BACKGROUND

UNDERLYING VENOUS INSUFFICIENCY

MACERATION IN CHRONIC ULCERS WITH

EPITHELIALIZATION AND PERI-WOUND

EXUDATE CONTROL, WOUND ODOR, PAIN,

• Paradoxically, most dressings leak exudate
• Marked reduction in wound odor and pain
• Dressing change frequency was reduced in all
• Wound edges and peri-wound skin remained
• All dressings remained securely in place with no
• Within three weeks post initiation of self-

DRUG-FREE ODOR AND SLOUGH REDUCTION

AND ACCELERATION OF GRANULATION

WITH SELF-ADAPTIVE DRESSINGS IN CHRONIC EXTREMITY ULCERS

OBJECTIVE

TO EVALUATE THE EFFECTIVENESS OF A NEW SELF-ADAPTIVE ADVANCED WOUND DRESSING* WITH RESPECT TO EXUDATE CONTROL, WOUND ODOR, PAIN, GRANULATION TISSUE FORMATION, EPITHELIALIZATION AND PERI-WOUND MACERATION IN CHRONIC ULCERS WITH UNDERLYING VENOUS INSUFFICIENCY.

METHODS

• With patient consent, consecutive wounds, regardless of etiology or amount of exudate, were included in the evaluation.
• Wounds were cleansed with soap and water, sharp digits were determined, and re-
cleaned.
• Self-adaptive advanced wound dressings were applied, overlapping 2 to 3 cm onto intact skin.
• Self-adaptive dressings were covered with cling film, followed by co-flex wraps, and a tubular stockinette when appropriate.
• Dressings were changed 1-2 times per week.

RESULTS

• 4 patients with 5 wounds were treated.
• Within three weeks post initiation of self-adaptive dressings, no wound odor or pain was detected in any of the wounds, even in three wounds that were extremely painful (7/10) and macerated at the start of treatment.
• All dressings remained securely in place with no leakage at each dressing change, even in wounds with high levels of exudate that previously could not be contained with any prior attempted absorption dressing.
• Wound edges and peri-wound skin remained healthy and not macerated throughout treatment for all wounds.
• Granulation and epithelial tissue formed at an accelerated rate, compared to prior anecdotal, observed rates with previous dressings.
• Dressing change frequency was reduced in all patients with self-adaptive dressings, compared to prior dressings.
• Patients reported high satisfaction with the dressing due to elimination of wound odor and pain, control of wound drainage, and gradual reduction in wound size.
• Marked reduction in wound odor and pain restored patient confidence and quality of life.

CONCLUSIONS

• Use of these self-adaptive wound dressings resulted in major odor and slough reduction in large surface area ulcers without use of topical medication or antibiotics.
• Even in heavily exuding wounds, the self-adaptive dressing isolated the drainage and maintained a leak-free, reduced the required dressing change frequency in all wounds to 1-2 times per week.
• Acceleration of granulation tissue formation and re-epithelialization occurred with self-adaptive dressings, despite complex comorbidities and poor perfusion in each of the extremity wounds.
• Odor, drainage, and pain control achieved with the self-adaptive dressings dramatically improved patient quality of life, allowing faster return to work and other normal daily activities.
• In the clinician’s experience, the absorption and wicking properties of the self-adaptive dressing are superior to all other known wound dressings, as evidenced by the consistently healthy wound edges and weight of the dressing at removal.
• Self-adaptive dressings simplified care for these patients in numerous ways, including containment of wound exudate, ease of application, and reduced dressing change frequency.

REFERENCES


CASE 1

Multiple malodorous, painful arterial/venous ulcers in patient with HIV, hepatitis C and chronic venous insufficiency

61-year-old male with multiple large mixed arterial/venous ulcers that have been present for over 2.5 years. Patient’s quality of life has been severely compromised due to exudative wound odor, inability of conventional dressings to manage leak effectively, and pain (7/10).

CASE 2

Non-healing extremity wounds in patient with chronic venous insufficiency

57-year-old male with two chronic wounds on his left lateral lower extremity of eight months duration caused by pyoderma gangrenosum. Patient is morbidly obese, insulin-dependent diabetic with history of controlled hypothyroidism and psoriasis. At initial presentation, ulcer was very painful and small, and treated with ice and patent topical steroids with zinc oxide cream around wound edges, and a non-adherent layer dressing and gauze. Narcotics were administered to control pain, patient could not tolerate compression. Ulcer size increased steadily at a rate of 1 cm/week in length and width for 3 weeks prior to self-adaptive dressing use.

CASE 3

Chronic foot ulcer caused by pyoderma gangrenosum

67-year-old male with draining left lateral foot ulcer of eight months duration caused by pyoderma gangrenosum. Patient is morbidly obese, insulin-dependent diabetic with history of controlled hypothyroidism and psoriasis. At initial presentation, ulcer was very painful and small, and treated with ice and patent topical steroids with zinc oxide cream around wound edges, and a non-adherent layer dressing and gauze. Narcotics were administered to control pain, patient could not tolerate compression. Ulcer size increased steadily at a rate of 1 cm/week in length and width for 3 weeks prior to self-adaptive dressing use.