

WOUND CARE IN MOTION

Evaluation of a collagen (bovine origin) dressing on hard to heal wounds

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Aim : In our interdisciplinary wound care unit we treat on average 20-40 patients per day with numerous types of acute and chronic complex wounds. In order to maintain an excellent holistic approach to wound care one aspect is focused on improving techniques and methods especially in hard to heal wounds. We have decided to test a collagen based product* with the aim of boosting the healing process in non progressing wounds.

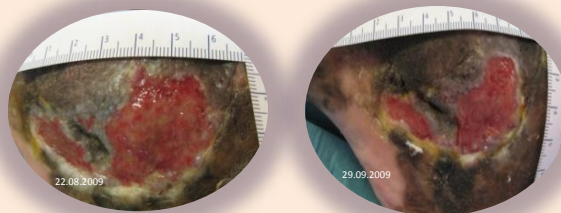


Fig.1: Third degree burns to lower limb, skin grafted twice with persistent ulceration eight months later.

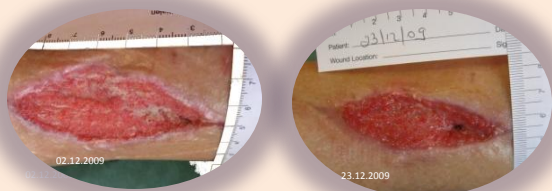
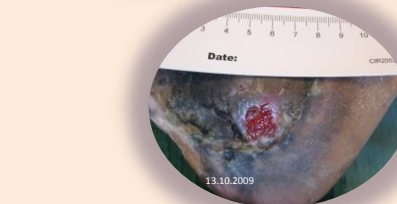


Fig. 2: Surgical wound infection at saphenous vein harvest site post one month TNP therapy.



Methods: The evaluation was carried out over a six month period. Approval was sought from each patient and the surgical consultant concerned. In a primary selection of stagnating wounds where modern dressings and skin grafting had failed, we applied the collagen based dressing. The properties of this dressing are a porous structure which absorbs the exudates and forms a gel with release of collagen to the wound, thus promoting the formation of granulation tissue.¹ Dressing changes were made twice weekly either in our unit or by community health nurses with regular controls on our part. Wound assessment was documented using wound care follow up forms, with photos and measurements; bacterial swabs were carried out where critical colonisation was suspected.

Results: So far, six wounds of differing origins have been evaluated. The initial results were very encouraging with visual improvement of the wound bed with granulation and/or epithelialisation. Five wounds were closed after eight to ten weeks treatment. One wound (Fig. 5) slow to respond at first, healed following local application of an anti-inflammatory cream and a silicone orthosis to relieve pressure. The sixth case, withdrawn from the study, showed poor response due to underlying bone infection.



Fig. 3: Post traumatic chronic leg ulcer (mixed origin) skin grafted twice.

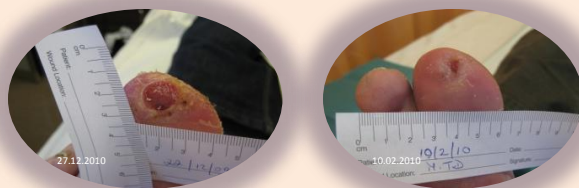


Fig. 5: Diabetic foot ulcer with Charcot deformity not healing for over six months.



Fig.4: Traumatic malleolar ulcer in a diabetic patient open for nine weeks.

Conclusions: This collagen dressing is promising and we will be repeating the applications. Inflammation should be treated first for optimal results. As wound carers our aim is to be effective in addressing wound healing; to apply the right dressing at the right time, to improve the patient's quality of life in reducing the length of treatment and inherent costs.

Reference: ¹ Magolan, G. & Vanwijck, R. (Ed.) (2003), *Guide des plaies: Du pansement à la chirurgie*. Paris: John Libbey Eurotext.

*Suprasorb® C. Wound dressing

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