

First experiences with the use of a HydroBalance wound dressing with polihexanide* in wounds with clinical signs of critical colonisation or infection

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Introduction:

Infection of a chronic wound is a typical and problematic complication which not only involves considerable risks to the patient but also an inhibition of reparative processes.

In the local management of wounds with signs of critical colonisation or local infection, polyhexamethylene biguanide (polihexanide, PHMB) plays an essential role. With its excellent tolerability and efficacy, it is currently considered the first choice of treatment for the above-mentioned indications.

The polihexanide-containing HydroBalance wound dressing* is a type of wound dressing that provides a perfect local environment ("HydroBalance") in the treatment of critically colonised and infected wounds. First insights from clinical application of this dressing in Germany are presented below.

Materials and methods

This polihexanide containing HydroBalance wound dressing* was used on 17 patients with chronic wounds of various types which showed clinical signs of critical colonisation or local infection, but no signs of systemic infection. Exudation in these wounds was light to moderate. Depending on the individual situation, the dressing was combined with different wound covers.

Results

The clinical outcomes achieved with the polihexanide containing HydroBalance wound dressing* were very positive. Patients were particularly pleased with the treatment comfort afforded by this wound dressing. What users appreciated most was the convenient handling and compatibility with different wound covers, and above all the quick and efficient reduction of clinical signs of inflammation.

Discussion

In summary, the use of this polihexanide containing HydroBalance wound dressing* can be regarded as an important asset within the range of local treatments available for wounds with signs of critical colonisation or infection. It can be recommended with regard to both its efficacy and handling and its cost – especially in those cases where it helps to avoid the use of a non-adhesive foam dressing.

* = Suprasorb® X+PHMB

** = Suprasorb® P n.a.

*** = Rosidal® K

Case report : 49 year old female patient, venous lower leg ulcer (outcome of a deep vein thrombosis)

2. Recurrent ulcer, actual since 6 month

Different previously treatments, last (> 3 weeks) PVP-Iodine in combination with vaseline gauze and alginat.

Slight exudation, slight odour, stabbing pain in rest (esp. in the evening)

No systemic infection, no systemic antibiotics



Start of treatment:
Polihexanide containing HydroBalance wound dressing* and a non adhesive foam dressing**
Permanent compression therapy with short stretch bandages***

perifocale inflammatory reaction
stabbing pain in rest (esp. in the evening)

Day 17:
Continuation of the initiated local treatment

Total regression of the perifocale inflammatory reaction
Epithelisation
Patient is pain-free
Dressing change every 3-4 day



Day 45:
Total stabile epithelisation
Good scare-quality
Ongoing compression and care of skin