

“Does Simplifying Dressing Choice For Chronic Leg Ulcers Improve Patient Outcome”

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Introduction

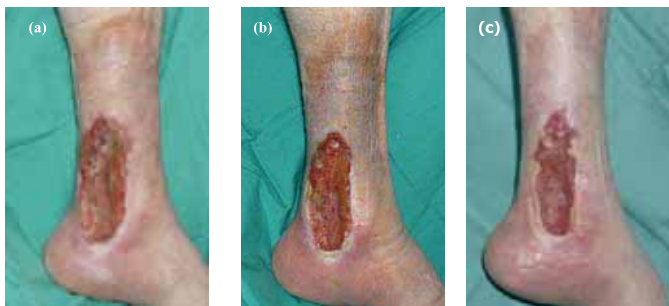
Large leg wounds are challenging in their application of dressings, and applying the dressings to the appropriate area can be time consuming, painful and difficult both for patient and clinician⁽²⁾. This evaluation looked at whether the use of a simplified dressing regimen led to an improved patient outcome.

Study

Use of an atraumatic hypoallergenic exudate management dressing (*) was evaluated with a small number of patients.

Method

Case study method was used to establish whether a simple dressing which effectively managed exudate led to an improvement in patient outcome in a small number of patients. Case studies will be supported by photographs.



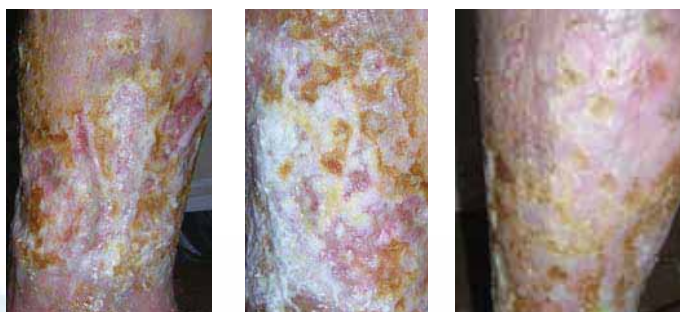
51 yr old man, DVT at 11 yrs old. Recurrent ulceration. Present ulcer 6 yr duration. Time between fig (a) and fig (b) 4 weeks. Self caring for last 2 of these – dressing with Sorbion and applying K2 bandage. Fig (c) 12 weeks later. Completely self caring, applying Sorbion dressing and layered compression hosiery.

EFFECT OF EXCESSIVE EXUDATE.

- Maceration – white discolouration due to over hydration of skin.
- Pain- burning and stinging
- Trauma leading to erosions.
- Irritant dermatitis³ -with /without secondary infection
- Delayed healing due to excessive levels of proteases.
- Proteases within exudate damage epidermis and dermis.

BENEFIT OF EXUDATE IN WOUND HEALING

- Provides a moist wound bed
- Migration of tissue repairing cells
- Diffusion of cell mediators and growth factors
- Autolysis
- Provides necessary nutrients for cell metabolism



75 year old man who has bilateral wet eczema with superficial erosions caused by heavy exudate . The erosions were ulcerating but have healed after 10 weeks. of using a simple dressing under compression as recommended by SIGN⁽⁴⁾ . Skin no longer macerated. Some dry skin scales evident. Reduced need for topical steroid.



65 yr old lady. Rheumatoid arthritis. Ulceration of right leg Aug 08 which rapidly deteriorated. Left leg ulcerated with same deterioration Oct 08. Treated with silver then honey products. Not always kept within wound margins causing further tissue damage. Sorbion applied to wound and peri wound area.



43 yr old previous IV drug user. Prior to Sorbion regularly prescribed antibiotics, and anti microbial dressings. 3 wks between photo's.

Results

All ulcers improved with use of the dressing. Application of the dressing was simple and peri wound area improved reducing the need for barrier preparations such as zinc oxide protection. There was less scope for practitioner variation

Discussion

Whilst it is accepted that a moist environment is essential for wound healing, excessive exudate is destructive, and negatively effects quality of life for patients ⁽¹⁾. Despite these ulcers being chronic and covering a large area, there was no requirement for antimicrobial or antibiotic supplementation.

Conclusion

By simplifying the dressing regime, there is less opportunity for variation in practise and the care is more likely to be effective. Treating chronic leg ulcers can result in complex wound regimes which are time consuming and can lead to inappropriate application of dressings. This may result in ineffective wound care or further damage to surrounding tissue. Scottish Intercollegiate Guidelines Network SIGN ⁽⁴⁾ support application of simple non adherent dressings in managing leg ulcers. These dressings (*) are super absorbent non medicated, and so adhere to the principle of simple non adherent dressings.

This dressing proved to be effective with this small number of patients and improvement was noted in the ulcers and the surrounding skin. Application of the dressing was simple and the patients involved were happy with the treatment.

(*) sorbion sana, sorbion sachet S

References

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- (2) Pauline Beldon (March2009) Sorbion Sana: a non-adherent, highly absorbent, hypoallergenic dressing. *Wound Care* March 2009
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POSTER PRESENTED AT EWMA, GENEVA, 2010