

THE MANAGEMENT OF A RECALCITRANT VENOUS ULCER WITH A HYDROBALANCE* DRESSING

GUNST B, nurse in the EHPAD department, Local Hospital of St Laurent de Chamousset, France
WISER M, Geriatrician, Hôpital de Melun, France

Introduction:

Mrs D is 83-years old and lives in a nursing home. The large venous ulcer on her right leg, extending from the ankle to the calf, had been present since her admittance, over fifteen years ago. She received numerous treatments, such as a skin graft in 1998, various dressings and elastic compression bandages, without achieving ulcer closure.

In March 2005, the ulcer covers the lower half of the right leg, is almost circumferential, fairly shallow and sloughy (fig 1). The ulcer produces copious amounts of exudate and irritation is noted in the peri-ulcer skin. The ulcer is infected with *Pseudomonas pyocyanea* and has an intolerable foul odour. Daily dressing changes are time consuming, painful and burden the patient. A consultation with a dermatologist was arranged in February 2007, who proposed an amputation to improve patient comfort.



Fig. 1 (May 2005)



Fig. 2 (July 2007)



Fig. 3 (Sept. 2007)



Fig. 4 (Feb. 2008)

Materials and methods:

In July 2007, treatment was started with an alginate** dressing and discontinued shortly after, due to painful dressing removal. (fig 2). Treatment followed with a HydroBalance* dressing, composed of biocellulose and water. Every 48 hours dressing changes took place, which were comfortable, painless, causing no trauma to the ulcer bed. The cooling and clean appearance of the dressing was particularly appreciated by the patient. Compression therapy using short stretch*** bandages were left in place over night.

At the start of the treatment dressings changes took place daily. After about 30 days, this was reduced to 3 times a week. The pain (VAS 8) that the patient reported starting the treatment with the HydroBalance* dressing, was first relieved by morphine and after three weeks, with paracetamol. After two months all analgesics were stopped. After four weeks, one HydroBalance* dressing was sufficient to cover the ulcer and control the exudate.

In this procedure the dressing was less bulky and more discreet for the patient. Granulation and epithelialization of the ulcer progressed gradually. For details see table 1. Dressing changes are comfortable for the patient without causing trauma to the wound bed. In February 2008, the ulcer was completely closed. (fig.4)

Date	July 2007	Aug. 2007	Sept. 2007	Nov. 2007
Stage of the ulcer	granulation + slough	granulation + slough	granulation + epithelialization	Epithelialization
Amount of exudate	small	moderate	small	none
Pain (VAS 0 - 10)	8	2	0	0

Table 1: Ulcer evolution during treatment with Suprasorb® X

Conclusion:

For many years the patients' venous ulcer management was based on conventional dressings and elastic compression, that did not result in an improvement. Faced with a lack of result, treatment with a novel HydroBalance* dressing was started. The patient was pleased with the feeling of freshness and discretion of the dressing covered by the compression bandages. The dressing was well tolerated and supported improved quality of life for the patient. It is important to note that dressing application and removal were reported to be painless and upon dressing changes, there was no trauma to the wound bed. Especially control of the exudate and reduction of foul odor improved the patients' self-image. The application of Suprasorb® X was very satisfactory, and in a few months the ulcer had completely healed. Based on this outcome, in our nursing home, the HydroBalance* dressing combined with short stretch compression, is considered a better alternative to conventional dressings and elastic bandages.

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*Suprasorb® X ; ** Suprasorb® A ; *** Rosidal® K are products of Lohmann & Rauscher GmbH, Germany