Reducing pain in painful wounds and treating skin damage with ActiFormCool®: Three case studies

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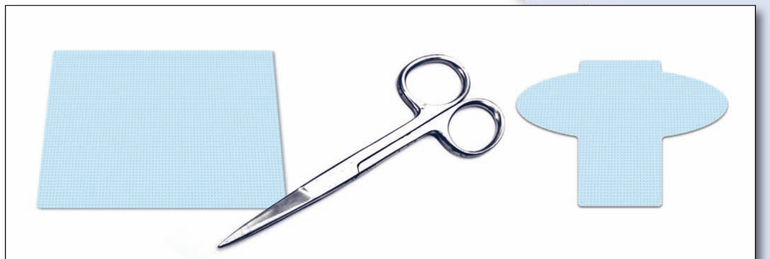
Case study 1

Sarah is a Nursing Sister in her mid 40s who has been diagnosed with non-Hodgkins lymphoma with poor prognosis. Treatment of her condition caused several problems and she requires palliative care. Problems are immunosuppression (leading to a state of immunocompromisation), a degree of peripheral shutdown, a reduced white cell count and neuropathic pain in a toe wound.

Sarah's response to chemotherapy was rapid, but on the third session she was found to be neutropaenic and by day 8 she had evidence of neutropaenic sepsis. There was a damaged nail bed on her right great toe to which a thin hydrocolloid dressing was applied. Unfortunately, this was unsuccessful as the pain remained unrelieved and the opaque appearance of the dressing made monitoring difficult. In order to address pain, manage exudate and promote granulation, ActiFormCool® was selected as this could be monitored easily and Sarah could change her own dressings between clinic visits. (Hampton S 2004)



ActiFormCool® cuts to shape easily and will conform to awkwardly positioned wounds.

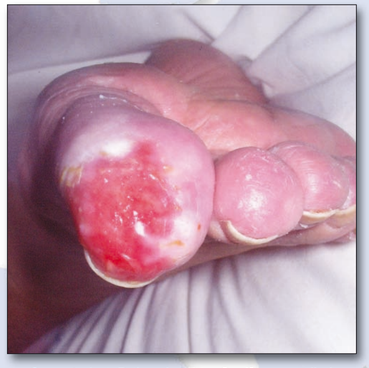
ActiFormCool® was cut to a shape to fit the nail and under the foot. This was easily applied and removed, and stayed in place with stockinette. Sarah was able to move easily as it conformed well.

Prior to application of ActiFormCool®, Sarah had described pain as15 out of 10 (on a Visual Analogue Scale of 1 to 10 with 10 being the worst pain to be experienced) and opiates were required prior to dressing change. 48 hours after using ActiFormCool®, Sarah only required Co-codamol and, by day three, no analgesia was required prior to dressing change.

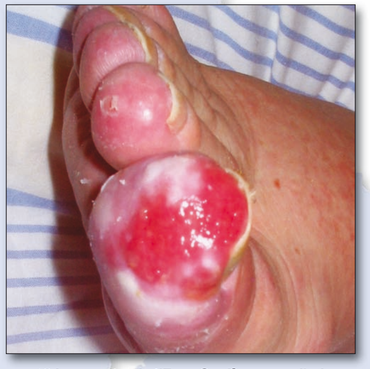
It was unlikely Sarah's pain could ever reduce to 0 because of the diminished arterial supply and neuropathy. Nevertheless, the application of ActiFormCool® increased her quality of life as dressing change was no longer traumatic and generally the pain had reduced. (Briggs, Closs 2006)

Case study 2

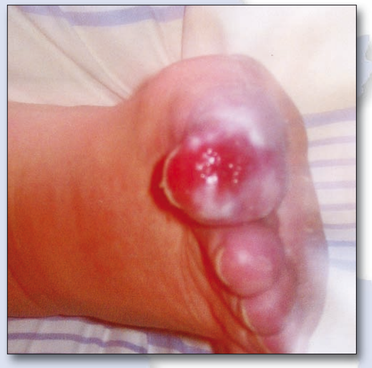
Janet was a 54 year old lady with cancer of the larynx which had been diagnosed 5 years previously. She was admitted to hospital with a chest infection that produced copious amounts of MRSA laden sputum. This damaged the skin around the tracheostomy. She was advised by her GP and nurses to clean around the tracheostomy with Triclosan solution and to apply T-foam for protection. Triclosan should have been diluted as 1ml. in a bath tub of water, but Janet applied it undiluted, resulting in severe excoriation. Because a tracheostomy was involved, the anaesthetist requested her admission to High Dependency Unit. The Tissue Viability Nurse (TVN) was consulted. The skin had the appearance of a scald and was extremely painful and distressing to Janet who had already suffered terribly with her condition. There were also previous blisters that had deroofed, causing soreness and discomfort. The TVN recommended ActiFormCool® and Janet found immediate pain relief with a cooling effect on the sore area. Intravenous antibiotics were commenced and Janet was discharged with a supply of ActiFormCool® dressings.



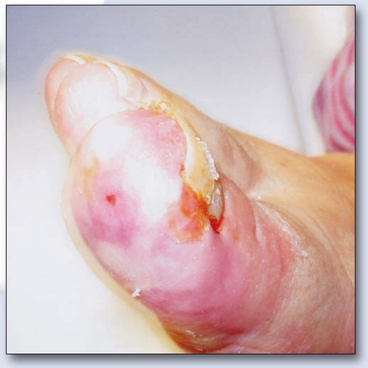
Case study 1: Before ActiFormCool® was applied, following 14 days of being treated with Duoderm Thin.



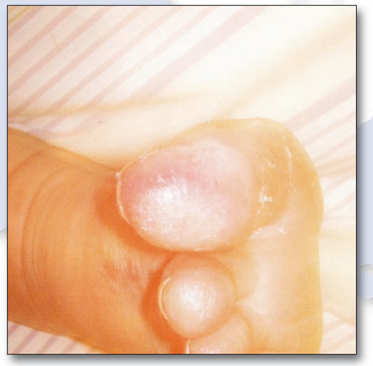
48 hours after ActiFormCool® was applied.



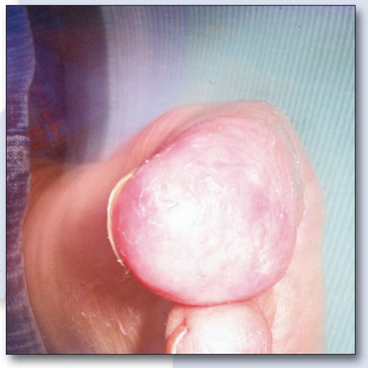
7 days after ActiFormCool® was applied.



14 days after ActiFormCool® was applied.



21 days after ActiFormCool® was applied.



28 days after ActiFormCool® was applied.

The District Nurses cut ActiFormCool® to size with a hole for the tracheostomy tube and the edges were secured with semi-permeable film dressing. ActiFormCool® performed well with this complex wound as it dealt with the sticky, tenacious sputum, reduced the adverse affects of the sensitivity to the cleanser, kept the skin dry and clean and gave full immediate relief from the pain. Janet's general condition improved as a result.

Case study 3

Vera was a 71 year old lady in a confused state who presented with bilateral leg ulcers which had been treated with 4 layer bandages. There was tendon exposure on the right leg and a failed skin graft on the thigh. Silver dressings had been applied but they had hardened, and as this lady had very thin legs with no tissue Oromorph was required to remove dressings.

A protease modulating dressing was applied to the ulcer to encourage granulation and 50/50 ointment was applied to soften hyperkeratosis before bandages were applied. ActiFormCool® was used to manage exudate. Padding was applied to protect the bony prominences and to help with exudate absorption. ActiFormCool® was also applied to a haematoma on the donor site to relieve the pain. This treatment meant that dressing changes were less painful, making the patient more concordant with her treatment, which now lasted 20 minutes instead of the previous dressing time of 90 minutes.

Conclusion

Sometimes treatment can cause more problems than the underlying condition and, in these 3 cases, ActiFormCool® was able to reverse the problems, which improved quality of life for all three patients.

References

Briggs, Closs (2006) Patients' perceptions of the impact of treatments and products on their experience of leg ulcer pain. J Wound Care; 15; 8: 333-337
Hampton S (2004) A small study in healing rates and symptom control using a new sheet hydrogel dressing. J Wound Care 13;4: 297-300

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