

019 The Role Of A Zinc Impregnated Two Layer Latex Free Compression Bandage In A Patient With A 25 Year History Of Venous Leg Ulcers And Associated Skin Irritation

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Introduction

Alternative compression therapies which include an absorbent zinc impregnated comfort layer next to the skin have allowed the development of lightweight multi-layer bandages which allow the healing of venous leg ulceration whilst alleviating skin discomfort associated with skin irritation.

This poster will demonstrate the successful treatment using CoFlex UBZ in a patient who had bilateral leg ulcers for 25 years which had never healed. This patient has multiple co-morbidities and is taking lots of medication.

In treating leg ulcers, practitioners must assess not only the ulceration, but also the patient's general health and their experience of past treatments in order to choose the therapy system that best meets the patient's health needs and lifestyle (Moffat CJ 2004).

Factors affecting the patient's adherence to treatment include pain, the patient's attitudes and beliefs and identifying how much the patients wants to partner with their care.

Pain in most cases can be a great area of concern for the patient from the ulcer itself, the surrounding skin and the treatment. Therefore strategies of care must be aimed to reduce pain (from whatever source) and engage patients with therapies, thereby hopefully resulting in improved concordance. (Anderson I.)

Method

This patient had had bilateral venous leg ulcers for over 25 years (Fig. 1&2). They had never healed and the surrounding skin had severe irritation from the exudate leaking from the wounds. He regularly attended hospital for vascular and dermatology advice. Multilayer compression bandaging was used but concordance was poor with the patient requesting the choice of primary dressing and emollients. There was often strikethrough resulting in additional changes. Odour dressings were placed within the layers as odour affected his quality of life. Dressings were removed by soaking off as the ulcers and fragile skin frequently bled. Previous dressing regimes have included steroid cream, silicone primary dressings, various compression systems and absorbent pads with circular bandage.

CoFlex UBZ was then discussed with the patients informed consent this bandage system was applied. This system consists of an absorbent zinc impregnated comfort roll applied next to the skin and a cohesive short-stretch compression bandage applied over. The bandages were reapplied twice weekly at the local leg ulcer clinic.

Results

Within the first three weeks of treatment the skin irritation had reduced significantly and concordance with treatment was excellent. The patient reported that the bandages were comfortable when applied and they stayed in place. Over the following weeks the ulceration as well as the irritation to the skin surrounding the wound improved. Odour dressings were no longer required and there was no strikethrough needing additional changes. Dressings were easy to remove with no bleeding on removal.

Although the wounds are not yet fully healed they are much improved and issues with the skin surrounding the wound are now fully resolved. The patient reports that their quality of life is much improved and his concordance with this treatment regime is excellent

Discussion

Compared to existing compression systems normally used within the trust, this bandage system had the advantage that it was non bulky and had the zinc oxide impregnated into the initial layer rather than through the addition of a separate bandage. This patient had been having treatment for his leg ulcers for many years many of which with compression. The patient is delighted with the treatment and its outcome so far reporting that his legs are the best that they have ever been.

Results Continued.....



Fig. 1 Wound on 07.02.14



Fig. 2 Wound on 07.02.14



Fig. 3 Wound with compression 01.08.14



Fig. 4 Wound on 01.08.14



Fig. 5 Wound on 01.08.14



Fig. 6 Wound on 27.07.14

Conclusion

CoFlex UBZ provided a comfortable and effective healing environment for a patient with a history of poor concordance. Patient comfort improved and the bandages remained in place without any irritation. As well as the wounds improving the skin integrity is much improved and there is no longer the need to use topical steroids or emollients.

We will continue to use CoFlex UBZ on patients with skin irritation and it is now a component of our shared decision making toolkit for patients with venous leg ulcers.

References

1. Moffat CJ. Factors that affect concordance with compression therapy. JOURNAL OF WOUND CARE VOL 13, NO 7, JULY 2004.
2. Anderson, I. Ten top tips on compliance, concordance and adherence Wounds International Vol 4 | Issue 2 | ©Wounds International 2013. www.woundsinternational.com