

MANAGEMENT OF COPIOUS EXUDING WOUNDS WITH A SUPER ABSORBENT DRESSING BEFORE GRAFTING

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Introduction :

Presentation of 2 patients treated with a super absorbent* dressing for their copious exuding wounds.

Skin graft take may fail, in the presence of copious exudate. The absorbent capacity of the evaluated super absorbent* dressing resulted in a wound bed ready to receive a partial thickness skin graft.

Case 1 :

The 52-year old man was hospitalized with a clinically infected venous leg ulcer. His medical history revealed type II diabetes, he was overweight, had hypertension, cardiopathy and hypothyroidism.

The ulcer, located at the right lateral malleolus, showed a rapidly spreading clinically manifest infection. After radical surgical debridement, the ankle joint and bone were exposed.

He received tetanus vaccination and systemic broad spectrum antibiotics. Ulcer cleansing was performed with saline, after which an alginate dressing was applied, covered with a foam. The copious exuding ulcer caused maceration and required painful multiple daily dressing changes. The foam dressing was replaced with a superabsorbent* dressing (Day 3). The alginate was continued as a primary dressing for 8 days, followed by negative pressure wound therapy, before a skin graft was applied at day 35.

Ulcer condition at the start



Day 1



Day 3



Day 8



Day 35 skin graft application



Case 2 :

The 76-year old woman was hospitalized for repeated stagnant ulcers. She had a history of falling, hypertension, cardiopathy, ischemic disease, malnutrition and chronic lumbar spinal stenosis. She smoked 2 packs per week.

After another fall she had a large hematoma on her lateral right lower leg. Surgical drainage and debridement was performed upon her admission to the hospital.

As the use of tulle gras and foam led to hypergranulation and bleeding during dressing changes, the dressing regime was changed to a lipid-colloid primary dressing combined with corticosteroid ointment. Wound exudate production had significantly increased, making it necessary to change the regime again, to a super absorbent* dressing, employed as a primary dressing. There were no more signs of maceration of the peri-wound skin. The dressing regime was continued for 8 days, after which the wound bed was sufficiently prepared for application of a skin graft.

Day 1



Day 3



Day 5



Day 25 skin graft application



Results :

The super absorbent* dressing:

- Removed exudate, debris, slough and fibrin very effectively from the wound bed;
- Managed the copious exudate effectively, without maceration of the peri-wound skin;
- Was easy to apply and to remove, providing painless dressing changes;
- Did not adhere to the wound bed, enabling preparation for skin grafting.

Conclusion :

The super absorbent* dressing can be recommended as a primary or as a secondary dressing, i.e. in combination with an alginate dressing, in the treatment of heavily exuding wounds. Besides the excellent absorbency, it was appreciated for its non-adherence, preparing the wound bed and allowed for prompt skin grafting.