

Case study: Chronic pressure ulcer of 12-year duration

Self-Adaptive Advanced Wound Dressing Clinical Results

Patient:

A 45-year-old female presented with chronic bilateral buttock stage IV pressure ulcers sustained during prolonged stay in the ICU 12 years earlier following a rollover motor vehicle accident. Patient suffered spinal cord damage from the accident and is paralyzed from the waist down. She is a heavy smoker with a history of treated osteomyelitis and low nutrition (albumin = 3.1).

Initial Wound Treatment:

Pressure ulcers were treated with Silvadene cream and wet-to-dry gauze for two years following the accident. Following failed flap surgery, Vacuum-Assisted Closure (V.A.C.) was applied to the wounds. The wounds were treated with long periods of V.A.C. for approximately 10 years with varying levels of wound healing response and no wound closure. During V.A.C. therapy, dressings were changed three times per week, with each dressing change taking approximately 2 hours. Following removal of the head of her left femur and revision surgery approximately 12 years after the accident, V.A.C. was again applied to the ulcers with little progression towards healing. At this point, V.A.C. was discontinued, and Tegaderm with ABD pads and tape were applied to the ulcers. At the first dressing change, the wound had deteriorated with the peri-wound skin becoming red and edematous. Wound color was dull gray-red. Left wound measured 5.0 x 3.0 x 0.5 cm and right wound measured 4.5x3.0x0.5 cm. A decision was made to apply Enluxtra Self-Adaptive Wound Dressings.

Application of Self-Adaptive Advanced Wound Dressings:



A. Day 0. Right and left buttock ulcers after 12 years of treatment with advanced wound care, and immediately prior to first application of Enluxtra self-adaptive wound dressings.



B. 2 ½ months after start of treatment with Enluxtra dressings.



C. Bilateral pressure ulcers are closed and patient is discharged after 4 ½ months of treatment with Enluxtra dressings.

The Enluxtra dressing was applied directly over both wound beds which were crater shaped. Dressings overlapped the wound edges 2-3 cm to create a "bowl." To keep the dressings in contact with the wound bed, small ABD pads were folded and placed over the dressing to fill the bowl. Hypafix tape was applied and covered with another ABD pad to create a smooth surface, and the whole buttock was sealed with Hypafix tape. Patient wore cotton boxer briefs over affixed dressing to further keep the tape edges from rolling. At first, dressing changes took 1.5 hours, but as the wound healed and exudate was considerably reduced, dressing time was reduced to 30 minutes.

Wound Progression with Self-Adaptive Dressings:

At the first dressing change, the color of the wound was noticeably improved. The periwound tissue redness disappeared within 1-2 weeks, as the moisture was controlled. After the first month, the odor and exudate were considerably diminished. No maceration, erythema, or desiccation was observed during self-adaptive wound dressing use. Exudate remained controlled and contained in the dressing throughout care. The wounds consistently progressed toward closure between each dressing change. At 4 ½ months, the wounds were completely re-epithelialized and the patient was discharged from care.

User Experience:

The patient felt that the Enluxtra Self-Adaptive Wound Dressings saved her life. After the time, pain, expense, and frustration involved in 12 years of dressing changes, the patient had nearly run out of hope. After treatment with Enluxtra, the patient stated, "Without the Enluxtra, I would have been dead from infection when V.A.C. therapy was discontinued this last time." After 4½ months of Enluxtra dressings

and two healed wounds, the patient has a whole new lease on life.

Clinical Outcomes/Conclusion:

- Within 4 ½ months, treatment with Enluxtra dressings led to closure in these chronic pressure ulcers that had been open for 12 years during treatment with advanced technologies.
- Self-Adaptive Dressings appeared to contain properties needed to reverse the impediments in ulcer healing that were evident during the previous 12 years, including uncontrolled drainage and moisture imbalances.
- According to Joan Hunt, “Nurses become nurses to help people. What more can I ask for than to know I have helped this woman?”
- Compared to all previous therapies used in this chronic ulcer, the Self-Adaptive Dressing was the only dressing that facilitated effective and efficient wound closure.
- Drainage was controlled, locked in and reduced with this dressing, resulting in edema reduction and optimal moisture balance throughout the wound and peri-wound skin.
- The dressing was effective throughout all conditions and sizes of this wound.

Reference:

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