

# Case Study of the effectiveness of a dressing with hydrokinetic fibres in the treatment of a longstanding leg ulcer

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## Introduction

This case study follows the management of a patient with peripheral vascular disease, who has an ulcer on the medial aspect of his left ankle. The patient is an 86 year old gentleman who has a multi-factorial and complex medical history including congestive heart failure, angina, past myocardial infarction and hypertensive disease. The patient has poor mobility and the ulcer further inhibits this. Some dressings tried previously had caused a sensitised reaction to the patient resulting in distress and discomfort. The ulcer was highly exuding and malodorous and required daily dressing changes, the patient had received antibiotics for past infections. The ulcer was swabbed with results revealing pseudomonal species being the predominant bacteria found. A large area around the ulcer was macerated. The decision to use sorbion sachet S was taken due to clinical evidence from past case studies that had shown impressive results from the use of the dressing in similar circumstances.

## Method

The objective of the case study was to document the progression of the wound using sorbion sachet S and to evaluate the effectiveness of the dressing. A prospective case study was carried out, by selecting a dressing to use as the primary contact layer, monitoring the wound through the recording of photographs, measurements and assessing the high level of exudate. The regime was to clean the wound with saline, apply sorbion sachet S as a primary layer, padding as clinically indicated for comfort and absorbency helping reduce the strike through of exudate and containing the odour, and a retaining bandage. The objectives of the study were to manage the wound maceration by protecting the wound edge with a barrier cream and deep cleansing the skin surrounding the wound, to monitor patient comfort and to heal the wound. At each visit the wound was reassessed and

was measured every other visit, to assess the wound healing progression. Photographs were taken every other visit, to record any wound improvement. At each visit the patient was asked about his comfort and pain level to ensure these particular needs were addressed. In fact he had no pain throughout the dressing period and less padding was needed. This evaluation was conducted over six months in the period from 15th of March to 30th of August 2011 - 24 weeks.

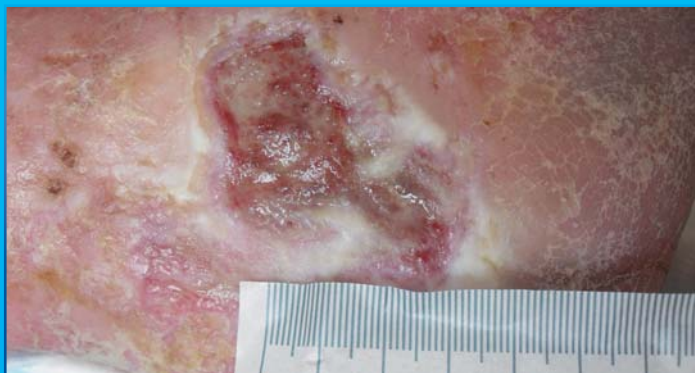
## Results

Initially the wound exuded large amounts of exudate with maceration around the outer aspect of the wound. There were signs of infection which were highlighted by malodour, pain, redness, and the wound was stagnant. Within a few weeks of applying sorbion sachet S, the wound showed a positive response to the dressing; epithelialisation was present on the 22nd of June and small areas of granulation started to form. It was obvious that both wound size and odour had decreased which the patient was pleased about. There were challenging times during this evaluation due to the complex health conditions of the patient so there was a time delay with the healing process which meant the dressing regime varied. The wound size started at 7 cm in width and 5 cm in length; wound size on August 30th was 2.5 cm in width and 2 cm in length. The levels of exudate have lowered to a minimum small area in the middle of the wound which can be seen in the photographs. Initially, there was a large area of maceration around the wound that was spreading to other parts of the leg. Within a few weeks of sorbion sachet S being applied it was evident that there had been improvement, as there was a decrease in maceration. The frequency of dressing changes initially were every day which after 2 weeks reduced to three times a week (April). This soon reduced to twice a week in May. In August the dressing changes were decreased to once a week. Overall it has been comfortable for the patient who verbally expressed low

pain levels. The patient has been attending the vascular clinic with the Vascular Consultant every couple of months and the staff are pleased with the treatment and overall wound improvement. The wound continues to progress; the treatment regime will be continued and reviewed in September 2011 by the Community Nurses.

## Conclusions

Over the 24 weeks treatment the wound is continuing to improve greatly in size and is now 2.5 cm in width and 2 cm in length. The patient is overall very pleased with the dressing, the improvement and the progress of his wound. The improvement has helped with the patient's mobility as he has no pain from the wound and the padding is no longer clinically required. His medical history plays a role in inhibiting the ulcer to improve quickly due to his congestive heart failure and poor circulation so it is a slow process. The absorbent polymers within sorbion sachet S manage and lock in exudate, which gives patient comfort and helps to inhibit the breakdown of the wound and surrounding areas. I have observed that the dressing inhibits further break down of the wound preventing maceration, reducing odour and the bacteria burden within the wound. It is considered that the protease modulation performance of sorbion sachet S has contributed to the healing process. sorbion sachet S in this study has proven its clinical performance which is demonstrated in the photographs. It also reached the objectives of the evaluation including; patient comfort, management of malodour and to dramatically improve the wound. The dressing regime is now sorbion sachet S directly to the wound bed and a retaining bandage. The dressing contains the exudate and no padding is needed. The dressing gave no discomfort or reaction to the patient's skin which gives credibility to the hypoallergenic claims associated with sorbion sachet S.



17 May 2011



20 June 2011



30 August 2011