

# THE PERFORMANCE OF A SUPER ABSORBENT DRESSING IN THE MANAGEMENT OF EXUDATE AND MACERATION

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## **Introduction:**

Exudate control is one of the important issues in wound management. Maceration affects the fragile peri-wound skin and may delay wound healing as well as enhance the risk for infection. Leg ulcers with copious exudate production, enhanced by leaking of edema present in the lower limbs, in e.g. patients with cardiac failure, may cause maceration of the peri-ulcer skin. The wounds are critical to colonization, where maceration often causes irritation and dermatitis with oozing pyocyanea. Skin reactions to wound exudate are complex and require the same attention as local ulcer management

## **Material and methods:**

The evaluated superabsorber dressing\* is composed of super absorbent polymers based on polyacrylates. The dressing is indicated for the management of heavily exuding wounds, it can be used as a primary - or as a secondary dressing and allows for use under compression bandages. Four patients with infected wounds that produced copious amounts of exudate were included in the evaluation. Two patients with extensive arterial leg ulcers, 1 patient with a mixed ulcer and 1 patient with a wound in the groin after radical excision of a tumour, which leaked lymph fluid. For all four cases daily dressing changes were performed and the super absorbent\* dressing was applied as a secondary dressing.

### **Case 1: (Fig. 1 and 2)**

Mr. S, 77 years of age, had surgery on 2 June, 2008, to remove a mass from his right inguinal fold. Lymph fluid and exudate was leaking from a fistula at the surgical site. The conventional absorbent dressings that were used, had to be changed several times a day. When management with the superabsorber dressing\*, employed as a wound cover, was started, dressing changes had reduced to once per 24 hours. Mr S reported the superabsorber dressing\* to provide more comfort, moreover there was no leakage of exudate from the dressing and no soiling of his clothes. Also the superabsorber dressing\* was less bulky than the conventional dressings used previously.

### **Case 2: (Fig. 3 and 4)**

Mrs F, 77 years of age, has distal arthritis, (GPI 0.60), a urinary tract infection and a wound infection with *Pseudomonas pyocyanea*. There was dermatitis present on the peri-wound skin and the lower leg skin. She was hospitalized and received IV antibiotics. The extensive ulcer was covered with a hydrofiber dressing and superabsorber dressing\* was used as a secondary dressing. Dressings changes took place daily.

### **Case 3: (Fig. 5 and 6)**

Mr L, age 57 years had an ulcer of the external malleolus of the left foot, following a car accident. There was no underlying osteitis and arterial and venous Doppler results were satisfactory. Mr L. has diabetes and wears orthopedic shoes. Peri-ulcer skin shows a fungal infection and together with the copious exudate production delays wound closure.

### **Case 4: (Fig. 7 et 8)**

Mrs K, age 69, is socially underprivileged, she had chronic leg ulcers that were neglected. The ulcers were critically colonized with *Pseudomonas pyocyanea* and the skin of the lower leg showed dermatitis. On May 30, 2008 treatment with superabsorber dressing\*, employed as a secondary dressing, was started. Dressing changes took place once per 24 hours.

## **Conclusion :**

In all four patients the dressing was able to adequately manage the copious amounts of exudate, reducing the bacterial load. Maceration of the peri-wound skin, that was present before the dressing was used, disappeared within two days of treatment with the superabsorber dressing\*, allowing for less frequent dressing changes.

**Fig. 1**



**Fig. 2**



**Fig. 3 – day 0**



**Fig. 4 – day 138**



**Fig. 5 – day 0**



**Fig. 6 – day 32**



**Fig. 7 – day 0**



**Fig. 8 – day 176**



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\* superabsorber dressing: **Vliwasorb® / Flivasorb®** is a product of Lohmann & Rauscher

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