

FAST CLOSURE OF VENOUS LEG ULCER WITH POLYMERIC MEMBRANE DRESSING* ON A COMPROMISED 48 YEAR OLD PATIENT

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BACKGROUND

48 year old male with history of liver cirrhosis, esophageal varices and total bilateral hip replacement became hospitalized due to a several months old deteriorating venous leg ulcer and bilateral leg edema.

Negative pressure therapy combined with compression therapy was initiated in order to prepare the wound bed for a split skin graft; however, grafting was not possible as it was too much of a risk to put the patient through anesthesia. After two weeks we decided to let the patient go home with local wound and compression therapy.

AIM

To maintain a clean wound bed in order to optimize wound healing conditions and protect periwound skin from breaking down.

METHOD

Polymeric membrane dressings were chosen as they contain components which draw and concentrate healing substances from the body into the wound bed promoting rapid healing while facilitating autolytic debridement directly by loosening the bonds between the slough and the wound bed. These unique dressings are able to soothe and hydrate dry wounds while absorbing excess wound fluid, so they are recommended for dry wounds as well as for heavily exuding wounds. Whenever we use these dressings we do not have problems with biofilms which have a tendency to grow on chronic wounds.

The patient came to the clinic to change the dressing three times a week when we also applied compression therapy. On a few occasions a gentle debridement was performed. The dressing changes were painless for the patient and he was very happy that we did not have to rinse the wound every time.

The times the patient couldn't make it to the clinic he could easily change the dressing on his own as there was no need to prepare and cleanse the wound in any way.

RESULTS

The wound improved and rapidly became smaller. Already at the first dressing change we saw a significant improvement in the granulation tissue as well as the edges of the wound where new epithelial cells had become visible. It was easy to see how the wound was getting cleaner and smaller at every dressing change. Biofilm formation was minimal, almost non existent and pain was never an issue. The wound was fully closed after two months treatment with polymeric membrane dressings, this was faster than any of us had expected.

CONCLUSION

We often have very good results when we use the polymeric membrane dressings in regards to wound cleansing and debridement, prevention of biofilms and protection of the periwound skin. The wound closure comes faster than it would do with other modern wound dressings we have used.

*PolyMem® Wound dressing

Manufactured by Ferris Mfg Corp, Burr Ridge, IL 60527 USA.
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Top left 9 November

The wound before topical negative pressure treatment was initiated. The goal was to achieve a clean granulating wound bed in order to enable skin grafting.



Bottom 25 November

Topical negative pressure terminated. The physician did not want to perform anesthesia due to the patient co-morbidities, grafting was no longer an option. The patient was sent home with compression therapy in combination with polymeric membrane dressings. Dressing change at the clinic three times a week.

Top right 5 October

It is not uncommon that patients with chronic wounds develop biofilms that inhibit healing. The biofilms films present themselves as a gelatinous film covering the wound surface, this film needs to be debrided. The biofilm formation when using polymeric membrane dressings is minimal.



Right 8 October

Bleeding due to debridement of wound edges. No biofilm on the wound surface. I have observed this before when using polymeric membrane dressings, they seem to dissolve and absorb the biofilm into the dressing leaving a lovely granulating surface. Note the edge of new epithelial tissue.



Top left 7 November

The wound is closing rapidly. The past few dressing changes have been performed by the patient at home. After removing this dressing I gently debrided parts of the dry edges on the periwound skin. Wound surface beautifully granulating.



Left 6 December

The wound is now closed. The patient will continue with compression and the polymeric membrane dressing for at least a week in order to protect the new fragile tissue.

LEARNING OBJECTIVES

- Consider the advantages of using polymeric membrane dressings, which provide passive continuous cleansing of the wound bed, eliminating painful and time-consuming manual wound bed cleansing
- Discuss the importance of compression on venous leg ulcers.