

UNIQUE POLYMERIC MEMBRANE DRESSINGS* PROVIDE DRAMATIC PAIN RELIEF TO DETERIORATING PAINFUL PRESSURE ULCER AFTER HEART SURGERY

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BACKGROUND

The 63 year old patient underwent a mitralis valve replacement and a pacemaker insertion. Due to surgical complications the patient was totally immobilized for several days in which he developed a deep painful sacral pressure ulcer.

The physician's main concern was a potential infection that would jeopardize the heart surgery; the patient's main concern was the excruciating pain that prevented him from sitting down.

After one month of daily dressing changes at the day clinic with gauze soaked with Iodine, the wound was still deteriorating. The dressing changes were extremely painful for the patient. The gauze needed to be soaked before removal as it stuck like glue to the wound bed. The soaking prolonged the entire dressing change procedure causing even more pain to the patient.

When he was finally referred to the wound clinic the patient's pain level was a constant 8 out of 10. The wound was 8 cm long with a tunneling about 4 cm deep. The area around the wound was indurated and inflamed and extremely painful when touched.

AIM

To reduce the pain, prevent infection and clean the wound giving it a chance to close.

METHOD

Polymeric membrane dressings provide significant wound pain relief, presumably by inhibiting nociceptor activity at the site. Components draw and concentrate healing substances from the body into the wound bed to promote rapid healing while facilitating autolytic debridement directly by loosening the bonds between slough and the healthy tissue. The wound filler version can absorb fluid from all directions.

The antimicrobial polymeric membrane wound filler with silver was used in the tunneling and over the wound, the wound was then covered by a polymeric membrane silver dressing that overlapped the indurated, inflamed area to reduce the pain and inflammation.

Due to the risks involved with a potential infection the dressing was changed on a daily basis the first month. After that a standard version of the polymeric membrane dressing was used and dressing change frequency decreased.

The wound was cleansed before the first application of polymeric membrane dressings. After that no cleansing was needed.

RESULTS

After one week the patient's pain level had dropped to 5 out of 10. After yet another week the pain was gone completely and the patient could sit by the table and eat with his family. There were no longer any inflammation signs, the indurated area had softened and the wound was reducing in size.

It took a little over four months for the wound to close completely.

CONCLUSION

We saw fast results when it came to cleansing, reduction of pain and odor and wound healing.

Dressing handling and application were very easy.



Left photo: 17 January 8 x 5 cm, 3 cm deep, 4 cm undermining

The wound is incredibly painful. Tissue around the wound very hard and indurated. The patient is very nervous for the dressing changes due to past experience when the gauze and iodine stuck like glue to the wound surface. The antimicrobial silver version of the polymeric membrane cavity dressings was used in the undermining together with the standard polymeric silver dressing on top, overlapping the inflamed tissue around the wound.

Right photo: 3 February

Daily dressing changes with the polymeric silver dressings are showing effect. The wound is much cleaner. Apart from the first time we saw the patient no cleansing has been done during dressing changes. Pain is not an issue any more. Tissue surrounding the wound is not as hard and indurated as it was a week ago.



Left photo: 20 February

No pain at all. The patient is happy that he can now sit at the table and eat with his family again. We noticed that if we covered the surrounding skin with polymeric membrane dressings the tissue softened and became less painful. Polymeric membrane dressings without silver are being used now. Dressing changes three times a week.

Right photo: 9 March

The tunneling is not as deep any more and the wound is filling up with new granulation tissue. Dressing change twice a week. No cleansing during dressing changes needed.



20 April

Wound closed with the exception of the area on top of the wound where the undermined tunnel had been. The "tunnel" is now only 0,5 cm deep. We are still using the cavity filler on this area.

14 May

For the past weeks there has only been need for weekly dressing changes. The wound is now fully closed.



***PolyMem® Wound dressing and PolyMem Wic® cavity dressing (with or without silver)**

Manufactured by Ferris Mfg Corp, Burr Ridge, IL 60527 USA.

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