An individual patient study using an antimicrobial dressing in a Community Hospital.

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Introduction
This poster reviews the case of an 83 year lady presented with bilateral leg wounds, following Bilateral Angioplasty and surgical debridement. She also had a Category 4 (EPUAP - NPAP 2009) pressure ulcer to her left heel, identified following assessment by the County Tissue Viability Link Nurse and Tissue Viability Nurse.

It was decided to apply Suprasorb® X+PHMB (Polyhexamethylene biguanide) HydroBalance antimicrobial dressing to manage infection, Suprasorb® X HydroBalance dressing for pain relief, and Filvasorb® superabsorbent dressing to manage exudate at different stages of her management (Kingsley et al & Tadej 2009). These dressings were being evaluated as part of an audit within the Primary Care Trust (PCT).

Case Study
The lady was admitted for rehabilitation and wound management. She had a past history of tablet controlled diabetes, bilateral angioplasties under general anesthesia and surgical debridement of leg ulcers. She presented with ischaemic leg ulceration, which had 90% necrotic tissue and a Category 4 pressure ulcer to the left heel.

On admission to the Community Hospital, a holistic assessment and specific wound and pain assessment were undertaken. The wounds presented with the clinical signs of infection (EWMA 2005 and EWMA 2006) with high levels of exudate, redness, raised temperature and an increase in pain especially from the left heel. Her pain was controlled by MST 10mg twice daily, Amitryptylline 20mg at night and Oramorph 5mgs prior to dressing change. A decision was made to commence the use of Suprasorb® X+PHMB and Filvasorb® to manage her symptoms.

Method
A holistic wound assessment was undertaken. Wounds swabs were taken from all wounds. The wound to the back of the right leg measured 14cm x 30cm and both wounds had high levels of exudate and slough with thick slough to the Achilles area of the right heel. The wound on the top of the left leg measured 10cm x 18cm with slough and high levels of exudate, the pressure ulcer Category 4 to the left heel measured 10cm x 6cm with black eschar and pain.

The wounds were irrigated with normal saline and Cavilon spray No Sting Barrier Film (3M) was applied to the surrounding skin to prevent maceration. The Suprasorb® X+PHMB was applied to all wounds as the primary dressing and Filvasorb® applied as secondary dressing. This was documented on the wound assessment chart, with a dressing change regime of every two days. The response to the Suprasorb® X+PHMB led to a positive clinical outcome with the reduction of exudate. Following assessment it was decided to stop the Filvasorb® after the second dressing change and use a foam dressing.

At three weeks the wounds were showing signs of healing, the exudate levels began to reduce and pain was beginning to improve. Suprasorb® X+PHMB had hydrated the eschar on the left heel and the thick slough to the right heel had reduced. At this point a decision was made to use Larvae Therapy to debride the remaining slough, one application of larva to the right heel and 2 applications to the left heel. As there were no further signs of infection treatment was changed to Suprasorb® X.

Results
After 8 weeks of wound management there is significant improvement in both wounds, the wound beds have healthy granulating tissue, there is reduction in size, the wound to the top of the right leg is almost healed. Her pain has reduced, the MST was initially reduced to 5mg's twice daily and eventually stopped. Additionally, the Amitryptylline has been reduced to 10mgs at night with an occasional anti-inflammatory being given.

Discussion
This product has been easy to use and comfortable for the patient. Initially it was found that the Suprasorb® X+PHMB was drying out. It was felt this was due to the Filvasorb®. Therefore the secondary dressing was changed to afoam dressing and a semi-permeable dressing was tried but it was found not as easy nor as cost effective to manage the wound. The Suprasorb® X+PHMB was used for a period of 4-5 weeks on two of the wounds, compared with silver which had been used before she was referred to the Tissue Viability team this was continued for 7 more days and found to be ineffective. After the infection had subsided, Suprasorb® X was continued as the primary dressing.

Conclusion
This has been an interesting journey for the team and the patient. To see significant wound bed healing and reduction in pain for the patient is encouraging. The wounds are continuing to make progress with one wound almost healed. The patient, too, is making progress and is now concentrating on her rehabilitation with a goal of returning home.

References
EPUAP- NPUAP (2009) Quick version guide. or www.npuap.org or www.epuap.org

2. Left heel - 4 September, 2010.
4. Top of right leg - 4 September, 2010.

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