

Treatment of a painful ulcer with an ionic sheet hydrogel dressing.

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Introduction

The district nurses referred an 80-year-old lady to the community wound healing team.

She had recently completed a course of chemotherapy for rectal cancer, during which time she developed a Deep Vein Thrombosis (DVT) in her left groin. This manifested itself in severe unilateral lymphoedema, secondary to which a large ulcer developed.

Following a careful and comprehensive patient assessment it could be seen that she was suffering severe pain that was negatively affecting her quality of life.

Pain is a subjective and common experience for people living with chronic wounds, as chronic pain can be just as devastating as temporary acute pain and evidence suggests that 80% of patients experience persistent pain between dressing changes⁽¹⁾.



Aim

The wound measured 6.5cm x 5cm - as you can see from the photograph above, the wound was sloughy with areas of necrosis. Devitalised tissue acts as a medium for bacterial growth and may cause an excessive inflammatory response⁽²⁾ which may be causing her pain.

Debridement occurs naturally within wounds and studies indicate that if the process is accelerated then healing will be more rapid⁽³⁾.

It was important to choose a dressing to debride the devitalised tissue, facilitating wound bed preparation whilst maintaining a moist wound environment, managing her pain and controlling her exudate.

Method

Following discussion with the patient and the District Nurse, it was decided that we should use a Hydrogel sheet* to rehydrate the necrotic and sloughy tissue, assisting in autolytic debridement. The chosen sheet consists of 70% water which donates moisture to the wound bed and is said to be cooling and soothing.

According to a recent pain audit using the product, it was shown that the dressing reduced pain in painful wounds. Hydrogels are perceived by practitioners to be one of the least likely dressings to cause pain at dressing change according to a recent multinational trauma and pain survey 2005⁽⁴⁾.

Results

After 2 weeks of treatment the necrotic tissue and slough had reduced. The patient found the dressing very comfortable and it seemed to help with the localised pain, (though she was taking regular analgesia concurrently).



After 4 weeks of treatment all of the necrotic tissue had been debrided and the slough was now scant, there was robust granulation tissue evident and the surrounding skin was in good condition. She was now more comfortable and her pain was minimal.



Conclusion

This lady had already suffered with malignancy and a DVT, which resulted in this ulcer; it was a priority to improve her quality of life by reducing her pain levels⁽⁵⁾.

The hydrogel sheet donated moisture to the wound bed, aiding autolytic debridement. The patient stated that the dressing soothed the surface pain and that dressing changes were now painless.

Without compression therapy we may not achieve complete healing, as her lymphoedema remains problematic. However, her symptoms were well managed, improving her quality of life and giving her hope that the wound can be further improved.

References

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*ActiFormCool - The unique ionic sheet hydrogel from Activa Healthcare.