Introducrion
This is a single case study describing the management of a 75 year old man with a pressure ulcer and its management with a new adhesive superabsorbent wound dressing*.

Following a full holistic assessment this gentleman was noted to have a past medical history including Chronic Obstructive Pulmonary Disease (COPD) and an above knee amputation following Peripheral Vascular Disease (PVD). He was a smoker, had a poor nutritional intake and, as a result was taking nutritional supplements.

He was able to independently mobilise around the bed by dragging his bottom and using the left leg. Because of this he had developed grade 4 pressure damage to his right ischial tuberosity. ... for 5 months with an exacerbation of his COPD and was discharged home in July 2012 under the care of the District Nurses.

His Waterlow pressure ulcer risk assessment score was 20 and, as he was at high risk of further pressure ulcer deterioration and further pressure ulcer development, he was placed on a full replacement alternating pressure relieving mattress.

Method
Various wound dressing regimes were implemented, all of which required daily dressing regimes. Exudate levels were very high and peri wound skin care was of vital importance. The levels of exudate had begun to damage the surrounding skin. His pain was so severe he was taking Dromor to try and control the pain.

Exudate levels remained very high with daily dressings and it was decided to change the secondary dressing from an adhesive foam dressing to the new adhesive superabsorbent dressing. It was hoped that the new secondary dressing would allow for less frequent wound dressing renewal and an improvement in the peri wound skin condition.

Result
Within a short space of time the management of this sacral pressure ulcer with the new adhesive superabsorbent dressing changed the dressing renewal time to alternate days easily and occasionally gave three days’ wear time.

The primary antimicrobial wound dressing became more effective as it stayed in situ for longer. The levels of pain he experienced reduced and consequently his appetite improved, and therefore his nutritional intake.

Wound healing also began to occur and the wound bed became much cleaner and began reducing in size.

This case study demonstrates that the application of a sacral wound dressing should be undertaken with care. The dressing did occasionally get contaminated due to the anatomical location and, on those occasions and because of the frequent repositioning, the dressing did lift off.

It was noted however that the dressing was applied twice by the District Nurses covering the anus completely, preventing complete evacuation of the bowel and also lifting the dressing away from the wound.

Discussion
The new adhesive superabsorbent wound dressing was found to easily conform to the wound and the surrounding skin in this ‘difficult to dress’ anatomical location and it fitted well around the anal marg.

Conclusion
It is very important that the peri wound skin is prepared correctly i.e. washed and patted dry, a barrier film applied into crevices in the management of highly exuding wounds. In conjunction with careful application of a sufficiently absorbent wound dressing, the result is a dressing that is superabsorbent, comfortable to wear for the patient and reduces malodour by preventing leakage of wound exudate.

If the patient did not drag himself around the bed, it was felt that this new dressing, in an awkward anatomical position, would have stayed in place even longer.

The new adhesive superabsorbent dressing continues to be evaluated in the community setting.