OBJECTIVE:
To evaluate the effectiveness of a novel self-adaptive advanced wound dressing® with respect to copious drainage management, wound odor, pain, management resource time, and peri-wound maceration in chronic venous leg ulcers.

BACKGROUND:
Venous leg ulcers. To evaluate the effectiveness of a novel self-adaptive advanced wound dressing® sheet for analysis.

METHODS:
We retrospectively examined data records of patients with large, heavily/copiously draining venous insufficiency ulcers treated with the self-adaptive advanced wound dressing® between November 1, 2012 and February 28, 2013.

RESULTS:
A. Day 0. Largest, light brown, localized venous insufficiency ulcer at presentation is debulked with wet, absolute wound dressings. Drainage is copious, requiring twice daily dressing changes.

B. Day 2. Self-adaptive dressings are taped together and applied to ulcer base.

C. Day 14. Wound edges are flattened and exophthelialis. Wound odor is no longer detectable, and wound-related pain is reduced to 2/10, significantly lowering the narcotic requirement for the patient. Medication side effects, including constipation, are mitigated by increased fluid intake.

D. 6 Weeks. Wound dimension as considerably smaller and edges are re-epithelializing toward center of the wound.

E. 6 weeks. Patient has been out of town for three weeks, during which time the wound was treated with wet to dry gauze and non-adherent dressings. Wound-related pain and odor, as well as though have returned, as pictured. Self-adaptive dressings are resumed.

F. 10 Weeks. One month following treatment resumption with self-adaptive dressing, swelling is no longer present and ulcer has 100% granulated and re-epithelializing toward closure. Odor is not detectable and wound-related pain is 0/10. Patient requires no pain medication.

CASE 1: HEAVILY DRAINING VENOUS ULCERS
71-year-old male with four heavily draining venous stasis ulcers on his right lower leg

CASE 2: MULTIPLE COPYIPOUSLY DRAINING LEG ULCERS
59-year-old morbidly obese male with copiously draining venous insufficiency ulcers

CASE 3: LARGE, CHRONIC VENOUS INSUFFICIENCY ULCERS
57-year-old male presented with bilateral heavily draining venous insufficiency ulcers that have been present for 20 years.

REFERENCES:
2. Nicollele L. Principles of Best Practice Wound Assessment. Adapted from a paper presented at: Clinical Symposium on Advances in Wound Care; October 10, 2012; Las Vegas, NV.

Vicki Fischenich, GNP-BC; Randall Wolcott, MD
Southwest Regional Wound Care Center, Lubbock, TX

CONCLUSIONS:
• Use of self-adaptive dressing technology may aid in transitioning heavily draining wounds stalled in the inflammatory phase of wound healing toward a positive wound healing trajectory.
• Self-adaptive dressings are effective in absorbing and retaining exudate (no sideways spread) for multiple days, even in large, copiously draining wounds.
• Use of self-adaptive dressing reduces pain and malodor, providing effective control of wound drainage and therefore significantly improves quality of life for patients.
• Reduction in dressing change frequency achieved with this dressing results in reduced materials usage, nursing labor costs, and patient morbidity.
• In our opinion, the new self-adaptive dressing satisfies the vast majority of patient and wound requirements and can be used in lieu of a wide array of wound care products to simplify wound care in large, copiously draining wounds.