

Management of foot wounds resulting from Cutaneous T-cell lymphoma using an innovative anatomically shaped silicone foam dressing.

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Introduction:

Frequently clinicians choose an adhesive dressing, designed to adhere gently to the skin while providing a barrier against contaminants and promoting moist wound healing. Historically, adhesive dressings have utilised acrylic based adhesives, however these have been known to cause skin sensitivities and traumatic Medical Adhesive Related Skin Injuries (MARSI) (Downie & Collier 2021, Mestach 2018). Silicone adhesive can be a suitable alternative, these can be easy to remove without causing pain or trauma and without leaving a residue on the skin (Barrett et al 2021). However, silicone adhesive can fail if they lose adhesion or if they are not applied correctly. This poster will detail the successful treatment and management of a patient with multiple wounds using an innovative anatomically shaped Suprasorb® P Sensitive foam dressing with an OptiSil silicone wound contact layer.

Method:

This case study features a 39 year old male who was an inpatient at the Christie Hospital in Manchester, England and is one of the largest cancer treatment centres in Europe. This man had a diagnosis of transformed Mycosis fungoides, a form of Cutaneous T-cell lymphoma which is a rare type of non-Hodgkin lymphoma that primarily affects the skin (Hague et al 2022). Diagnosing a skin Lymphoma can be difficult as in the early stages the skin patches can look like other common conditions such as Eczema or Psoriasis (Cancer Research UK). Working in partnership with Dermatology, Mycosis fungoides was diagnosed, resulting in numerous wounds across his entire body. The wounds to the feet became necrotic which deteriorated due to constant pressure from immobility and limb contraction. As acrylic adhesive dressings were not an option at this time due to skin fragility, silicone secondary dressings were tried, however, these did not stay in place. Dressings failed to adhere shortly after they were applied, with the patient also removing dressings mainly due to situational apathy and restlessness. A decision was made to apply a honey impregnated primary dressing to reduce bio-burden and promote autolysis alongside a heel-shaped Suprasorb® P Sensitive bordered foam dressing utilising an innovative silicone contact layer. The OptiSil silicone wound contact layer reduces the risk of epidermal stripping on removal and limits the risk of adhesion to the wound during dressing changes.

Results:

Despite its soft and gentle adhesion, the new Suprasorb® P Sensitive foam dressing held the primary dressing in place well, absorbed exudate levels efficiently and was removed a-traumatically without wound or peri-wound damage. Due to the dressings staying in place, dressing changes were reduced to twice weekly, resulting in effective wound debridement (Image 2) and improvement in the patient's health and wellbeing (quality of life).



At week 6, the necrotic tissue had debrided and the wounds to both heels were granulating. To manage slight overgranulation, a low grade Topical Steroid was used (Image 3). The primary contact layer was subsequently changed to a gelling fiber dressing and the new foam dressing was continued. The patient's attitude to 'dressings' improved throughout the use of the new foam, mainly as it reduced pain levels and stayed in place. Considering this patient had nerve damage to his heels causing him intense pain, the patient did not find this dressing painful to apply or remove throughout.

Discussion:

When considering dressing selection, clinicians should choose a product that effectively manages presenting symptoms such as exudate, as well as the ease of application/removal, conformable and comfort for the patient and reducing the wound disturbance. This poster details how optimal skin integrity and overall patient wellbeing can be achieved using of the right product for the right patient at the right time. Dressings continue to be a key part of successful wound care, however with so many dressings on the market, this can be challenging (Hedger 2014). Many companies have introduced products that utilise silicone adhesive technology across the dressing and the border. This can minimise the risk of trauma when removing dressings on delicate and easily damaged skin, however in order to be effective, these dressings need to also be comfortable, conformable and stay in place.

Conclusion:

Wound dressings should provide an optimal wound healing environment whilst being comfortable for the patient in application or removal, and during wear. An anatomically shaped foam utilising an OptiSil wound contact layer performed well with a patient with poor existing outcomes, poor concordance and previous dressing failure due to poor adhesion. The new dressing conformed and adhered effectively which reduced the need for frequent dressing changes. The dressing also absorbed exudate effectively, improved comfort levels and ultimately led to wound progression. (Images 4 & 5).

References:

1. Royal College of Barrett S, King B, Welch D, Scales A & Nockels S (2021) Suprasorb® P sensitive: A 51-wound clinical evaluation. Wounds UK, Vol 17, No3
2. Cancer Research UK. Skin lymphoma. <https://www.cancerresearchuk.org/about-cancer/non-hodgkin-lymphoma/types/skin>
3. Hedger C (2014) Choosing the most appropriate dressing: Foams. Wound Essentials, Vol 9, No 2
4. Hague C, Farquharson N, Menasce L, Parry E, Cowan R (2022) Cutaneous T-cell lymphoma: diagnosing subtypes and the challenges Br J Hosp Med. 2022. <https://pubmed.ncbi.nlm.nih.gov/35506718/>
5. Mestach L, Huygens S, Goossens A, Gilissen L (2018) Allergic contact dermatitis caused by acrylic-based medical dressings and adhesives. Contact Dermatitis. <https://doi.org/10.1111/cod.13044>
6. Downie, F & Collier M (2021) Medical Adhesive Related Skin Injury (MARSI): Wounds UK Made Easy. Wounds UK | Vol 17 | No 1