

coll was started after the initial wound cleansing. This combination was kept for three wound care sessions, involving dressing changes every 5 days.

Afterwards the wound was dressed 6 times with Hydrosorb, which was changed every 7 days. As a supporting measure, an elastic bandage was applied.

During the eight weeks of the investigation, a healing of 75% was observed, and the pain also completely subsided. The healing process was completed after 90 days of further treatment with Hydrosorb.

### Arterial ulcer

68-year-old patient with arterial ulcer at the left lower leg. The wound is already 6 months old and had up to now been treated unsuccessfully with various therapeutic procedures (Fig. 4a-e).

Diagnosis: Morbid obesity of type III; arterial hypertension and chronic, long-standing arterio-venous insufficiency.

Diagnosis made on the ward: Infected arterial ulcer with irregular wound edges at the lower leg, size of the wound 4 x 3 cm, the wound is very painful.

Treatment chosen: After the initial cleansing of the wound following the usual procedure, Sorbalgon was loosely inserted into the wound which was additionally covered with Hydrosorb in order to provide treatment of the area adjacent to the wound. This combined wound dressing was left in place for 5 days. The patient reported that the pain had disappeared since the application of the first dressing.

4 more sessions of wound treatment were carried out with the combination of Sorbalgon and Hydrosorb, followed by 5 treatments with Hydrosorb plus alone. The compresses were changed every 7 days. The patient received advice regarding the appropriate dietary and hygienic measures to be taken.

Over the eight weeks of the study, the wound healed to 90%. The complete healing of the ulcer was achieved after 86 days of treatment.

### Pressure sore

86-year-old patient with a pressure sore at the right heel, the closed necrotic cutaneous cap had been present for two weeks (Fig. 5a-e).

Doctor's diagnosis: Insulin-dependent diabetes type II, immobilisation, se-



**Pressure sore at the heel,  
86-year-old patient.**

**Fig. 5a**

**Beginning of therapy.**

**Fig. 5b**

**Softening of the necrosis  
through Hydrocoll,  
in preparation of  
débridement.**

**Fig. 5c-e**

**Record of the healing  
process.**

vere metabolic weakness with disturbed compensation of the blood sugar levels.

Diagnosis made on the ward: Pressure sore at the right heel with closed necrotic cap, size of the wound 8 x 6 cm with irregular edges.

Treatment carried out: In order to ease the ablation of the dry necrotic tissue, the heel was treated with Hydrocoll over several days; this was followed by surgical ablation of the necrotic tissue.

Because of the resulting abundant secretion, the wound was treated with Sorbalgon and Hydrocoll. As the secretion abated, Hydrocoll alone was applied 6 times and the dressings were changed at 7-day intervals. During the epithelialisation phase, the wound was cared for with Hydrofilm.

Blood sugar levels were checked at regular intervals. The relatives were given the appropriate instructions with respect to nourishment, hygiene and pressure-relieving positioning of the patient.

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