

How Achieving Optimum Wound Management in a Challenging Situation can improve a patients quality of life

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Introduction

The management of highly exuding wounds remain a very real challenge for clinicians, as they require repeat dressing changes in an attempt to prevent wound breakdown. Patients experience anxiety and discomfort as they are faced with the prospect of wound breakdown which can lead to social implications and quality of life issues, which often go unstated. For this poster presentation the authors will discuss the management of a highly exuding wound which had the potential of extensive dehiscence.

Mrs A was a 77 year old lady who lived in a house with her husband. Prior to her initial surgery for a right Total Knee Replacement some 9 months previously she was fully independent and mobile. Mrs A had previous diagnosis of Myocardial Infarction (MI) and Non-Insulin-Dependent Diabetes Mellitus which was well controlled.

This patient immediately post operative developed pain, swelling and erythema of her knee. Movement of the knee became painful on discharge home and when visiting her general practitioner she was commenced on antibiotics. Shortly afterwards she was seen in clinic and readmitted into hospital with a painful knee and difficulty mobilising and commenced on intravenous antibiotics. Following the initial surgery on her knee she had been back to theatre on four occasions for various procedures e.g. debridement/washout of abscess, knee exploration/washout, debridement and then finally for the 1st stage revision TKR of infected right knee.

Method

After the later stage of surgery, Mrs A wound began to break down at the proximal aspect of the suture line. The wound was small and unremarkable on appearance, however high levels of haemoserous purulent exudate proved highly problematic. This was a challenge for the nursing team and had a negative effect on Mrs A quality of life, during which time she was immobile with her knee in a brace 24 hours a day. The increased exudate levels were affecting the peri-wound and leading to maceration, erythema and strike through which stained and marked her knee brace and

clothing. Various dressings including gauze, foams and alginates proved inappropriate due to the high levels of exudate which resulted in frequent dressing changes. Vacuum Assisted therapy was not a suitable alternative as the wound dimensions were too small and a stoma bag proved difficult to position for drainage and was aesthetically displeasing to the patient. Wound infection was suspected on initial examination; a wound fluid sample was obtained for testing but came back negative.

Mrs A agreed to commence Sorbion Sachet S to effectively and efficiently manage the high levels of exudate. Prolonged exposure to excessive chronic wound exudate or its protease content will lead to wound deterioration and potential skin breakdown. Mrs A was often very tearful during this time as she reported there appeared to be no end to her situation, now some months after her initial operation.

Results

Sorbion Sachet S was applied directly onto the wound and secured with micro pore. Dressing changes were immediately reduced to once every day for the first 48 hours, there after dressing frequency was extended. During the first 48 hours strike through was observed on the Sorbion Sachet S, however it had not infiltrated the dressing. Within three days of application maceration, excoriation and erythema had reduced. Mrs A was happy that her wound was showing signs of improvement and fewer dressing changes allowed her to have weekend leave - quality of life indicators.

Discussion

Sorbion Sachet S is an ideal dressing for moderately to highly exuding wounds, preventing peri-wound maceration and excoriation. It is indicated as a primary dressing will absorb and bind together 100mls of exudate, a 10cm x 10cm sachet used when treating the wound. It provides an osmotic pull that ensures rapid absorption of wound fluid without drying out the wound. It is compatible with any other conformable wound product dressing added to this it is suitable for use on a range of wounds including pressure ulcers, fistulae, fungating lesions etc.

Conclusion

Mrs A was overjoyed with the outcome achieved using Sorbion Sachet S. Having undergone further surgery resulting in additional weeks spent in hospital, her wound had now healed. This allowed her leg to be placed into a plaster cast thus enabling her to go home, where she was able to convalesce and spend time with her family.

Comparison of Costs

| Previous treatment | Evaluation |
|---|--|
| Sorbsan (10cmx10cm) = £1.64 x4 per day = £6.56 | Sorbion Sachet S (10cmx10cm) = £2.25 x1 per day = £2.25 |
| Mesorb (10cmx10cm) = £0.59 x4 per day = £2.36 | |
| H20 = £0.24 x4 per day = £0.96 | H20 = £0.24 x1 per day = £0.24 |
| Dressing Pack = £0.45 x4 per day = £1.80 | Dressing Pack = £0.45 x1 per day = £0.45 |
| Bandage (10cm) = £0.27 x4 per day = £1.08 | Tape roll = £0.35 x1 per week = £0.35 |
| Per week = £89.32 + Nursing time for procedure | Per week = £20.93 + Nursing time for procedure |



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