

A SPECIAL CASE: HOW LOWER LIMB AMPUTATION WAS PREVENTED

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Introduction:

Evaluation of a treatment regime to prevent lower limb amputation in a patient with a venous – arterial - lymphatic leg ulcer. The 66-years-old female patient had an extensive leg ulcer (28.6 cm²) that had been stagnant for three years (Fig.1). She is divorced, lives alone and has two daughters. She has a long history of severe rheumatoid arthritis and is a heavy smoker (25 cigarettes/day). She is somewhat mobile with a walker but spends most of her time in a wheelchair. Her nutritional status is moderate. Patient reported pain was VAS 8.5.



Fig. 1: Three years old venous-arterial ulcer



Fig. 2: The ulcer is covered with slough



Fig. 3: There is oedema present in both legs

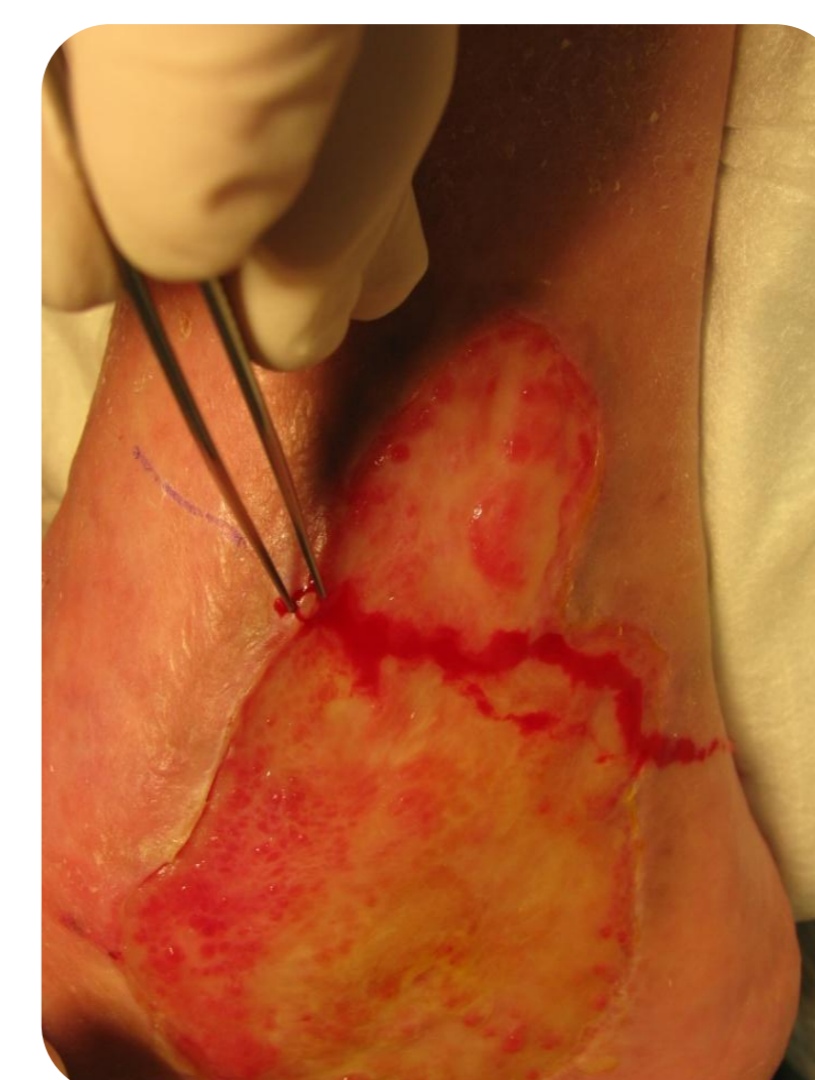


Fig. 4 and Fig. 5: Biopsies are taken for diagnostics on various locations



Methods:

The vascular surgeon has proposed an amputation, but the patient is adamant to keep her leg. She was therefore discharged from the rehabilitation clinic and received her care now in the community. She reports to be angry with the surgeon and is anxious about her future. Although her leg is slim there is edema present (Fig. 3). The wound bed is covered with 95% slough and a small amount of unhealthy looking granulation tissue is present (Fig. 2). Further vascular assessment and biopsies ruled out vasculitis and malignancies (Fig. 4 and Fig. 5).

The multidisciplinary team approach comprised: Psychological counseling to help her cope better, education about her situation and the options for treatment, Debridement of the wound bed with a *monofilament fiber product + PHMB (Fig. 6 – 9); Manual lymph drainage; Compression (**tubular padding and ***cohesive short stretch bandages) (Fig. 10); Low level laser treatment (Fig. 11) and acupuncture to help her stop smoking. A ****collagen dressing was used covered with an *****absorbent pad.



Fig. 6 and Fig. 7: Debridement is performed with a monofilament debridement product wetted with PHMB



Fig. 8: Situation before debridement



Fig. 9: Situation after one debridement session



Fig. 10: Compression with short stretch bandages



Fig. 11: Microlaser for wound healing stimulation

Results :

After 8 months the ulcer area had reduced from 28.6 cm² to 19.1 cm² (66%) with a healthy looking wound bed. She has stopped smoking, her mobility has improved. The patient is motivated to continue with the treatment and is much more active than at the start of the treatment. She expressed that slowly but gradually she is getting back her life.

Conclusion :

The multidisciplinary approach provided effective care in the community enabling the patient to improve her condition to spare her leg.



Fig. 12 and Fig. 13: Situation after 8 months of treatment. The ulcer is slowly getting smaller and patient reported pain is VAS 2.