Introduction
Understanding the underlying aetiology of a wound is necessary for the provision of holistic care. Often wound care is secondary to the healing process, as systemic causes of the wound require to be corrected to bring about conditions where healing can take place. Examples of the aims of treatment are:

- Venous ulceration – treatment of venous hypertension.
- Arterial ulceration – improvement in arterial blood flow.
- Vasculitis – control of inflammatory process.

Wound assessment is a cycle of treating the underlying cause, addressing the patient’s issues, and diagnosing the wound.

Common wound problems identified

- Initial wound pain, pain at dressing change and between dressings
- Maceration of surrounding skin
- Presence of slough and necrotic tissue

Pain – Hofman et al. (1997) and Briggs et al. (2004) find that unresolved pain has a negative effect on wound healing. Briggs et al. (2004) state that dressing related pain is managed more effectively by a combination of:

- Accurate assessment
- Suitable dressing choice
- Skilled wound management
- Individualized analgesic regimes

Maceration – Whilst moist wound healing is considered to be an ideal medium, and exudate can enhance autolysis of necrotic tissue (Cutting and Tong, 2003), excess fluid can cause damage to the surrounding skin. (Young 2000)

Necrotic tissue and slough – Presence of this tissue will act as a barrier to wound healing and requires to be removed. (Falanga 2000) Method of debridement will depend on:

- Aetiology of wound
- Location of wound
- Extent and type of tissue involved
- Amount of exudate

Case study 1

74 year old lady. Recurrence of venous leg ulcer. She has poor tolerance of dressings, due to pain. Experiencing strike through of exudate on to bandage, necessitating twice weekly change of compression bandaging. (see photos below)

Case study 2

75 year old lady. Venous ulceration. Copious wound exudate causing distress to the lady and family. Strike through noted on outer layer of multi layer bandage.

Case study 3

84 year old lady. Post angioplasty. Wound increasing in size, and slough difficult to remove.

Case study 4

83 years old lady. Painful leg ulcer. Unable to tolerate multi-layer elastic bandage.

Discussion
ActiFormCool™ has proven to be a most useful dressing when presented with challenging wounds including use under compression. It has the ability to absorb high levels of exudate without damaging surrounding skin. Throughout the process of debridement, granulation appears to be taking place at the wound bed, resulting in a clean, more superficial wound. The wound will either go on to healing, continuing with ActiFormCool™ or simple non-adherent, or it may be judged appropriate to utilise interventions such as grafting or MMP inhibitors.

The patients report that this is a comfortable dressing throughout wear time, and non-traumatic on removal. The dressing appears to relieve initial wound pain and throughout the wound healing process.

References


Maceration from excess exudate
ActiFormCool in situ. All exudate is locked into gel, preventing damage to surrounding skin.

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Case study 1 - Exudate damage to surrounding skin.

Case study 2 - Eight week label - Healing change of compression bandaging and ActiFormCool© every 5 days, with no strike-through on to bandage and wound clean and healing well.

Case study 3 - Four week label - ActiFormCool© has removed slough and granulation tissue is evident.

Case study 4 - Six weeks of twice weekly treatment with ActiFormCool© and Actico short stretch bandage.