PRESSURE ULCER MANAGEMENT IN PALLIATIVE CARE: Maintaining Comfort and Wound Size Reduction with New Self-Adaptive Dressing Technology

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OBJECTIVE:
To evaluate the effectiveness of a new ultra-absorbent, self-adaptive advanced wound dressing* with respect to patient comfort and wound size reduction of stage III and IV ischial and sacral pressure ulcers in patients receiving palliative care.

BACKGROUND:

- Improving the patient’s overall health-related quality of life is often the priority for palliative care patients, with wound healing as a secondary goal.1
- Decreased dressing change frequency, increased mobility, controlled exudate, and prevention of further wound deterioration are valid endpoints in palliative care.2
- Demands of proven pressure ulcer healing interventions, such as offloading, may be beyond the patient’s tolerance or stamina, and appear to threaten quality of life for a busy patient, quickly becoming debilitated by the nature of his/her life-threatening disease.3
- Wound dressings that may be changed less frequently may effectively contain and keep exudate away from the wound and reduce wound size, and can play a key role in maintaining comfort and quality of life for these patients.

CASE 1: CHRONIC PRESSURE ULCERS IN PATIENT WITH PROGRESSIVE MULTIPLE SCLEROSIS

A 36-year-old female with these stage III/IV ischial and sacral pressure ulcers that have been present for 3 years. Patient is obese, suffers from chronic neurodegenerative disease of the cerebellum and femoral head, and has had multiple sclerosis for 16 years. Her co-morbidities related to progressive MS include loss of feeling and mobility in lower extremities, intermittent leg spams, bilateral pedal edema, and contractures of hips, knees, and ankles. Patient has decreased appetite and difficulty in swallowing that have resulted in malnutrition, despite nutritional supplementation. In spite of these impairments, patient maintains active lifestyle, spending much of her day in Fowler’s position.

METHODS:

- Wound was irrigated with normal saline solution.
- Self-adaptive advanced wound dressing was sized and placed over the wound, overlapping at least 2 to 3 cm onto intact skin.
- Dead space over self-adaptive dressing was filled with a hydrofiber dressing to help maintain dressings contact with the wound surface. This step was omitted when wound depth decreased and dressing was no longer necessary.
- Dressings were covered with a thin hydrocolloid or retention tape.
- Dressing changes occurred 1 to 3 times per week in the home care setting.
- Patient comfort, drainage control, peri-wound maceration and wound dimensions were noted.

RESULTS:

- Self-adaptive dressings were effective in controlling drainage and reducing wound size.
- Wounds were more easily managed and less frequent dressing changes were needed.
- Self-adaptive dressings were well accepted by the patient.

REFERENCES: