

WOUND CASES TREATED AND PRESENTED BY THE PATIENTS THEMSELVES

Ruthie Winblad, RN, Clinical Development Manager, Europe, Middle East & Latin America
Ferris Mfg Corp, Burr Ridge, IL. Chicago

INTRODUCTION

Many patients' choose to treat their wounds themselves for various reasons. This is not always an easy task considering the fact that they are not always medically educated. The challenge for them is to find a dressing that is both easy to use and effective. These wound cases are based on patients own experiences; most of the time no clinical persons were involved other than at the initial assessment.

Aim

To share experiences from patients who have chosen to treat their wounds themselves, without the help or involvement of their local hospitals or clinics.

METHOD

All these patients have chosen to use polymeric membrane dressings* (PMD) on their wounds. These dressings are very simple to use as no additional cleansing is needed during dressing changes. The dressings have a built-in wound cleanser which also promotes autolytic debridement. Other benefits they report are reduction of inflammation and pain as well as fast healing. Exudate levels determine the frequency of dressing changes. Usually the level of exudate increases the first week or two when using polymeric membrane dressings.

Due to the properties of this multifunctional dressing it is very easy for the patient to change themselves.

RESULTS

Only a few examples are shown here. Overall the feedback from people who choose to treat their wounds themselves at home has been overwhelming. Pain reduction is usually the first thing they notice. When used on swollen or bruised areas they see a reduction there as well. How to fixate, or the initial increase of wound fluid can sometimes be a concern, but overall the feedback has been very positive; "the wounds heal fast, the pain is gone, the dressing is very easy to use" are comments we often hear.

Discussion

Most presented cases usually give the clinicians' point of view, this time we are presenting feedback from the patients.

Severe bilateral leg burn

Camping stove explosion caused second and third degree burns on both legs of a 32 year old male. He was admitted to hospital where they started treating him with the silver dressings they commonly used for these types of injuries. The patient was in excruciating pain the entire time. He was sent home after 4 days with instructions to continue with the same dressings and to contact the home-care nurses for help. His wife, devastated over his painful dressing changes, was desperate to help him find an alternative. A colleague told her about her mother's experience with polymeric membrane dressings and helped her get in contact with a representative from that company.



16 April, removal

The silver dressing used at the hospital stuck like glue to the burns and needed to be moistened prior to removal.

Three people were involved in the dressing removal and the entire process took over an hour. The man was in severe pain and scared as this was the first time the dressings were changed at home.

Left leg. Shows large open raw areas that were excruciatingly painful.



16 April, application

PMD applied over both legs. That same night, he could sleep without pain for the first time since the accident.

18 April, removal

A huge difference in regards to the time it took. Removal of PMD was done in minutes by himself with a little help from his wife.

Left leg after 2 days with PMD. Cleaner, less "angry redness" and, most importantly, not painful anymore.



Initial assessment at the hospital. Both legs severely burned. Debridement of blisters performed.

He has been using PMD for 10 days and has experienced no pain since the first of PMD. Dressing changes easily done by himself the past week.

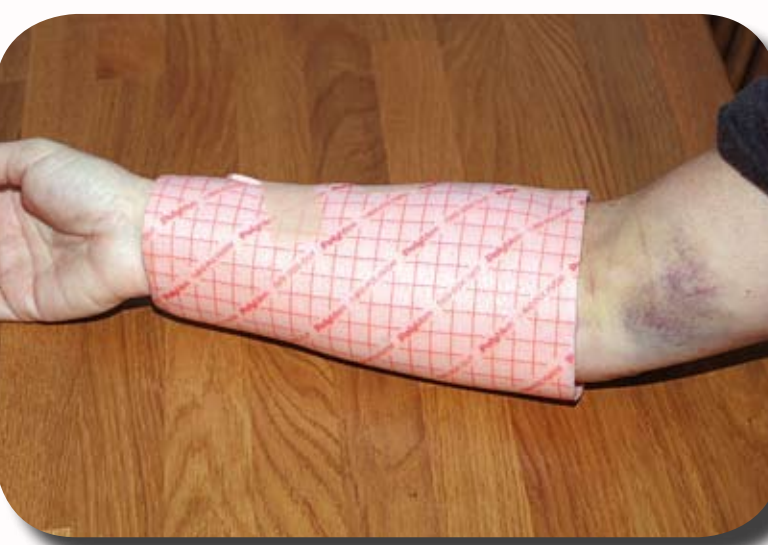
Both legs fully healed. During the follow-up visit in the burn clinic the doctors were amazed at the fast healing results.



29 December
Initial assessment of the bite wound at the hospital. Taken with the woman's mobile phone.

Dog bite

This woman was attacked at home by her daughter's dog. The attack resulted in multiple deep puncture wounds and two deep lacerations on her lower right arm. It was impossible to stop the bleeding; the blood was "squirting" out so she ended up at the ER. The doctor tried to stop the bleeding with injections of Adrenaline and Tranexamic Acid combined with tight compression. One and half hour later the doctor gave up and wanted to suture the lacerations, a decision the patient refused as she had been taught that animal bites should never be sutured. Finally she was sent home on her own insistence, with a tight pressure over her lacerations.



1 January

Her entire arm swelled up after the injury but after being wrapped with PMD for 24 hours the swelling subsided under the dressing. She had extensive bruising on her upper arm and her hand (but the area covered with PMD was turning yellow).



5 January

As she was worried about eventual infection she covered the actual bites with silver PMD. On the next photo you can see that there is less bruising where the dressing has had close contact to the skin.



7 January
Healing was progressing nicely but she developed a fixed drug reaction on her hand due to the antibiotics.

14 January

Fully healed by 2 weeks. Without suturing. 5 days later she was in Malaysia, swimming and snorkeling every day in spite of having been told by her ER doctor that she could not expect the bites to be closed by then as they were so deep. Today, 1,5 years later, the scarring is minimal.



Traumatic fall tears open healed venous ulcer

A traumatic fall caused a deep skin tear on the exact location the man had earlier had a venous leg ulcer. He was initially treated at the orthopedic clinic where they used several different dressings on the ulcer. However, it kept deteriorating and was becoming necrotic.

By the time the wound measured 9cm x 5,5cm he was admitted to the orthopedic surgical clinic for debridement and negative pressure wound therapy, in order to prepare the wound surface for a skin graft. By then his relatives from a neighboring country had managed to find the representatives for polymeric membrane dressings in Norway and convinced him to leave the hospital and treat the wound himself at home. His orthopedic surgeon was against this and claimed that only a skin graft would be able to close his wound. He had to sign a document stating that he took responsibility for his actions.



graft. Wound size 9.5 cm x 5.5 cm, 1.5 cm deep. He was taking antibiotics and diuretics and his leg is very swollen. The initial silver PMD covered by a compression bandage was applied with the help of a representative.



a rash a few weeks ago due to an adhesive used to keep the dressing in place. The rash became rather severe before he understood what the cause was and stopped using it. Zinc ointment has been used on the surrounding skin due to the rash, and, standard pink polymeric membrane dressings are now used. He still uses compression bandages due to persistent edema of the leg.

2 June

Wound 8 cm x 4.5 cm, 1 cm deep. His antibiotics are discontinued but he wanted to continue with the silver version of the dressing as he thought that was the reason the wound looked so clean. He has been changing the silver PMD every day, and it has been completely saturated each time. He claimed that the dressing was very "soothing and comfortable".



15 December

The wound has been closed for a few weeks now, with nice smooth skin covering the area that was damaged. Everyone close to the man that had followed the process were amazed over the results since they all remembered his physicians last words; "the wound will never heal without a skin graft". He still, however, follows his doctor's advice in regards to compression which he continues to apply even though the wound has closed.

