HydroBalanced cellulose based wound dressing* with polihexanide used in surgical wounds
(Test with 20 patients)

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Introduction:
For years it has been very difficult to solve the problem with a sufficient dressing for patients, who has undergone an operation. When the patients are going to get their dressing changed for the first time after the operation, it is very common that the patients suffer from severe pain. Sometimes it is necessary to use general anesthesia to remove the dressing.

Aim
To assess an antimicrobial HydroBalanced biocellulose wound dressing* with polihexanide for surgical use. The dressing should be able to absorb exudates without being adhesive to the wound-bed. When the dressing is removed following the operation it should be painless for the patient. It must be able to be identified in the wound-bed and should be able to be removed in one piece.

Material and Methods:
20 patients in this observation had either a plantar abscess, a wound with infection, or a partial or total forefoot amputation. When the patients were operated on, the wound-bed was treated with the HydroBalanced biocellulose based dressing* with polihexanide over 24h. The secondary dressing was gauze (one exception with foam). This was the standard treatment for the project. The day after the operation the dressings were changed and registration took place.

Results:
Anamnesis
- The average age of the patients were 63 years.
- The gender ratio was 18/2 (men/women).
- 80 % of the patients had diabetes.
- Types of operations: 11 amputations, 3 abscesses, 6 wounds with infection and osteomyelitis.

Pain levels (fig 1) were rated by the patient when the dressing was removed:
- no pain: 16,
- mild pain: 3,
- moderate pain: 1,
- severe pain: 0,
- unbearable pain: 0 patients.

Antibiotic treatment: Yes/No: 16/4

Adherence to the wound bed: Yes/No: 2/18
1 patient with adherence: the secondary dressing was a foam.

Discussion and Conclusion:
This pilot study shows that the dressing has good control of exudates without macerating the skin surrounding the wound. It is a non-adhesive dressing, which is easy to identify and remove with no remains deposited in the wound. When the dressing was changed 16 patients experienced no pain, 3 patients had mild pain and 1 patient only had moderate pain. The dressing is easy to handle and well tolerated by the patients, who almost were painless when the dressing was removed.

Fig 1: Pain levels after 24 h treatment

Case 1:
Female
Diabetes for 2 years
Ulcer duration: 1½ year
There were 3 ulcers at the heel with contact to the bone
X-ray of calcaneus: Osteomyelitis

Case 2:
Male
Diabetes which affect the kidneys
Severe arteriosclerosis
2. and 3. toe is amputated
Now severe infection in the forefoot and osteomyelitis

Case 3:
Male
Praeder Willis syndrom
Diabetes
Pressure ulcer complicated with infection along the tendons

Osteomyelitis and infection along the tendons.

* Suprasorb® X+PHMB, Lohmann & Rauscher
Scientific grant of Lohmann & Rauscher GmbH & Co KG, Rengsdorf/Germany