



METHODS OF TREATMENT IN MODERN WOUND MANAGEMENT EXAMPLIFIED AT ULCUS CRURIS

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Patients with chronical wounds like venous leg ulcers often report about a long time suffering due to unefficient debridement, inadequate wound treatment and ineffective surgical efforts to occlude the wound, before they are treated in a qualified clinic with defined therapy.

Beside the pain and unnecessary high amount of treatment costs, first of all infection of such wounds up to sepsis have to be taken into account as life-threatening risks.

Since the establishment of modern forms of treatment with hydroactive mechanisms such problems can be avoided by an adequate management of the wound with timely use of methods of moist wound treatment in the sense of a treatment cascade, which is suited to promote wound healing under physiological conditions, conditioning wound areas and securing defined surgical treatment.

Venous ulcers are one of the most frequent causes for skin-underskin defects at the lower extremities. Approx. 800.000 patients in Germany have to be treated for a long term due to different states of venous insufficiency. The venous ulcer cruris is the most severe complication of the chronical venous insufficiency.

Beside the proved use of hydrocolloids and alginates also the vacuum therapy should be mentioned, which, in my opinion, represents an overtreatment in the sight of health economics and which can affect the mobility of the patients.

The treatment comprises 3 phases:

- Initially the local treatment in terms of a moist wound treatment. The first step is a careful debridement of non-vital tissue, that follows the conditioning of the wound areas with calcium alginates, afterwards collagen wound dressing, both under the shelter of hydrocolloids. Additionally an anti-edematous treatment with compression bandages have to take place.
- After stabilisation of the wound status and development of a granulation tissue a wound covering with mashed skin graft can be performed.
- At last the defect has been closed, the underlying disease has to be treated for instance by surgical treatment of the chronical venous insufficiency.

Clinical case report

60 years old female patient with chronical venous insufficiency and circumferential ulcers at both lower legs. Conservative treatment over 9 months by the family doctor with diverse ointments, increasing development of skin necrosis and a pronounced superinfection of the damaged skin areas, therefore hospitalisation of the bedfast patient.



®Therapeutical cascade (using the Suprasorb® System)

Debridement under narcosis, local treatment firstly with alginates and hydrocolloids, followed by collagen wound dressing because of a stagnating wound healing process, beneath development of granulation tissue and defect coverage with mashed skin graft transplantates. Additionally consequent anti-edematous compression therapy and mobilisation, problems due to MRSA-germ-colonisation of the wound area.



Duration of the treatment between debridement and defect coverage approx. 5 weeks.

Summary

The collagen material stimulates the healing process especially in the case of stagnating wounds and supports the regeneration of new tissue in the wound bed.

A consequent phased and graded management under the principles of wet wound treatment with suited local therapeutics enables a sure, little cumbering and time saving therapy. Additionally surgical and adjuvant compression treatments have to be performed timely.