

A case series report using a gel forming wound contact layer and monofilament fibre debridement technology in the management of chronic wounds

Geraldine Weale - Nursing Sister, Betsi Cadwaladr University Health Board, North Wales
Clare Morris - Senior Clinical Services Manager, L&R

Aims

To evaluate the performance of a gel forming wound contact layer* in static or slow-to-heal chronic wounds following wound bed preparation using monofilament fibre debridement technology**.

Methods

Eleven patients (9 females, 2 males) were selected with low to moderately exuding wounds – 10 of which were leg ulcers. The mean age was 71 years. All patients underwent wound bed preparation using monofilament fibre debridement technology at dressing changes followed by application of a gel forming wound contact layer.

The patients were followed up weekly or twice weekly for five dressing changes or until healed. Both quantitative and qualitative parameters were measured at each dressing change.

Results/Discussion

In all cases, the chronic wounds went on to show positive signs of healing, with many reducing greatly in size or healing.

The gel forming wound contact layer resulted in 100% reduction in pain scores during treatment, 100% rated very good application and removal (non-adherent) and 100% rated very good or good improvement of the condition of peri-wound skin.

Results demonstrated very high patient and clinician satisfaction scores with 90% receiving 8 – 10 out of 10.

Case study

- An 86 year old active lady with a venous leg ulcer following trauma
- Previous history of venous disease, where venous leg ulcer took 5 months to heal



Figure 1 - 19th May (Day 1) Gel forming wound contact layer applied (3 days post injury)



Figure 2 - 23th May (Day 5) monofilament fibre debridement lolly used to debride the wound and gel forming wound contact layer applied.

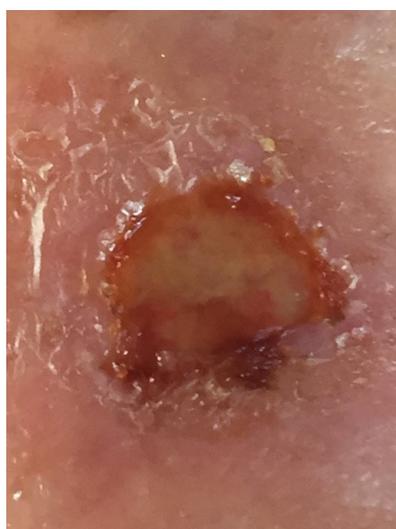


Figure 3 - 27th May (Day 9) monofilament fibre debridement lolly used to debride the wound and gel forming wound contact layer applied.



Figure 4 - 2nd June (Day 14) Gel forming wound contact layer applied and she was treated with less than 17mmhg of compression in absence of an ABPI assessment.

Observation & Outcomes

- On presentation, patient felt her wound was extremely painful
- On applying gel forming wound contact layer, patient noted immediate pain relief
- Dressing removal was atraumatic
- Patient delighted with speed of healing

Science is emerging that clearly shows the wound microbiota, including chronic wound biofilm, is a primary cause of the chronic wound itself (Wolcott 2016).

This small clinical evaluation demonstrates the benefits of incorporating regular wound bed preparation with monofilament fibre debridement technology into routine management of chronic wounds. It also demonstrated the impact made on the complexity of dressing used afterwards.

Conclusion

The gel forming wound contact layer proved easy to use, safe, effective and highly recommended by patients and clinician.

References

Wolcott R (2016) Are chronic wounds, chronic infections? Journal of Wound Care. 25(10) S3

* Lomatuell® Pro – L&R

** Debrisoft®/Debrisoft® Lolly – L&R

***Solvaline® N – L&R

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Figure 5 - 11th June (Day 23) Low adherent dressing***.