

# Feasibility of Complex Wound Management in a General Practitioner Care Setting for Elderly Frail Patients

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## Background:

Due to an aging population the need for enabling care of frail elderly patients with complex wounds in the community has expanded rapidly. Especially those patients who suffer from dementia but can remain at home with the support of well organised care benefit from wound care at home.

## Aim:

This paper reports on complex wound treatment, including debridement and compression treatment of frail elderly patients in a general practitioner setting.

## Methods & Activities:

The general practitioners' practice provided education to the staff and adapted and implemented a clinical pathway for complex wounds

Case ascertainment was used, looking at debridement efficacy, time for the procedure, safety of use, patient comfort and users' satisfaction.

Debridement with the \*monofilament fibre product was used in patients with complex wounds and skin lesions, erythema, scales, fissures, rhagades and or hyperkeratosis. For oedema management a 2-layer \*\*bandage system or a \*\*\*tubular compression system was used.

## Results :

The wound expert center was consulted for specialist advice when needed. Debridement was shown to be effective in most cases, even in the disoriented patients, who were at ease in their own environment (Fig 1). Patients reported no pain during the procedure. The use of the \*\*2-layer bandage or \*\*\*tubular compression system was shown to be effective and comfortable.

## Conclusion :

✓ The results indicate the treatment for complex wounds using the clinical pathway was successful in the community even in frail, elderly patients.

Fig 1: Example of a typical patient

The 92-year old female patient is suffering from dementia. She lives at home and receives community care. She uses anticoagulants and medication for COPD. She is mobile with support. After she hit her right leg an ulcer developed on her shin.



17 - 10 - 2014



17 - 10 - 2014: Situation after debridement



A foam\*\*\*\* dressing was used covered with \*\*\*tubular compression



She removed the \*\*\*tubular compression, which was then replaced with a \*\*2-layer system.



The foam\*\*\*\* dressing was replaced with a collagen\*\*\*\* Dressing.



14 - 11 - 2014: The wound bed is clean and granulating



19 - 11 - 2014: She took another fall hence the hematoma above her ulcer. Edema has increased as a result.



The collagen dressing and 2-layer compression is continued



Her ulcers were closed after 2 months of treatment. The risk for another fall and trauma remains.....

\*Debrisoft , \*\*Rosidal TCS, \*\*\*Actico Silk, \*\*\*\*Suprasorb P, \*\*\*\*\*Suprasorb C, Lohmann & Rauscher