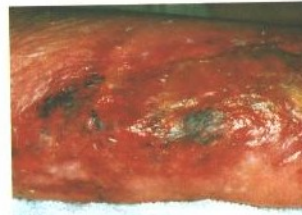




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Fig. 1&2: Extent of the original injury with friable skin, oedema and extensive sub-cuticular disruption.

Fig. 3: Further damage to surrounding tissue has been prevented. The damaged epidermis is clearly demarcated and is re-hydrating. The true extent of the injury can now be assessed.

Fig. 4&5: The condition of the surrounding tissue has greatly improved. Non-viable tissue is sloughing away.

Fig. 6: Left leg with Hydrosorb in position. Note the difference between the re-hydrated skin where the previous dressing has been in contact and the patient's "normal" skin above and below the treated area. The orthopaedic wool adhering to an area above the dressing caused bleeding.

Fig. 7: Autolysis continues. Although there is necrotic tissue present there was no noticeable smell with the dressing in place. New islands of epithelium can be seen at the wound margins.

Fig. 8: The wound is now clean and granulating well. There is extensive re-epithelialisation and contraction of the wound. Mrs. C could now tolerate Doppler ultrasound ABPI assessment.

Fig. 9: The wound one week after commencement of compression bandaging.

Mrs C is 69 years old and has severe steroid induced skin damage, cardiac failure, mild pleural effusion and dyspnoea. She suffered trauma to both lower legs during a prolonged car journey when her legs were left dependent.

Mrs C was in intense pain and frightened. Dyspnoea meant she had to sit upright, however this resulted in heavy leakage of serous fluid from her leg wounds. There was severe dermal thinning and the epidermis was dry, scaly and unstable. Her feet and ankles were heavily oedematous with large pendulous blisters on the posterior surface. There were a number of haematomas to the medial aspect of the left leg.

Because of the extent of the injury and the poor condition of the surrounding skin it was decided to use Hydrosorb dressings to re-hydrate and protect the wound and surrounding skin, whilst controlling the exudate. These would also maintain warmth, promote re-epithelialisation, prevent adhesion and provide an impermeable barrier to micro-

Case Study 2

Hydrosorb in the treatment of lower leg injury

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organisms. These were held in place with an orthopaedic wool and non-compressive crepe bandages.

It was decided to leave dressings intact as long as possible. The left leg was exuding heavily, it was therefore felt that this should be redressed every three days. However the right leg could be left for longer, and so was redressed every five days. At dressing changes the leg was gently cleansed with warm water, and undamaged skin was moisturised with emollients.

As a result of using Hydrosorb, an environment was produced where pain-free healing could occur. It allowed the stabilisation

of the wound and the prevention of infection. Sloughing of necrotic tissue occurred without damage to surrounding skin or the presence of offensive odour, and exudate management was achieved permitting maintenance of mobility.

Once the wound was stabilised and free from necrotic material it was possible to carry out an ABPI assessment and initiate sustained graduated compression therapy. This subsequently led to complete healing.

This case study is adapted from a poster originally presented at the European Advances in Wound Management Conference.