CASE STUDY EVALUATING THE EFFECTIVENESS OF A CHRONIC HARD TO HEAL WOUND USING SUPRASORB X+PHMB
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Introduction

Damage to the skin integrity, regardless of aetiology, causes a prolonged breach of one of the primary host defences against bacterial infection. Early recognition of infection, prompt treatment and constant observation are essential to elimination of the infection and prevention of complications (Cutting & White 2005). It is estimated that about 10 per cent of hospital patients develop a hospital acquired infection resulting in 380,000 bed days lost per year and costing in the region of £1 billion to the National Health Service per annum (Walker 2001).

Suprasorb X+PHMB® is a unique moist wound dressing for critically colonized and infected wounds which donates or absorbs moisture as required, keeping the surface of the wound at the optimum moisture level for healing. The antimicrobial properties of the dressing is Polyhexanide (PHMB) which interferes with the bacterial cell metabolism by prohibiting the cell’s ability to absorb any nutrients or dispose of waste products and effectively kills the bacteria without damaging surrounding healthy cells (Activa Healthcare 2010). While silver dressings are a traditional treatment for infected wounds, bacteria in the wound can sometimes build up a resistance to the silver dressing, limiting its effect (Lansdown 2004, Brett 2006).

According to the literature, Suprasorb X+PHMB® does not produce this effect, preventing bacterial resistance, so that the dressing can be worn until the infection has gone.

A painful chronic wound was selected in a compromised elderly patient who had developed a venous leg ulcer which had become infected. The Ulcer had been present for 8 months prior to the application of Suprasorb X+PHMB® and had not responded favourably to several other treatment regimes(fig 1).

Factors considered:

- Rate of healing
- Reduction in ulcer size
- Reduction in pain

Results

- Dressing regime was reduced to twice a week using Suprasorb X+PHMB and an absorbent pad
- There was a rapid improvement in ulcer reduction compared to other treatments
- Maceration was reduced during dressing changes
- Pain reduction
- Significant healing was noted with healthy re-epithelialisation.

Discussion

On assessment after 1 week there was no clinical signs of infection and WCC and CRP levels had decreased and pain had diminished during wear time. The healing were dramatic with the ulcer achieving 75% reduction in size over a 6 week period (fig 2). There were no adverse effects and the level of exudate had decreased during the use of Suprasorb X+PHMB allowing the use of less expensive secondary dressings to be used. The ulcer had achieved almost full healing by week 10 (fig 3).

Conclusion

A unique moist wound dressing for critically colonized and infected wounds was found to be effective in healing a chronic wound in the patient who is compromised. Healing rates were dramatic in comparison to previous practice of application of other dressings.

Reference

Activa healthcare 2010) Suprasorb X+PHMB Product Information