

Frequently Asked Questions on Abilar 10%

Q: What is Abilar 10% Resin Salve?

A: Abilar Resin Salve is a modern CE Marked woundcare product, based on a traditional medication that has been used in treating wounds and burns in Finland for over 400 years. Resin, from the Norwegian Spruce Tree (*Picea abies*) is collected from trees in Northern Finland that have been damaged by natural events such as lightning strikes.

Q: What are the main properties of Abilar 10%?

A: Abilar 10% has been shown in clinical trials to enhance the healing of wounds. Abilar 10% provides the wound with a protective layer, preventing microbial and other contamination agents from entering the wound. In addition, Abilar 10% contains a high concentration of petrolatum, which is commonly used in wound products to maintain proper moisture in the wound (so called moist wound healing). These properties make Abilar 10% an efficient wound healing product.

Q: How is Resin different from colophony (rosin)?

A: The source material that produces colophony is not the same as that which produces the raw ingredient for Abilar 10%. Rosin (colophony) is manufactured from liquid sap resin which is heated in its production process. Heating of resin can denature some components of the product, producing tars etc. that can have deleterious effects on the skin. By contrast, the resin used to create Abilar 10% is not produced from the liquid sap resin which exudes from a wound in the tree but from hardened sap which is collected several months or years after it has been exuded from the tree wound. This means that some of the volatile elements of the resin have evaporated and some of the other components of the tree are added to it. The production of Abilar 10% does not involve any heating of the resin, which limits the number of possible chemical reactions related to heating.

Q: How are the efficacy claims justified?

A: All these claims are supported by laboratory tests, published clinical trial data and case studies. See reference section.

Q: Is the product sterile?

A: Abilar 10% is not sterile as it has not undergone any external sterilisation process. However, the product is self-preserving due to its antimicrobial activity and is suitable for reuse over a 12-month period.

Q: Is Abilar 10% haemostatic?

A: No, Abilar 10% is not haemostatic.

Q: Can Abilar 10% be used on heavily exuding wounds?

A: Yes. Abilar 10% can be used on heavily exuding wounds and is compatible with exudate absorbing dressings. The frequency of application may be high at the beginning of treatment, in line with the need to change dressings often but will reduce as the wound comes under control and exudate production reduces.

Q: Does Abilar 10% reduce hypergranulation?

A: The effect of Abilar 10% on hypergranulation has not been studied so far.

Q: Can Abilar 10% be used on children?

A: The use of Abilar 10% on children has not been studied.

Q: Can diabetics use Abilar 10%?

A: Yes, diabetic patients can use Abilar 10% to treat diabetic wounds.

Q: How is the resin cultivated?

A: When a tree is damaged it produces a sticky resin to plug the wound and protect the tree from infection. Over a period of 3 or more years this resin seals the tree wound. At this time the resin is harvested by hand.

Q: How is the resin purified?

A: To purify the resin it must be separated from dirt and bark chippings, collected with it in the harvesting process. This is done by a patented method at low temperature which prevents the production of potentially hazardous tars.

Q: What else is in Abilar 10% Resin Salve?

A: Abilar contains a mixture of 10% resin salve combined with a standard medical ointment which has been designed to mimic the consistency of the traditional home-made product which was mixed with butter or lard. Tests have shown that the medically prepared form of the product exhibits all the efficacy of the home-made version. For a full ingredient listing please refer to the pack.

Q: Does Abilar 10% contain preservatives?

A: As the resin exhibits both antibacterial and antifungal properties there is no need for an additional preservative in Abilar 10%. This means that the product has a 5-year shelf life when unopened and a 12 month period-after-opening. However, Abilar 10% is intended for use on a single patient in line with infection control procedures.

Q: Can Abilar 10% be stored in the refrigerator?

A: Yes. Abilar can be stored in the refrigerator as these low temperatures do not alter the composition of the salve. However, it might cause the salve to be stiff and therefore more difficult to apply on wounds. Abilar 10% should not be stored in the freezer or in temperatures over 35°C.

Q: Is Abilar 10% poisonous if ingested?

A: No, Abilar 10% is not poisonous even if ingested. However, you should avoid ingestion of Abilar 10% as the possible adverse reactions related to ingestion are not fully investigated.

Q: Which products can be replaced by Abilar 10%?

A: The use of Abilar 10% can enable clinicians to make significant savings on their wound care cost by:

- Replacing expensive silver and PHMB dressings with basic dressings and Abilar 10%
- Reducing the use of honey dressings with basic dressings and Abilar 10%
- Reducing the costs associated with enzyme alginogel dressings. Equivalent Abilar 10% usage could save between 20 and 70% of the cost associated with this product.

For a more detailed explanation related to your own respective issues please contact us.

Q: What type of wounds can I use it on?

A: Abilar 10% can be used as a primary dressing on many types of infected or uninfected wounds. The type of wound can range from pressure ulcers, diabetic foot wounds, ischaemic leg wounds, burns and surgical wounds that have failed to heal by primary intent.

Q: Can Abilar 10% be used where a wart or mole has been removed?

A: Yes, it can be used.

Q: Can Abilar 10% be used on suture lines?

A: Yes. Cover and protect the suture line with a proper dressing after applying Abilar 10%.

Q: Is there any benefit to using Abilar 10% on suture lines?

A: Yes, there is, Abilar 10% prevents surgical wound infection and reduces scarring.

Q: Can Abilar 10% be used on blisters associated with EB?

A: Yes. Abilar 10% can be applied directly to the blisters / erupted blister or it can be put on the dressing and then applied via the dressing to the blisters / erupted blister. The dressing should be changed daily.

Q: Can Abilar 10% be used on split skin grafts?

A: Yes it can.

Q: Can Abilar 10% be used with hyperbaric treatments?

A: Yes it can.

Q: Can Abilar 10% be used with cellulitis?

A: Yes it can. However, one has to take into account, that cellulitis is normally treated with antibiotics.

Q: Can Abilar 10% be used on heel ulcers?

A: Yes it can. Apply Abilar 10% on heel ulcer and cover it with a gauze or other appropriate dressing.

Q: Do I need to debride the wound first?

A: Yes. Basically, all normal wound care practices are valid when using Abilar 10% i.e. “bed-side” or surgical debridement is recommended when needed. However, the need of debridement is always assessed by the physician or wound care nurse. All wounds need to be clean and dried prior to the application of Abilar 10%. Any necrotic tissue needs to be removed as it will hamper the wound healing process.

Q: Can Abilar 10% be used on wounds that have been rinsed with diluted vinegar?

A: Yes it can. Acetic acid (vinegar) and other acids used in rinsing liquids are compatible with Abilar 10%.

Q: Can I use Abilar 10% if the wound is not infected?

A: Yes. Clinical results have shown that even uninfected wounds resolve quicker when Abilar 10% is applied.

Q: How do I use Abilar 10%?

- A:
1. Clean and rinse the wound as you would normally do
 2. Dab / let the wound dry carefully
 3. Apply a thin layer of Abilar 10% to the wound. If the surrounding skin is macerated, protect it with an appropriate product.
 4. Cover with an appropriate dressing.

Q: Can Abilar 10% be used on the wound margins?

A: In normal healthy wound margins there is no need to apply any additional barrier methods in order to protect the margins. However, in frail, fragile skin where contact with wound exudate could damage the skin around the wound it is recommended that the margins be protected with a barrier cream such as Cavilon.

Q: Do I have to keep the wound dry after applying Abilar 10%?

A: Yes, it is necessary to keep the wound dry. If you need to shower when the Abilar 10% and dressing is in place, remove the dressing, shower the wound and reapply Abilar 10% and then re-dress the wound.

Q: What is the recommended amount to be applied?

A: A thin layer of Abilar 10% needs to be applied at each dressing change. This tends to be in the region of 1-2mm thick.

Q: How often should Abilar 10% be applied?

A: This depends upon the nature of the wound, levels of exudate and frequency of dressing change. In a heavily exuding wound, there may be a requirement to change the dressing every day. For non-infected or less exuding wounds this may be extended to every 2 or 3 days. There is currently no evidence to support usage on a once a week basis, but this is not contraindicated either.

Q: When should the dressing be changed?

A: The dressing is replaced depending on the amount of exudate, in line with your current practice. In the case of slightly exuding wounds, it generally means every 3-4 days. In terms of high exudate wounds, dressings are usually changed for every 1-2 days.

Q: How much wound surface will a single tube of Abilar 10% cover?

A: One of the published clinical studies measured the daily usage of Abilar 10% during the course of the study. Using the recommended application directions, the authors concluded that in their case a level of 0.4g of product was used per day. Extrapolating from their results it can be calculated that a 20g tube will cover a wound with a surface area of 200 cm² at the recommended application level. This is, of course an estimate as all wounds will differ.

Q: How often does the tube need replacing?

A: Again, this very much depends upon the number and size of wounds being treated and the frequency of dressing change. Once opened it is recommended that the tube can be re-used on the same patient for up to 12 months.

Q: Can Abilar 10% be applied directly to a dressing rather than into the wound?

A: Yes. Abilar 10% can be applied directly to the secondary dressing, if required.

Q: How do I use Abilar 10% in fistulas and small deep cavities?

A: Impregnate appropriate dressing or ribbon gauze with Abilar 10% by spreading the salve directly on the dressing. Fill the cavity with the dressing and protect the surface.

Q: How is Abilar 10% cleaned from a wound?

A: Any residual Abilar 10% can be easily washed from the wound by normal irrigation and cleaning methods. No additional agents or method changes are required.

Q: Is there a maximum length of time that Abilar 10% can be used?

A: There is no theoretical limit to the time that Abilar 10% can be used on a wound. Abilar 10% has been used regularly for many months in frail and elderly patients with multiple illnesses. Many of the patients have achieved full resolution of their wounds with no reported side effects.

Q: Can Abilar 10% be applied directly onto bone and/or tendon?

A: In the case that the wound extends to bone or tendon, consult your physician. If no additional treatment is required, Abilar 10% can be applied on bone. If tendon is visible on the wound bed, an operative treatment is often required.

Q: What dressings are suitable for use with Abilar 10%?

A: Abilar 10% is compatible with the vast majority of secondary dressings. The only major incompatibilities are those dressings containing antimicrobial substances such as silver or PHMB as their antimicrobial action is redundant. Significant cost savings can therefore be achieved by using Abilar 10% with the lowest cost secondary dressing which is fit for purpose for the particular wound concerned. This is in line with NICE Woundcare Guidelines published in January 2015.

Q: Can I use foam dressings with Abilar 10%?

A: Yes, foam dressings can be used.

Q: Can Abilar 10% be used together with Acticoat?

A: When Abilar 10% is used, no other dressing with other antimicrobial active ingredients i.e. silver, honey, PHMB or iodine etc. is usually needed.

Q: Can Abilar 10% be used with agents such as Sorbact?

A: Yes. Abilar 10% has been directly applied to Sorbact dressings which are designed to help reduce exudate. There have been no reports of interactions between Abilar 10% and Sorbact.

Q: What side effects have been reported with Abilar 10%?

A: Abilar 10% has been in everyday use by consumers and in over 100 hospitals in Finland since 2008 with over 500,000 tubes consumed during that time. Only one type of adverse reaction has been reported that can directly be attributed to Abilar 10% – a contact allergy which diminishes upon discontinuation. In over a decade, the manufacturer has received less than 40 reports of such a reaction and the equivalent of the UK Yellow Card reporting system in Finland has only logged 2 events.

Q: Are there any known contra-indications to Abilar 10% use?

A: Resins are in common use in a multitude of household products. Abilar 10% should not be used on mucous membranes or in patients with a known allergy to spruce resin. Its safety in pregnancy and lactation has not been established.

Q: Can Abilar 10% used during pregnancy?

A: It is not recommended so far. Data regarding the use of Abilar 10% during pregnancy is not available.

Q: Can Abilar 10% be used on the eyelids or in the eyes?

A: No, Abilar 10% should not be used in or around the eyes.

Q: Abilar 10% seems to have made the wound larger?

A: In the initial stage of treatment, this is perfectly normal. The reason is that the Abilar 10% debrides the dead tissue around the wound that stimulates wound growth.

Q: I've noticed an odour when using Abilar 10%?

A: This is perfectly normal. Abilar 10% contains natural resin compounds from a Norway Spruce tree that has a specific odour.

Q: I've been using Abilar 10%, but the wound seems very runny?

A: In the case of strong exudation, use absorbable dressing together with Abilar 10%. If necessary, consult your physician.

Q: Is Abilar 10% expensive?

A: No. Abilar 10% is highly effective even when used in thin layer on the affected area making it plentiful. As it has a long shelf life even when opened, one tube can be used for longer period for larger wounds or many smaller wounds and abrasions.

Q: How do I obtain Abilar 10%?

A: Abilar 10% can be obtained from pharmacies or the distributor in countries where Repolar has a local distributor.