

A SUPER ABSORBENT DRESSING IN THE MANAGEMENT OF A PERINEAL WOUND AFTER ABDOMINO-PERINEAL AMPUTATION

N. El Zayyat, ET nurse
M. Leconte, Surgeon

Surgical department gastro-entero-endocrinology, University of Paris, Medical Faculty Paris Descartes, Hôpital Cochin, AP-HP, 75014 .

ASSISTANCE
PUBLIQUE HÔPITAUX
DE PARIS

Introduction :

The choice of wound closure after perineal amputation depends on the condition of the underlying tissue and multiple factors that may limit wound healing potential (radiation therapy, sepsis). Perineal wounds produce copious exudate, negatively influencing the patient's quality of life.

The purpose of this case study was to determine the efficacy of a *super absorbent dressing in exudate management of the patients' perineal wound, improving his quality of life.

Methods :

Case: Mr S, 47 years-old

⇒ After abdomino-perineal resection a standard absorbent dressing that was used as a secondary dressing and did not allow effective exudate management, resulting in skin damage and patient discomfort (Fig.1). An alginate was used as a primary dressing.

⇒ The standard absorbent dressing was changed to a superabsorbent* dressing, also used as a secondary dressing to cover the wound contact layer in use (Fig 2).

This *dressing contains super absorbent particles and is able to absorb large quantities of wound exudate, holding it within its core, without the potential for leakage (1,2). The non adherent polyethylene contact layer of the *dressing facilitates even distribution of absorbed exudate into the cellulose core. The core contains sodium polyacrylate particles, allowing absorption of very large amounts of exudate (1-3). The top layer is made of non-woven polypropylene, preventing leakage, thus preventing soiling of the patient's clothing and/or bed sheets (1-3).

Results and discussion :

The high absorption capacity and retention of the dressing was noted, as well as prevention of soiled clothing/sheets. The wound contact layer did not adhere and allowed for the exudate to be absorbed in the core of the dressing. There was no observation of maceration for the surrounding skin area. Rashes initially present had completely regressed after the use of the dressing. Finally the patient noted the dressing to be very comfortable during his everyday life activities, markedly improving his quality of life.

Conclusion :

The superabsorbent* dressing seems particularly interesting for highly exuding acute or chronic wounds.

References:

1. Tadej M. The use of Fliwasorb in highly exuding wounds. British Journal of Nursing, 2009 (Tissue Viability Supplement), Vol 18, No 15
2. Verral. D, Coulborn A, Bree-Aslan C. Evaluating a superabsorbent dressing in highly exuding wounds. BJN. 2010;Vol 19:No7
3. Steinlechner E, Rohrer C, Abel M (2008) Absorbent Dressings with Superabsorbent Polymers – A New Generation of Wound Dressings.



Fig.1: A standard absorbent dressing was used, causing maceration of the peri-wound skin. After a few hours in situ the dressing was completely saturated, causing leakage.



Fig.2: The *superabsorbent dressing manages exudate effectively, keeping the skin dry and preventing leakage.