

CLINICAL EXPERIENCES WITH A NEW FOAM BORDER DRESSING WITH SILICONE ADHESIVE*



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Objective:

To evaluate a new foam border dressing with soft silicone adhesive*. This dressing is self adherent and combines a good absorption capacity with a soft adhesion of a silicone contact layer.

Method:

We evaluated the effect of the dressing on 10 wounds located on different parts of the body. We focused our attention on the absorbing capacity, discomfort and pain during removal, reliability of the adhesion and the condition of the periwound skin.



Fig 1: Day 6 of a deep second degree burn at the shoulder of a 64-year aged lady due to boiling water. The wound is not infected but we observe a yellow-black necrotic layer on the wound surface. The wound has been treated with silversulphadiazine.

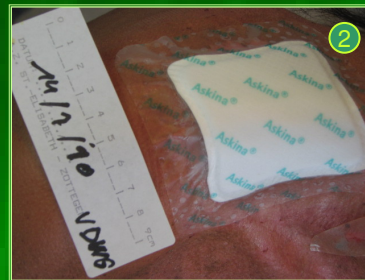


Fig 2: We applied a self adherent foam dressing* with a 1.5 cm border to cover the wound on the difficult location. The dressing has been changed every 2 days. The patient had positive comments about the comfortable protecting dressing.



Fig 3: After a few days the necrotic layer was autolytically removed from the wound surface. Removal of the dressing was very easy and painless. The secure adhesion allowed the patient to take a daily shower.



Fig 4: From now on the dressing can be changed twice a week. The exudate passes through the silicone adhesive into the foam. A good epithelialisation was noticed without maceration at the wound edges.



Fig 5: At day 25 the wound healing is in its end phase. The soft and conformable dressing was able to maintain an ideal moist wound healing environment with a safe protection of the surrounding skin.



Fig 6: At day 39 we could observe a nice reepithelialisation. The scar has been treated with a natural emollient to prevent the skin from dehydration and to improve the elasticity of the scar.

Discussion:

Overall, the results indicated that the dressing* was able to stay securely in place until the next dressing change and there was no need for further fixing the dressing with additional tape. No stripping of epidermal cells during dressing changes was found, making the dressing comfortable for the patient and painless during dressing changes. The open structure of the silicone adhesive layer was able to let the exudate pass easily into the hydrophilic foam layer.

Conclusion:

This observational case study on an innovative foam dressing* has resulted in pleasant effects and enhanced quality of life for the patient. This dressing seems to be effective, soft, painless at dressing changes and secure but will need further studies to confirm these findings.

*Askina® DresSil Border (B.Braun)