

Case Study 2

Treatment of pressure ulcers with Sorbalgon

Advanced pressure ulcers are frequently severely "jagged" lesions that necessitate packing. Sorbalgon, the calcium alginate dressing, is the ideal modern wound dressing which fulfils this need. Its properties ensure efficient wound cleansing and healing, even when managing especially deep wounds.

Sorbalgon is a supple, fibrous wound dressing made of calcium alginate fibres for dry insertion into the wound. On contact with sodium salts – present in blood and wound exudate, the fibres undergo a transformation, turning into a moist, absorbent gel that fills the wound. Sorbalgon has the powerful capability of "capturing" bacteria, even from the deeper cavities of the wound, and safely trapping the microorganisms inside the gel matrix. This is the result of Sorbalgon's ability to 'mould precisely to the contours' of the exposed injured tissue. Hence, Sorbalgon achieves efficient bacteria count reduction, even in deep "jagged" wounds, and contributes to the prevention of recontamination: another positive impact, especially in long-term treatment.

Due to its moist, gelatinous consistency, Sorbalgon totally observes the principle of moist wound therapy. It keeps the wound permanently moist, thus preventing it from drying out – without the need for intermittent remoistening of the dressing. This creates a microclimate that is favourable to wound healing and encourages granulation tissue formation, thus lending invaluable support to wound healing.

Wound healing progresses without trauma, even during dressing changes. Sorbalgon's ability to jellyfy guarantees that the dressing does not stick to the wound, making atraumatic dressing renewal actually possible – i.e.

without the otherwise unavoidable stripping of cellular layers.

Therefore, with Sorbalgon (dressing pad) and Sorbalgon T (ribbons) practitioners can rely on a wound dressing that combines optimum wound care with problem-free handling, as the following example shows.

Whilst being cared for in the home, an 85-year-old male patient developed a 3rd degree pressure ulcer of the sacral region. On admission, the lesion was found to

be most unsatisfactorily protected with (nonsterile) cotton gauze which covered a deep necrotic tendinous plate over the sacral bone (Fig. 1/2).

Soon after admission, thorough surgical debridement in theatre revealed the whole extent of the advanced tissue damage: an extremely large and seemingly bottomless lesion. Whilst the patient was still in theatre, the wound was dressed with Sorbalgon, a therapeutic strategy which remained unchanged postoperatively.

Ten days after the surgical wound debridement, the entire wound surface had already started to build up granulation tissue (Fig. 3/4). Twenty days after debridement, the patient was able to leave the hospital and receive follow-up care at home. At that time, the wound showed dark-red, grainy, moist granulation tissue (Fig. 5/6), indicating the most encouraging prognosis as to full eventual healing.

(Case study by Friedhelm Lang, General Surgical Clinic, District Hospital, Leonberg, Germany)

