

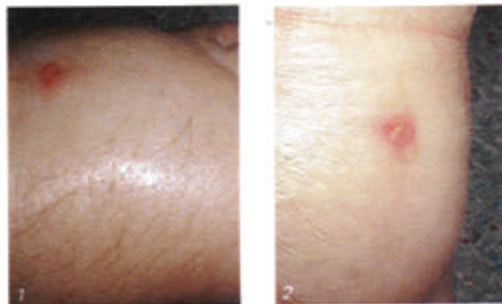
Case Study 1

Managing Highly Exuding Leg Wounds

Occasionally wounds present with highly challenging symptoms, which require a fresh approach to their management. The management of infected wounds on the lower limbs, which present with high exudate levels, are one such example. In the two case studies below the level of exudate produced by the wounds over a 12-hour period far exceeded the moisture handling capabilities of modern foam dressings.

It was clear that in both cases moist wound healing was not an achievable aim until the two underlying pathologies, oedema in study 1 and infection in study 2, were removed. The clinician is then left with the problem of managing the symptom until the underlying pathology is removed and healing can proceed. During this time the level of exudate produced would involve many dressing changes with the potential for adhesives to irritate the surrounding skin and maceration to develop.

In these cases the management of the two cases involved the use of a non-adherent contact layer, Atrauman and a secondary-dressing pad, Zetuvit. These dressings were held in place with light tubular bandages. This combination allowed the wound bed to be left undisturbed and the pad to be changed regularly without trauma to the surrounding skin. The ease with which the dressing could be changed allowed regular pad changes, thus reducing the risk of maceration around the wound.



STUDY 1

Image 1 and 2 portray a gentleman with widespread lymphoedema of both lower limbs due to a malignant condition. There are two puncture wounds, one on the left foot and one on the right leg.

These wounds were leaking approximately 50mls per 2 hours and elevating the limbs proved difficult due to his condition. These wounds were being treated using foam dressings that were being changed 2-4 times per day, with large amounts of leakage observed.

As it was impossible to quickly reduce the oedema in the legs, the patient faced many days/weeks of fluid leaking from his limbs and regular dressings changes. Even with these dressing changes, it was not possible to prevent fluid leaking across the healthy skin at the wound margins. The decision was taken to dress the wounds with Atrauman, a non-adherent contact layer, covering with Zetuvit, a dressing pad and securing with a tubular bandage, applied from toe to knee. This combination allowed the patient to have the oedema absorbed from the wounds into the dressing pads. When the dressings pads needed changing the tubular bandage was rolled down and the pads changed. The presence of the Atrauman on the wound surface meant that the wound itself was not disturbed.

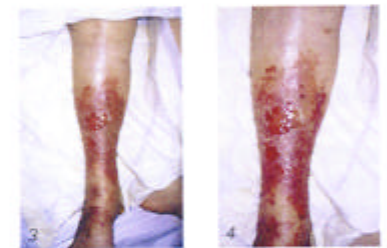
These wounds were unlikely to heal until the oedema had resolved, this was not likely to happen for

some days, possibly weeks. The decision was taken to manage the main symptom, oedema leakage, using the combination described.

STUDY 2

Image 3 and 4 show a resolving case of cellulitis to the lower limbs. Both limbs have suffered superficial skin loss due to blistering, associated with soft tissue infection. Due to the oedema present in the legs the application of a standard moist wound dressing was contraindicated, due to the high levels of exudate and the need for frequent dressing changes.

Due to these factors the patient's legs were managed with the same dressing regime as that in study 1 (Atrauman, Zetuvit, tubular bandage).



This regime was continued until the oedema in the legs and the leakage from the wounds reduced. At this point, a new moist wound-healing regime was introduced as the need for regular [4-6] daily dressing was no longer necessary.

CONCLUSION

These case studies demonstrate how the use of relatively simple wound management techniques can reduce trauma to the surrounding skin, manage high exudate levels while being economically effective. Using more expensive dressings to manage the exudate in the cases described could have resulted in greater costs with no greater clinical outcome.

It should be noted that due to the underlying pathologies present at the time no healing could have been reasonably expected.

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