Introduction

Wound Care products account for a large proportion of the financial costs of wound management. Within the National Health Service an estimated expenditure of approximately £373.4 million is spent on wound dressing annually (Surgical Dressing Manufacturers Association 2006).

As clinicians we have to be aware of the emergence of new products onto the market that give an acceptable cost, and measurable outcomes and health gain to our patients. The use of PHMB is relatively new in the UK and therefore requires adequate education of the clinician before the application of this product. This case study describes how one patient with a difficult, non healing venous leg ulcer was treated in a complex wound clinic with very successful results.

Suprasorb® X+PHMB

Suprasorb® X+PHMB is a moist wound dressing for critically colonised and infected wounds (Glover and Wicks 2009). It is composed of Polyhexanide (PHMB) which has been used successfully since 1959 in surface disinfectants eg. for breweries and swimming pools, yet its gentleness to healthy tissue allows it also to be used in cosmetics and in contact lens solutions. Antimicrobially powerful, whilst gentle on cells, this ground-breaking new dressing provides the ultimate solution for controlling low to moderately existing, critically colonised or infected wounds. Suprasorb® X+PHMB rapidly kills multi-resistant pathogens, including MRSA and VRE (Wild et al. 2008). Polyhexanide (PHMB) interferes with the bacterial cell metabolism. By prohibiting the cell’s ability to absorb any nutrients or dispose of waste products, Suprasorb® X+PHMB effectively kills the bacteria without damaging surrounding healthy cells. Using ‘HydroBalance’ technology, Suprasorb® X+PHMB is a new category of dressing, which dynamically donates or absorbs moisture as required, keeping the surface of the wound at the optimum moisture level for healing.

Method

This case study describes how one patient, (Mr A) with a difficult, non healing venous leg ulcer was treated in the complex wound clinic with a very successful result. This 71 year old gentleman was referred to the Tissue Viability Nurse Consultant by the Vascular Consultant after the patient had sustained his injury from a road accident some 18 years ago. He had subsequently received secondary trauma from a supermarket trolley that went into his right lower limb (where he had his previous injury) and he sustained a superficial wound 2.5 x 1.5cms. I first saw him on the 01/12/08 but subsequently the ulcer was not healing. He was referred to the complex wound clinic 03/04/09 He had a background history of deep vein thrombosis in 2008 and had a BMI 42. He had a punch biopsy which demonstrated no malignancy.

On assessment, right lower leg had 5.5 x 3cms full thickness ulcer, 5% yellow tissue and 95% granulation tissue (Picture 1). He was commenced on Dipsoral cream and hydrofibre and foam dressing under compression. His District Nurse had performed a recent Doppler and his ABI was 0.8 on the right. He still continued to work part-time Friday to Sunday at a supermarket and we discussed the importance of elevating his lower leg when possible. On the following month’s visit in April 2009 his wound appeared static and so he was commenced on Suprasorb® X+PHMB.

Results

The next clinic visit in May demonstrated a decrease in the wound 5 x 2cms, and it had become a partial thickness wound and 100% granulation tissue (Picture 2). He had no pain from the dressing or on dressing change. At the following clinic visit in June the wound had decreased to 4.5 x 3cms had continued to infill and remained 100% granulation tissue. Mr A was very pleased with the progress in his wound and started to be more positive about the ulcer healing completely.

In July the progress had continued; the wound was now 2 x 3.5cms and it continued be 100% granulation tissue and flush with his skin (Picture 3). Mr A stated that one of the biggest things he wanted to achieve was to go swimming with his grandchildren.

His next visit was September 2009; the wound was now 0.5 x 3cms and was nearly healed and he had good epithelisation tissue present in the wound bed (Picture 4). Mr A’s compression hosiery had been ordered and he was commenced on a normal foam dressing with hosiery. Mr A was happy with the outcome and he stated he wound be going swimming that weekend with his grandchildren.

Discussion

Whilst this is only one case study for this product it was a great outcome, allowing him to go swimming with his grand children again. He had a non healing ulcer that healed with the management of Suprasorb® X+PHMB inside 5 months. The patient was delighted at the outcome and the health gain that was achieved.

Conclusion

As a practitioner in today’s Health Service we need to be able to provide safe, effective, efficient care pathways that provide good measurable outcomes. When the practitioner is faced with a non healing ulcer, using the Suprasorb® X+PHMB to manage the ulcer, as opposed to another treatment, provided the impetus and ideal conditions to promote wound healing.

References


Wild Th, Brucker M, Psych M, Schierau Ch, Clinton Th, Prospective, randomized study for eradication of MRSA with polihexanide containing biocellulose dressing compared with polihexanide containing biofilm dressing (with polihexanide wound solution), Poster presentation 19th EWMA Conference Lisbon.

Surgical Dressing Manufacturers Association 2006.