

THE EFFECTS OF THE COMBINATION OF A SUPERABSORBING DRESSING(*) WITH COMPRESSION THERAPY



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Introduction

The management of venous leg ulcers depends on a precise aetiological diagnosis, achieving effective debridement, choosing a dressing with good absorbing capacities and keeping a bacterial balance. All these steps can only be effective in combination with an adapted compression therapy. Following the evolution of five case studies, we have focused our attention on the positive and negative effects of this combination.

Methods

Five patients with high exuding leg ulcers has been treated with short stretch bandages (compression: 40-45 mm Hg) and/or intermittent pneumatic compression therapy (40-80 mm Hg). The compression therapy has been combined with a superabsorbing dressing*. To control the efficacy of this combination, we made a weekly photo documented evaluation.



Photo 1: 06/12/11

Painful, non infected stagnating wound since more than 3 weeks. Edema due to chronic venous hypertension. The wound has been treated with an alginate gel which was able to stimulate the autolytic debridement. Since about 1 week the wound did not evaluate any more. We changed the local wound care towards a super-absorbing dressing combined with compression therapy (short stretch bandages).

Results

Due to the compression therapy, the dressing has a perfect contact with the wound surface, which provides a good absorption without risk of leakage. The dressing does not bulge when absorbing under compression therapy. In cases with less exsudate we observed some adherence to the wound surface. This 'soft adherence' provide an interesting micro-debridement of the fibrinous tissue on top of the woundsurface.



Photo 2: 05/01/12

Significant wound healing. The edema is under control due to the effect of the short stretch bandages. The patient does not complain any more about pain. The super absorbing dressing(*) has been changed daily during 1 week. Once we observed less wound exsudate we could leave the dressing for 2 days in situ.



Photo 3: 14/02/12

The dressing change has been performed twice a week. We can still observe a good evolution in the wound healing. The epithelialisation process is visually continuing. The granulation tissue is not overgrowing as we sometimes notice in chronic leg ulcers. We didn't need extra skin protection because the surrounded skin has never been macerated. We still continued the combination with compression therapy.



Photo 4:

Three months after the start with the super-absorbing dressing the wound is completely covered with a new epithelium. At this moment we changed the short stretch bandages towards therapeutic elastic stockings (gr.2) in combination with the super absorbing dressing(*) which can now stay on the wound as a skin protector for one week.



Photo 5: 26/03

This follow-up photo shows a further good healing situation. From now on the leg is hydrated with a neutral emollient used for the treatment of dry skin.

Further more it is important to avoid recurrence of the ulcer by supporting the venous blood flow. We advice the patient to continue the use of therapeutic elastic stockings.

Summary

In this short test we could observe the effectiveness of a superabsorbing dressing(*) in combination with compression therapy on venous leg ulcers. We remarked advantages on comfort and remarkable effects on woundhealing. When ulcers produce less exsudate we have to take care not to damage the frail wound tissue at the moment of dressing change.

(*) DryMax Extra (Absorbest)