chronic venous leg ulcers in comparison to modern wound dressings. *Int Wound J*, 2016; 13(2): 182-8.
47. Haesler E. Evidence Summary: Octenidine for chronic wounds. *Wound Practice and Research*, 2020; 28(1): 42-4.
48. Muller-Wirth N, Pichler WJ, and Hausmann O. A case of severe anaphylaxis to octenidine: In vitro cross-reactivity to antiseptics containing hexamethylene residues. *Clinical and Translational Allergy. Conference: 8th Drug Hypersensitivity Meeting, DHM, 2018; 8(Supplement 3)*.
49. Holdrowicz A, Narbutt J, Palczynski C, Kuprys-Lipinska I, and Lesiak A. Bullous skin lesion reaction as an example of an adverse effect of a preparation containing 0.1% octenidine dihydrochloride and 2% phenoxyethanol (Octenisept). *Przegląd Dermatologiczny*, 2018; 105(6): 753-60.
50. Hübner NO and Kramer A. Review on the efficacy, safety and clinical applications of polihexanide, a modern wound antiseptic. *Skin Pharmacol Physiol*, 2010; 23(Suppl 1): 17-27.
51. McMahon RE, Salamone AB, Poleon S, Bionda N, and Salamone JC. Efficacy of wound cleansers on wound-specific organisms using in vitro and ex vivo biofilm models. *Wound Manag Prev*, 2020; 66(11): 31-42.
52. Davis SC, Harding A, Gil J, Parajon F, Valdes J, Solis M, and Higa A. Effectiveness of a polyhexanide irrigation solution on methicillin-resistant *Staphylococcus aureus* biofilms in a porcine wound model. *Int Wound J*, 2017; 14(6): 937-44.
53. Salisbury AM, Mullin M, Chen R, and Percival SL. Antibiofilm efficacy of polihexanide, octenidine and sodium hypochlorite/hypochlorous acid based wound irrigation solutions against *Staphylococcus aureus*, *Pseudomonas aeruginosa* and a multispecies biofilm. *Adv Exp Med Biol*, 2021.
54. Roberto B, Simone T, Giuseppina G, Elisa C, Francesca M, and Claudia S. Local control of bioburden and infection, in mdrb. *Journal of Wound Care*, 2020; 29 (SUPPL 7B): 276.
55. Dissemmond J, Steinmann J, Münter KC, Brill H, Böttrich JG, Braunwarth H, Schümmelfeder F, and Wilken P. Risk and clinical impact of bacterial resistance/susceptibility to silver-based wound dressings: A systematic review. *J Wound Care*, 2020; 29(4): 221-34.
56. Hosny AEDMS, Rasmy SA, Aboul-Magd DS, Kashef MT, and El-Bazza ZE. The increasing threat of silver-resistance in clinical isolates from wounds and burns. *Infect Drug Resist*, 2019; 12: 1985-2001.
57. Krishnan PD, Banas D, Durai RD, Kabanov D, Hosnedlova B, Kepinska M, Fernandez C, Ruttikay-Nedecky B, Nguyen HV, Farid A, Sochor J, Narayanan VHB, and Kizek R. Silver nanomaterials for wound dressing applications. *Pharmaceutics*, 2020; 12(9).
58. Capanema NSV, Mansur AAP, Carvalho SM, Mansur LL, Ramos CP, Lage AP, and Mansur HS. Physicochemical properties and antimicrobial activity of biocompatible carboxymethylcellulose-silver nanoparticle hybrids for wound dressing and epidermal repair. *J Appl Polymer Science*, 2018; 135(6): 45812.
59. Myronov P, Sulaieva O, Kornienko V, Banasiuk R, Vielikov M, Husak Y, Pernakov M, Deineka V, Yusupova A, Hristova MT, Savchenko A, Holubnycha V, and Pogorielov M. Combination of chlorhexidine and silver nanoparticles: An efficient wound infection and healing control system. *BioNanoScience*, 2021; 11(2): 256-68.
60. Bowler PG and Parsons D. Combatting wound biofilm and recalcitrance with a novel anti-biofilm Hydrofiber wound dressing. *Wound Medicine* 2016; 14(6-11).
61. Furtado K, Siaw-Sakyi V, and Bowler P. 2019. More than Silver(TM) Technology Made Easy. *Wounds International*.

62. Finnegan S and Percival SL. EDTA: An antimicrobial and antibiofilm agent for use in wound care. *Adv Wound Care*, 2015; 4(7): 415-21.
63. Mishra B, Sharma DJ, and Arora C. Comparative study of the efficacy of ionic silver solution and super oxidized solution in the management of chronic wounds. *Med J Armed Forces India*, 2021.
64. Severing AL, Rembe JD, Koester V, and Stuermer EK. Safety and efficacy profiles of different commercial sodium hypochlorite/hypochlorous acid solutions (NaClO/HClO): Antimicrobial efficacy, cytotoxic impact and physicochemical parameters in vitro. *J Antimicrob Chemother*, 2019; 74(2): 365-72.
65. Dissemond J. Wound cleansing: Benefits of hypochlorous acid. *J Wound Care*, 2020; 29(Sup10a): S4-s8.
66. Schultz G, Weir D, Ruotsi L, Black J, Desvigne M, Fernandez LG, Couch K, and Rodeheaver GT. Clinical efficacy of pure hypochlorous acid preservative-based wound solutions *Wound Source*, 2021; 11(29).
67. Harriott MM, Bhindi N, Kassis S, Summitt B, Perdakis G, Wormer BA, Rankin TM, Kaoutzanis C, Samaha M, Stratton C, and Schmitz JE. Comparative antimicrobial activity of commercial wound care solutions on bacterial and fungal biofilms. *Ann Plast Surg*, 2019; 83(4): 404-10.