

## Case study: Elimination of multiple dressings for patient with multiple heavily draining chronic venous leg ulcers

### SELF-ADAPTIVE WOUND DRESSING CLINICAL RESULTS

#### Patient:

78-year-old male presents with bilateral heavily draining venous insufficiency ulcers that have been present for 10 years. Patient is smoker and has been treated intermittently at various wound care clinics, including this clinic. Past medical history includes hypertension, coronary artery disease, venous insufficiency, deep venous thrombosis, congestive heart failure, chronic obstructive pulmonary disease, and bladder cancer.

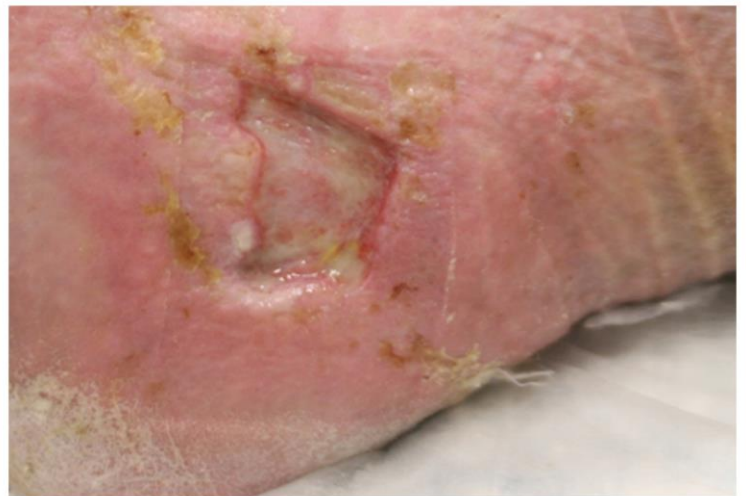
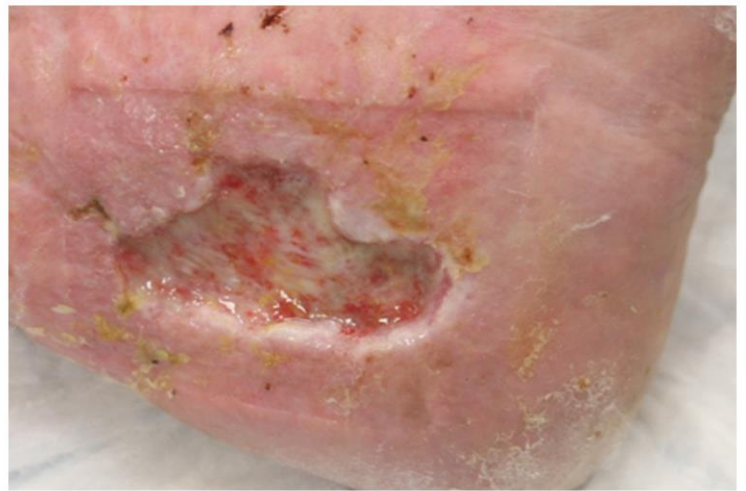
#### A. Day 0.

Before conversion to single self-adaptive dressing. Prior to self-adaptive dressings, venous ulcers were dressed with a topical antibiotic, non-adherent layer, alginate, adhesive foam dressing, ABD pad, gauze wrap and compression. Wounds had been progressively increasing in size due to copious/heavy drainage not contained within applied dressings.



**B. Day 21.**

After conversion to single self-adaptive dressing. All ulcers were dressed with topical antibiotic, self-adaptive dressing, gauze wrap, and compression. Alginates and ABD pads were eliminated from dressing regimen, which saved overall time and cost. Self-adaptive dressings were more absorbent than previous foam dressing/alginate combination so dressing change frequency was reduced to once per week. Patient and caregiver satisfaction increased considerably due to drainage control and decreased dressing change frequency.



**Reference:**

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