

# Experience with a new polymeric finger/toe dressing: A case series

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## Introduction

Fingers and toes have traditionally been difficult, time consuming and painful to dress. It would be very difficult for a patient to do their own dressing at home after a simple demonstration. A new polymeric membrane dressing has been developed specifically for fingers and toes; it uniquely helps with reducing pain, moisturises and cleanses the wound.

## Case Study 1

A 40 year old lady had an acute fracture of the terminal phalanx of the big toe, with haematoma. No wound was present but the toe was swollen and painful (figure 1).

## Method

The dressing was applied 12 hours after injury to observe the influences on swelling and pain. The dressings were applied by the patient in the home setting.

## Results

Within 24 hours the dressing had begun to reduce the pain and analgesia was no longer required. After 2 days the swelling was at its maximum but with no associated increase in pain. By day 4 the swelling was reducing and the toe was not painful at all. Mobility was almost 100%. The dressing was used for 7 days in total and changed every other day.

## Conclusion

A simple toe dressing can greatly impact on the quality of life for the patient. By reducing swelling and pain it can help with mobility of the digit, enabling someone to continue or return to work. It can reduce the need for analgesia and associated costs.



Fig. 1. Day 1



Fig. 2. Day 5



Fig. 3. Day 7 Swelling reduced, enabling mobilisation



Fig. 4. Day 7

## Case Study 2

A 56 year old gentleman referred to Tissue Viability Nurse eight weeks following dermofasciectomy for severe dupuytron's contracture. Unfortunately the graft was lost and the wound recalcitrant. He was attending OPD every other day, which was impacting on his job as a vehicle maintenance engineer. The wound was managed with an inadine sheet, dry dressing and tubular bandage; this was also making work difficult. The wound and hand was becoming dry, painful and gradually getting less mobile

## Method

Polymem finger dressing commenced 30/11/2012 (figure 5). Dressings were continued in outpatients every other day and then twice a week.

## Result

After the application of the dressing the patient found the finger became quite moist, this aided debridement and helped to moisturise the surrounding skin. In turn, this helped mobility of the hand and improved its function. The nurses in clinic found the application simple. It reduced the time in clinic required for changes.

## Conclusion

This is an ideal dressing for clinics, it requires no cleansing between changes, patients can do their own changes at home if required therefore reducing the need to attend hospital. In this case the increased mobility and reduced pain improved his ability to work. Moisturiser and cleanser from the dressing decreases and removes dry skin and dead tissue allowing exercise and movement.



Fig. 5. Wound on 30.11.12



Fig. 6. Wound on 10.12.12



Fig. 7. Wound on 17.12.12

## Case Study 3

Mr DS, a 69 year old gentleman who is a keen gardener and is often found on his allotment. Whilst moving some bricks he sustained a crush injury to his right middle finger on 26/07/13 damaging his nail bed and fracturing his distal phalanx.

Treatment from the GP was antiseptic topical ointment. The finger was covered using a conventional gauze finger stall which he purchased. This traditional method proved painful to apply and caused localised bleeding. The nail bed was torn and kept catching on the finger stall. The wound was so painful that he could not carry out simple tasks such as dressing, holding a cup or knife to eat.

## Method

Mr DS was offered the alternative Polymem finger /toe dressing so he could continue his treatment at home (figure 9) causing less trauma to the already injured finger. The dressing contains a cleanser & moisturiser which prevents adherence. It is a simple roll on application that can be demonstrated and quickly learned in minutes.

## Results

Following the application of PolyMem dressing, the most immediate impact was pain reduction particularly with the application technique. In the first two days of application he noted that the digit was moist, and required daily change, this then extended to 3 days. He was able to dress, eat and drink without support from his wife. He is able to apply the dressing himself thereby reducing visits to Drs surgery for dressing changes. The nail bed has started to repair.

## Conclusion

The PolyMem dressing significantly reduced his pain during application and wear time, whilst maintaining function. He was able to apply the dressing himself saving time, travel and cost to the GP Surgery. He would recommend this dressing to his colleagues on his allotment.



Fig. 8. 26.07.13

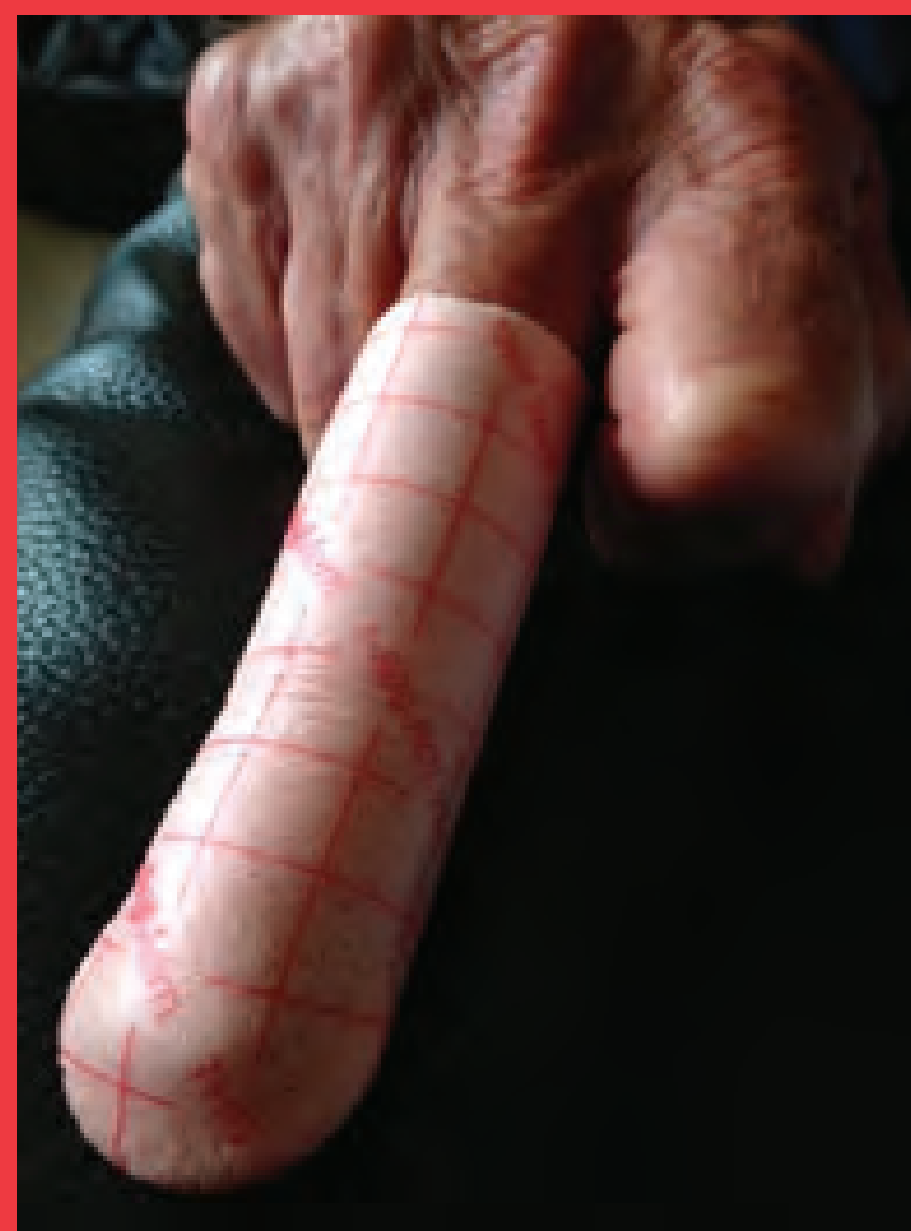


Fig. 9. PolyMem dressing in situ



Fig. 10. 03.08.13