

# COMPLEX CASE SERIES OF FRAIL ELDERLY PATIENTS WITH STAGNATING LACERATIONS TREATED WITH A COLLAGEN DRESSING IN A NURSING HOME SETTING

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## Introduction:

Efficacy of a <sup>a</sup>debridement product and a <sup>b</sup>collagen dressing on inflammation reduction and re-starting healing was evaluated in ten frail elderly patients with stagnating skin lacerations, treated in a nursing home setting. Skin tears often occur in these patients, due to their poor condition and their medication such as corticosteroids and anti-coagulants.

## Methods:

Case ascertainment was used. Patients received a <sup>b</sup>collagen dressing and a <sup>c</sup>foam or an <sup>d</sup>alginate as a secondary dressing, for a maximum of 14 days, after which the <sup>b</sup>collagen dressing was discontinued and the <sup>c</sup>foam used as a primary dressing. A tubular compression<sup>e</sup> system was used to reduce oedema that was present in the leg. Wound healing was assessed using clinical observation and digital photographs, comparing day 0 versus day 14 results. Patients were then followed up until wound closure.

## Results:

Eight women and two men were included and completed the study period. Patients had a mean age of 76 years (ranging from 62-100 years). All included wounds had closed within 12 weeks of treatment. Two typical cases are included to demonstrate the results.

## Conclusion:

The results indicate that the use of the <sup>b</sup>collagen dressing stimulated wound healing in these stagnating wounds. Moreover the <sup>b</sup>collagen dressing has effectively stopped the bleeding.

### Case 1:

The 76 year old woman developed a hematoma after injury. Fig. 1.1. She has chronic venous insufficiency (CVI), smoked (20 cigarettes / day) and is mobile with a walker. She uses anticoagulants since she suffered a stroke. The necrosis was removed using a <sup>a</sup>debridement product, wetted with PHMB. Fig. 1.2 and Fig. 1.3. Then a <sup>b</sup>collagen dressing was applied covered with a silver-containing <sup>d</sup>alginate and a <sup>c</sup>foam. Fig. 1.4. A tubular compression<sup>e</sup> system was used to reduce oedema that was present in the leg. Fig. 1.5. and Fig. 1.6. After 5 weeks of treatment the wound was almost closed. Fig. 1.7-1.9.



Fig. 1.1: Situation at day 0



Fig. 1.2: Removal of necrosis



Fig. 1.3: Situation after debridement



Fig. 1.4: Collagen dressing in situ



Fig. 1.5: The first compression layer in situ



Fig. 1.6: The second compression layer in situ



Fig. 1.7: Situation after 1 week



Fig. 1.8: Situation after 3 weeks



Fig. 1.9: Situation after 5 weeks



Fig. 2.1: Situation at day 0. The ulcer is covered with necrotic tissue



Fig. 2.2: Situation at day 0. The ulcer is covered with necrotic tissue



Fig. 2.3: Situation at day 0.



Fig. 2.4: Situation at day 0. surgical debridement.



Fig. 2.5: Situation at day 0. Debridement with the <sup>a</sup>monofilament product



Fig. 2.6: Situation at day 0. Collagen dressing in situ

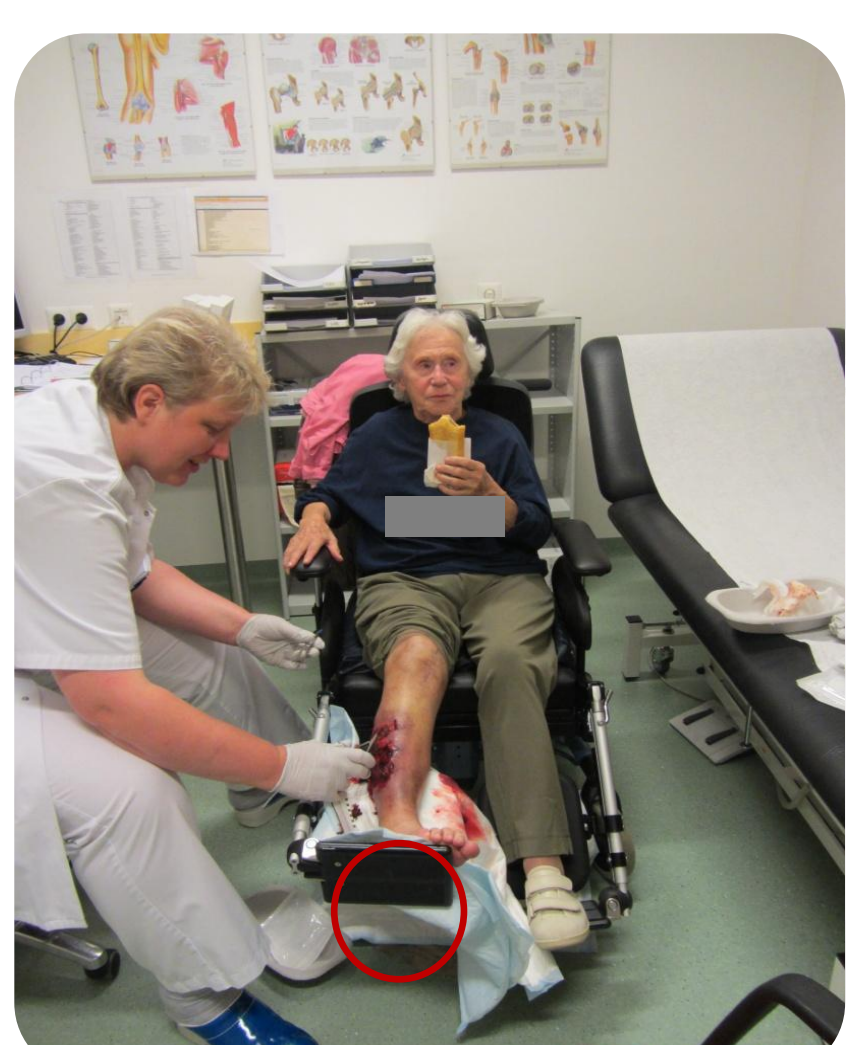


Fig. 2.7: Situation after 4 hours: Debridement is completed.



Fig. 2.8: Situation after 4 days: The ulcer bed is free of necrotic tissue.



Fig. 2.9: Tubular compression.

### Case 2:

The frail elderly woman has a mixed ulcer covered with necrotic tissue. Fig. 2.1. and Fig. 2.2. Surgical debridement was used to remove the dry crust. Fig. 2.3. and Fig. 2.4. The <sup>a</sup>debridement product was then used to remove the remaining necrotic tissue also from the surrounding skin. Fig. 2.5. A <sup>b</sup>collagen dressing was applied covered with a <sup>c</sup>foam. Fig. 2.6. For compression the first white layer of a two-layer tubular <sup>e</sup>compression system was used, delivering 10 mm Hg at the ankle. Fig. 2.9.



Fig. 2.10: At week 4



Fig. 2.11: At week 19



Fig. 2.12: At week 23

## References:

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