

The management of a patient with recalcitrant pressure ulcers using a HydroBalance* dressing

VIAL R¹, HERNANDEZ F², LEBRETON N³, THIL A⁴

¹ Pharmacist Head of Department, Hospital of Beaujeu, France (69)

² Nurse, Hospital of Beaujeu, France (69)

³ Pharmacy assistant, Hospital of Beaujeu, France (69)

⁴ Lohmann & Rauscher S.A.S, Remiremont, France (88)

Introduction:

Pressure ulcers are painful and occur frequently. Time to healing is often long, up to several months or years and recurrences are common. This case describes a 86 years-old patient with two extensive non-healing gluteal pressure ulcers, using a HydroBalance* dressing. The male patient has the ulcers since March 2004.

Material and methods:

The HydroBalance* dressing is comprised of biocellulose and water. The dressing is able to absorb exudate, to donate fluid and to maintain a moist environment, conducive to wound healing.

The patient treated with the HydroBalance* dressing is incontinent of urine and faeces, is semi-bedridden and has a poor nutritional status. He suffers from dementia, scratches his skin a lot, removes the dressings and preventive measures have been difficult to execute.

Up till 29/02/2008 various dressing regimens were used, such as hyaluronic acid, hydrocolloid and alginate dressings. Pain assessment was difficult because of his dementia, however the clinicians' observation was that the ulcers and particularly the dressing changes with conventional dressings were painful.

Several measures to reduce the pain upon dressing changes were tried (e.g. Xylocaine spray, analgesics class 3 before dressing changes) however these were stopped because of the presented side effects.

The gluteal pressure ulcer on the left measured 5 x 4 cm and the ulcer on the right side was 3 x 1 cm. (fig. 1).

Treatment with a HydroBalance* dressing was started 16/02/2008 and a hydrocolloid was used as a secondary dressing, as the patient did not tolerate fixation of the dressing with surgical tape. Complementary actions were taken, such as an effective skin care regime and improved incontinence care. The patient was given more appropriate offloading surfaces and dietary supplementation with high protein products.

Results:

The 24th of June (fig. 5) the right ulcer had closed and the ulcer on the left side had become much smaller. The hydrocolloid is discontinued and a film is now used as a secondary dressing, for which the patient turns out to be allergic. During this period he also suffers from an anal infection for which he was treated with an oral antifungal and antibiotics. As a result his general condition and skin condition deteriorated. (fig. 6)

Conclusion:

The HydroBalance* dressing supported ulcer closure in a rather short time (from February, 2008 to June, 2008), however due to complications, that were not dressing related, the patient's skin condition deteriorated.

Fig. 6: Shows worsening of the patient's skin condition because of restlessness of the patient due to his dementia. He pulled the dressing off 2 to 3 times per day, scratching his skin, damaging the wound.

HydroBalance* dressing = Suprasorb® X, a product of Lohmann & Rauscher



Fig. 1: Feb. 16, 2008 – day 0

The gluteal pressure ulcer on the left measured 5 x 4 cm and the ulcer on the right side was 3 x 1 cm.



Fig. 2: March 14, 2008 – day 15

Left ulcer area is 4,5 x 3 cm and the right ulcer area is 2,5 x 1 cm. There is light exudate production.



Fig. 3: March 21, 2008 – day 22

According to the clinicians' observation the patient had no more pain during dressing changes.



Fig. 4: April 14 – day 38

The left ulcer area was 3,5 x 2,5 cm and the right ulcer area was 0,5 x 0,5 cm.



Fig. 5: June 24, 2008 – day 109

Epithelialisation is evident.



Fig. 6: July 4, 2008 – day 119

The ulcers are almost closed. The two small ulcers left on the right buttock are due to the use of a polyurethane film to cover the HydroBalance* dressing, for which the patient turned out to be allergic. Moreover upon removal of the film the skin was further damaged. Unfortunately, the dressing regime was not maintained according to the protocol.

Scientific grant of Lohmann & Rauscher GmbH & Co KG, Rengsdorf/Germany

19th Conference of the European Wound Management Association (EWMA), 20.-22. May 2009 Helsinki