

EVALUATION OF A NEW SILVER ALGINATE AMORPHOUS PASTE* IN THE MANAGEMENT OF PRESSURE ULCERS



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Aim:

Pressure ulcers are expensive wounds to manage and represent a huge financial burden to health care providers to cover for expensive pressure relieving equipment, use of wound dressings, and nursing time needed to undertake dressing changes. Generally speaking, it is essential to prevent infection, prevent further damage and offload the wound so that healing can take place.

Methods:

It is a challenge to select a dressing that can facilitate wound progression and limit the risk of infection effectively. A 10 patient evaluation of a silver alginate paste dressing was undertaken on a range of pressure ulcers graded at category 3 and 4 (EPUAP classification system).

Following a detailed patient and wound assessment, the evaluation dressing was applied to the pressure ulcer. Nutritional support, a continence management strategy and pressure relieving devices were also used as required.

Information was recorded on the frequency of dressing change, wound progression, infection status and patient's satisfaction with the product. Patients were followed up for a period of 8 weeks or less if the wounds were completely healed.

Results:

A positive evolution of the wounds was observed during the period where the evaluated silver alginate paste was used. The amorphous presentation was found to fit the wound bed closely. No pain was recorded and dressing was found to be comfortable for the patients. No signs of wound infection were observed during the evaluation.



Fig 1: This case presents a 85 years old lady with a pressure ulcer with an enormous skin destruction. This painful malodorous deep pressure ulcer presented clinical signs of infection.



Fig 2: The wound cavity has been filled with a silver alginate amorphous paste* which has been covered with cotton gauzes and absorbing dressings. Fixation was performed with hypoallergenic plasters.



Fig 3: Ten days after the wound aspect was much more vital. The paste had stimulated the autolytic debridement and the signs of infection where significantly decreased. Application and removal at dressing change where very easy.



Fig 4: Only four weeks after the start we could observe a good granulation aspect in the wound bed. Application and removal of the silver alginate paste was observed to be easy and painless for the patient.

Conclusion:

This small evaluation showed that the new silver alginate paste* can be used effectively during the course of wound healing and is well tolerated by the patients. The paste is easy to use, contributes to an effective wound healing-process and is well tolerated.

*Calgitrol Paste (B.Braun)