Guest & Edmonds, Journal of Wound Care, 2025.

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Cost-effectiveness of a nitric oxide generating medical device in managing hard-to-heal diabetic foot ulcers

Background

People with diabetes have a 19-34% lifetime risk of developing a diabetic foot ulcer (DFU). Globally, an estimated 18.6 million people have a DFU each year. [1]

DFUs are associated with poor clinical outcomes, a long-term impact on quality of life and place a substantial economic burden on individuals, healthcare systems and society. [2]

ConvaNiox™ is a two-part multilayered, multimodal wound dressing that creates an optimised wound healing environment to increase the probability of healing of DFUs. [3]

Overview

- This study assessed the cost-effectiveness of ConvaNiox™ in treating hard-to-heal DFUs from a UK health service perspective.
- Using data from a randomized controlled trial, a 24-week cost-effectiveness model compared ConvaNiox™ with the standard of care (SoC).
- The analysis examined healing outcomes, health-related quality of life (HRQoL), and healthcare costs.

❖ **Robust trial data, backed by economic modelling relevant to the UK health service**

Economic Outcomes Assessed

- Total Cost of Care – included direct UK health service resource use
- Quality-Adjusted Life Years (QALYs) – measured overall patient benefit by combining length and quality of life.
- Cost-Effectiveness (ICER framework) – compared the difference in costs to the difference in patient benefit between ConvaNiox™ and SoC.
- Uncertainty was explored with simulations and sensitivity analyses, reflecting variation seen in real-world practice.

❖ **The analysis went beyond unit price, capturing the full economic impact relevant to UK health service decision-makers.**

Results

- ConvaNiox™ improved healing by 63% compared with standard care (49% vs. 30% at 24 weeks).
- This translated into a 6% gain in HRQoL and a 20% reduction in overall DFU treatment costs (excluding device cost).
- At £40 per dressing, ConvaNiox™ was a dominant treatment strategy, delivering better outcomes at a lower overall cost (£6,117 vs. £6,440).
- Sensitivity analysis showed that ConvaNiox™ remained cost-effective even when the mix of healthcare professionals managing DFUs was varied.

ConvaNiox™ is a dominant treatment strategy: better outcomes at lower cost.*

IMPROVEMENT IN HRQoL	REDUCTION IN THE COST OF CARE	TOTAL SAVED PER DFU
6%	20%	>£320

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Conclusion

Management of DFUs with ConvaNiox™ versus SoC (in the UK) was associated with:

- Improved healing outcomes compared with standard of care
- Reduction in the total cost of DFU management
- Gains in health-related quality of life alongside clinical improvements
- ConvaNiox™ shows potential to improve outcomes while delivering value to UK health services.

1. Guest JF, Edmonds ME. Cost-effectiveness of a nitric oxide-generating medical device in managing hard-to-heal diabetic foot ulcers. J Wound Care. 2025;34(7):476-486
2. Moore Z, Avsar P, Wilson P, et al. Diabetic foot ulcers: treatment overview and cost considerations. J Wound Care. 2021;30(10):786-791.
3. RPT-088112, Data on file, 2025 Convatec Inc.

This study was commissioned and funded by Convatec Ltd, Deeside, UK

*As shown in table 7 in a cohort of non-infected and infected DFUs

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