

A multi-therapy approach using wound bed preparation, super-absorbent dressing and compression to achieve a quick and effective exudate solution for venous leg ulcers.

Sally Grimmer-Bate*, Matthew Welch**, Helen Cresswell*, Lucy Wale* (*Community Staff Nurse, **District Nurse - Dudley Group NHS Trust)

Introduction

This clinical evaluation was conducted to validate the use of a three step treatment plan (Figure 1) for patients with highly exuding leg ulcers which included monofilament fibre pad*, superabsorbent dressing** and cohesive, short stretch bandages***.

The primary outcome measure was a reduction in the levels of exudate of patients with highly exuding leg ulcers with a simple three step approach.

The secondary outcome measures were reduction in nurse visits, reduction in pain, reduction in materials cost, increase in patient quality of life.

Method

The trial design was a planned sample size of 10 patients over a 4 week period with a review at 2 weeks.

The inclusion criteria was that all patients in the trial must have had a full holistic assessment with an Ankle Brachial Pressure Index (ABPI) of between 0.8 and 1.3. Patients must be willing to tolerate a full compression system and must be experiencing issues with 'leaky legs'/ moderate to high exuding leg ulcers.

The exclusion criteria included non-concordant patients and patients with an ABPI of lower than 0.8 or higher than 1.3

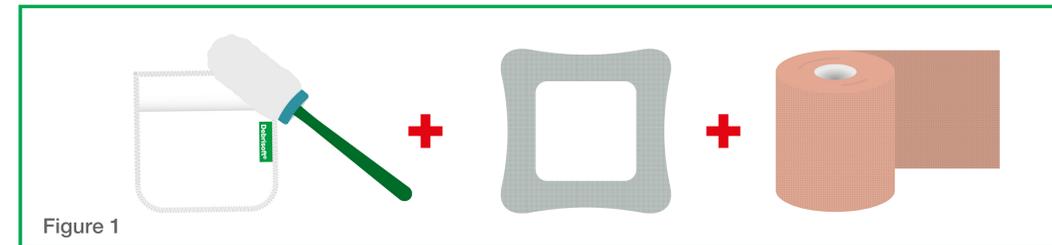
Results

Three patients decided to end the trial early despite having significant improvements in wound healing and could not be included in the cost analysis.

One patient was hospitalised during the trial and therefore had to be removed from the analysis.

Eight patients have had the leg ulcer for longer than 12 months and 90% of patients were in no compression or a reduced compression system.

Before the evaluation started, 5 patients had very high exudate and 5 patients had moderate exudate levels. Fifty percent of patients had had those levels of exudate for over 6 months and forty percent of patients for between 3-6 months.



After the evaluation one patient was admitted to hospital for an unrelated reason and so couldn't complete the trial. From the remaining 9 patients 7 had dramatically reduced exudate levels to low.

When looking at the patient pain scores pre and post evaluation, 8 out of the 10 patients recorded a pain score pre evaluation and 6 post evaluation. All 6 patients reported a reduction in pain with an overall 45% reduction in pain.

Overall, during the 4 week evaluation, there was a 58% reduction in nurse visits.

The total number of nurse visits per week across 6 patients before the clinical evaluation was 24 and this reduced to 11 visits per week after the clinical evaluation. Across the same 6 patients there was a weekly product cost saving of £145.

Before the clinical evaluation started 9 out of 10 patients stated that their leg ulcer affected the quality of their life. At the end of the 4 week evaluation, 7 out of 9 patients reported an improvement in their quality of life and expressed some thought provoking comments.

Discussion and conclusion

Many patients who have venous leg ulcers experience high levels of exudate and pain and this may lead the healthcare professional and patient to decide that implementing full, therapeutic compression is not possible. They may opt for 'reduced compression therapy' or 'light bandaging' thinking some compression is better than nothing.

This evaluation clearly demonstrated in a small group of patients that by implementing a three step solution of effective wound bed preparation using a monofilament fibre pad, a high quality superabsorbent dressing and full, therapeutic compression has a dramatic effect on exudate levels and pain experienced by the patients. This leads to reduced nursing visits, reduced costs and ultimately, an improved patient experience and quality of life.

This 3 step exudate solution forms part of the Dudley Leg Ulcer Treatment Road Map.

*Debrisoft®, **Vliwasorb Pro®, ***Actico® – L&R UK