CLINICAL EXPERIENCE IN THE TREATMENT OF LOWER LEG ULCERS WITH A HYDROBALANCE BIOCELLULOSE BASED WOUND DRESSING* IN ITALY

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<u>Aim</u>

The association between moist wound management, elastocompressive therapy and deambulation is an effective treatment in wound care. These types of methods can be insufficient when diabetes, vasculitis arteriopathy, thrombophylic syndrome and/or sepsis coexist. These "hard-toheal" ulcers usually require further treatment. Recently a new range of wound dressings has been developed in form of a HydroBalanced biocellulose based wound dressing with** or without* an antiseptic, polihexanide (PHMB). In fact it is suitable for each stage of T.I.M.E..

Material and Methods

From the authors own experience they point out the different problems in wound care of "hard to heal ulcers". The use of this HydroBalanced biocellulose based wound dressing with (PHWD)** or without PHMB (HWD)* in 41 cases demonstrates characteristics such as control of chronic pain as well as acute pain during dressing, control of exudates or release moisture (HydroBalance), skin treatment (washing/wave effect) and antiseptic action (also against VRE and MRSA).

Results

In almost all the patients pain was reduced. In 30 (73.17%) patients the ulcers healed; 6 (14.63%) patients feel better, 3 (7.32%) patients failed to follow up, 1 (2.44%) patient worsened, 1 (2.44%) patient died because cardiological causes.

Conclusions

The use of the HydroBalance biocellulose based wound dressing with** or without* PHMB has introduced a new terminology for instance "HydroBalance": the wound dressing is able to regulate the moisture of the ulcer by releasing or absorbing liquid. A further advantage is the possibility of the use of the very tolerable and safe antiseptic polihexanide during the treatment of critical colonised or local infected wounds. The subjective reduction of pain is an extreme comfort for the patient. Therefore it is possible to obtain a better quality of life and easier conduct of the necessary wound management; lesions could be prepared for other treatments such as skin grafts.

After our first experiences with 40 patients the new HydroBalanced wound dressings seems to be an adequate and very effective completion of the current wound therapy – improving the quality of life as well as reducing the subjective pain and the period of healing of the patients.

* HWD= Suprasorb[®] X; ** PHWD = Suprasorb[®] X+PHMB Lohmann & Rauscher products

Case report 1:

Patient: Female HydroBalanced bio-cellulose* based wound Treatment: dressing, compression with short stretch bandage Wound size: Start: 40,2 cm² After 33 days: 4,6 cm² (complete granulation) Case report 2: Patient: Female HydroBalanced bio-cellulose* based wound Treatment: dressing, compression with short stretch bandage Wound size: Lesion 1: Start: 0,81 cm² After 20 days: closed (healed) Lesion 2: Start: 12,3cm² Day 20: 11 cm² After 33 days: closed (healed) **Reduction of** fibrinous tissue Dav 1 Day 9 Lesion 2 closed Dav 20 Lesion 1 closed Lesion 2 granulating and epithelizing Dav 33

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