

A Holistic Approach and PolyMem, a Winning Concept for Wound Healing

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INTRODUCTION

Our Wound Center is incorporated with the Spinal Cord Injury Outpatient Clinic. Patients can be referred via their health care center, our doctors, or by direct contact by the patients themselves.

Most of our wounds are pressure ulcers. As it's very important with patient compliance, we need to choose dressings that the patients accept and can change themselves at home. We have chosen to use polymeric membrane dressings as the different components in the dressings help facilitate faster healing and reduce pain.

We use a holistic approach by looking at the patients' entire life situation, not just the "hole in the patient" and follow them throughout the healing process together with the other professionals in our team.

METHOD

As we work in the out-patient setting we need to use dressings that are extremely easy for the patients to use and change themselves without the risk of complications. It's also important that they can use the same dressing throughout the healing process, regardless of the wound condition, since we cannot require that the patients (or their care givers) be educated on the different dressings on the market. This is one of the reasons we chose to use polymeric membrane dressings as our first hand choice of dressing. Polymeric membrane dressings are designed to facilitate healing while reducing inflammation and pain. What's more, due to the components in the dressing, the wounds do not need to be cleansed at dressing change making the actual dressing changes very fast and easy to perform. Most of our patients come to our clinic once a week for dressing changes. The remaining changes are done at home, often with the help of their carers or assistants.

Woman with incomplete C5-C6 fracture since a fall accident 2007. She is wheelchair bound, but can stand for very short moments. Her sacral ulcer was caused by a combination of moisture and fungus, and her necrotic heel ulcer was caused by pressure from her wheelchair. Both ulcers have progressively become worse the past few months. In January we started to treat both ulcers with polymeric membrane dressings.



January. Malodorous pressure ulcer on the heel covered with thick blackish grey necrotic tissue. Debridement of most of the necrosis performed. The ulcer measures 4 x 5 cm.



January. The sacral ulcer measure 1,5 x 2 cm and is covered by necrotic tissue. We debrided parts of the necrosis and covered the wound with polymeric membrane dressings.



February. Polymeric membrane dressings have been changed 3 x a week. The ulcer now measures 2,5 x 4 cm and the offensive odour is no longer present.



February. As you can see, in spite of insufficient offloading the ulcer is now superficial, very clean without any non-viable tissue and much smaller.



April. Almost healed. The small open area is filled with beautiful granulation tissue and most of it is covered by a very thin epithelial layer.



March. A follow-up visit at our clinic showed that the wound had closed completely. During the past month Polymeric membrane dressings have been changed twice a week.



May. Completely closed without any visible or palpable scarring tissue. This is very important as it helps maintain the tissue structure and prevents it from breaking down again.

These care givers are often not medically educated and are generally not allowed to touch the wounds or change any dressings; instead, they would have to accompany the patient to the hospital or district nurse for dressing changes. Polymeric membrane dressings can be changed by the carers as it is just a matter of removing the old dressing and applying a new one, the wound surface is never touched or disturbed. They often take the opportunity to change the dressing whilst helping the patient with their shower or bath every other day.

RESULTS

In both cases we needed to help the patients' with referrals to other professionals within our team. We saw achieved rapid wound healing without any complications. All the wounds have closed by the use of polymeric membrane dressings throughout the wound healing process.

DISCUSSION

During the 2,5 years the Wound Center has been active we have had over 1100 patient visits. We always follow the patients throughout their healing process, and, since we work in an out-patient setting we need to use an uncomplicated effective dressing that the patient can change himself without any mistakes. We also wanted to be able to use the same dressing throughout the healing period. Polymeric membrane dressings have proven to be an excellent choice as they are effective but at the same time simple enough to be changed by untrained staff.

Complete C6 fracture after MC accident 25 years ago. Since then he has suffered from multiple pressure ulcers. Due to respiratory failure a year ago he had a tracheostomy he desperately wanted to get rid of.

His doctors informed him that he needed to lose some weight first. A few months and 17 kg later he came to us with multiple pressure ulcers due to insufficient subcutaneous tissue caused by his dramatic, unmonitored, weight loss.



April, this shows his right hip when he first came to us with multiple pressure ulcers. There is a fistula connecting the two ulcers deeper in the tissue.



4 weeks with polymeric membrane dressings. The wound penetrates to the bone; we managed to remove several porous bone fragments. Undermining measures 4 x 4 cm. Outer wound 1,5 x 2,5 cm.



10 weeks with polymeric membrane dressings. Undermining reduced to 2 x 2 cm and the outer wound now measures 1,5 x 1 cm. The patient is very happy with the progress.



16 weeks with polymeric membrane dressings. The wound has filled up with granulation tissue and is completely healed. Even this case shows no evidence of residual scar tissue.