



# Resource impact

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Plus Sutures are recommended as an option for people that need wound closure after a surgical procedure when absorbable sutures are an appropriate option. Plus Sutures should be used as part of a locally agreed bundle of care to reduce surgical site infections. For further information please see [NICE's healthtech guidance on Plus sutures for preventing surgical site infection](#).

Plus Sutures is innovative because sutures are coated or impregnated with triclosan (Irgacare MP). Triclosan is a broad-spectrum antibacterial agent. It helps reduce biofilm formation and bacterial colonisation, preventing the growth of most common organisms associated with surgical site infection.

The additional costs of plus sutures compared to non-triclosan absorbable sutures may be offset by capacity benefits arising from a reduction in hospital stay or any other costs avoided resulting from a reduction in surgical site infections.

The effect of adopting plus sutures on costs and resources will depend on variation in the reduction in surgical site infections, length of stay and any other costs avoided by surgery type. Due to the unknown variation across organisations and services, the resource impact will need to be determined at a local level.

A [resource impact template](#) is available to support this statement and within this document, in the sensitivity analysis, demonstrates when savings per 1,000 patients are attained. Savings can be attained per 1,000 patients when the increased cost of sutures of £4,500 (based on published prices) is offset by a reduction in surgical site infections leading to cost savings greater than this. For example, a reduction of surgical site infections in 1.2 patients per 1,000 where there is a saving per patient of £4,200. Organisations can use this template to undertake an assessment of the potential resource impact of using plus sutures. Users should input local prices and values specific to their organisation.

The financial impact for providers and commissioners resulting from any capacity benefit will be determined by the contract in place, but the capacity benefit may assist in reducing waiting lists.

The technology is commissioned by integrated care systems / clinical commissioning groups. Providers are NHS hospital trusts and GPs.