

# The use of Flivasorb® in a highly exuding wound

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1. Initial presentation showing circumferential ulceration, extensive slough formation and peri-wound maceration. Patient requiring twice daily dressing changes.



2. Admitted to hospital with Cellulitis to leg and knee.



3. Admitted to hospital with Cellulitis.



4. 1 week with Flivasorb® showing improvement in peri-wound areas.



5 & 6. 13 weeks with Flivasorb®, 100% granulation. Dressing changes down to twice weekly.



7, 8, 9 & 10. 15 weeks with Flivasorb®, Patient reports leg dry and manageable.



## Introduction

Leg ulcer management can involve specialists from many services between primary and secondary care. One of these services is the leg ulcer outpatients department. For this case study the authors will discuss the management and treatment (in a large leg ulcer outpatients department) of a highly exuding wound.

Mrs S was a 90 year old lady who lived on her own in a warden aided complex. She had no immediate family to assist, but was fully mobile and able to carry out all daily activities of living.

Mrs S had a previous diagnosis of anaemia. Her GP was aware of her nutritional deficiencies and had commenced her on ferrous sulphate.

This patient had previously suffered from a leg ulcer to her left leg, which had been successfully treated using compression bandages. She was then discharged with compression hosiery to the care of the practice nurse.

Mrs S returned to the unit with an ulcer of mixed aetiology to the same leg as her previous ulcer. Although research relating to ulcer recurrence is limited, studies show that the rate of recurrence is high (McDaniel et al 2002). She presented with a circumferentially extensive ulceration to her left leg. The wound bed contained 95% slough and 5% granulation. Erythema was present to the surrounding skin. A Doppler was performed and her ankle brachial pressure index to the ulcerated leg was 1.0. Mrs S did not complain of pain. Although her Doppler reading was satisfactory, Mrs S's vascular assessment identified mixed aetiology.

A wound swab identified heavy pseudomonas and heavy haemolytic strep G which was sensitive to Penicillin and Erythromycin. Mrs S commenced oral antibiotics and sulfadiazine silver cream. Over the following few weeks however, her ulcer deteriorated further and she developed cellulitis. She was admitted to the hospital for intravenous antibiotics due to the excessive levels of exudate. On discharge her dressings were being changed daily, with strike through apparent within a few hours of the dressings being changed.

## Method

The main challenge to the nursing team was the high exudate levels and the negative effect this was having on Mrs S's quality of life. The increased exudate levels were leading to peri-wound maceration and strike through, resulting in the frequency of dressing changes. Appropriate wound exudate management is imperative to maintain a moist wound healing environment (White, 2005).

The main challenge to Mrs S was also the high exudate levels and how it was having a negative effect on her quality of life. Although she was fully mobile, she was not able to manage to walk to the clinic due to the heaviness of her wet bandages and the sight of the strike through, and had to be taken to her appointments in an ambulance.

Mrs S agreed to commence Flivasorb® to help contain the high levels of exudate. Flivasorb® is a superabsorbent wound dressing for the management of heavily exuding wounds with the ability to absorb and bind exudate. With a flexible wound contact layer to prevent wound adhesion, it was suitable to use as a primary dressing. Three layer compression bandages were also applied.

## Results

After one week of commencing the Flivasorb® there was a noted improvement to the peri-wound area, which appeared more robust. The amount of strike through had also reduced and dressing changes were reduced from daily to alternate days.

After six weeks the wound bed was noticeably cleaner and more superficial. At this point her dressing changes were reduced to three times a week. After thirteen weeks of commencing Flivasorb®, the wound was 100% granulation, dressings were being changed twice a week and there was no strike through at dressing change.

## Discussion

The use of Flivasorb® as a primary dressing for this heavily exuding wound provided the ideal dressing to absorb and lock away high levels of exudate. The Flivasorb® also protected the wound bed and peri-wound area and, due to the eradication of strike through, also protected the skin from any form of infection through the bandages.

## Conclusion

Mrs S is delighted with the progress of her legs and her quality of life has improved significantly. She no longer relies on hospital transport and she now either walks or catches the bus to her clinic and surgery appointments.

## References

- McDaniel, H.B, Marston, W.A, Farber, M.A and Mendes, R.R (2002) Recurrence of chronic venous ulcers on the basis of clinical, etiologic, anatomic and pathophysiologic criteria and air plethysmography. *Journal of Vascular Surgery*. 35: 723-728
- White, R. (2005) *Skin Care in Wound Management: Assessment, prevention and treatment*. Wounds UK Publishing, Aberdeen.