

ALLEVYN Life in the treatment of category 3 pressure ulceration

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Case challenge

- Mr. A, a male in his early eighties.
- Category III pressure ulcer.
- Lives in a residential care home
- Dementia, incontinence and poor nutritional status.
- Limited mobility resulting in him spending a considerable amount of time in bed.

Key challenges

- Recent deterioration.
- Large amount of exudate which was proving difficult to manage effectively.
- Wound bed was almost entirely covered in slough (see Figure 1)
- Extremely malodorous.
- Current dressings due to the high levels of wound exudate this required changing at least once per day and on some occasions even more frequently.

Wellbeing impacts

Physical

Mr. A was placed on bed rest due to his wound this resulted in him becoming confused and assuming that because he was in bed it was time to sleep. In consequence he was not eating well and was failing to get adequate nutrition to support the healing of his wound. It was also felt that the level of wound malodour could be suppressing Mr A's appetite and contributing to his reluctance to eat. This failure to eat was further weakening Mr A reducing any likelihood of the wound progressing to healing.

Social

Due to the leakage of wound exudate and malodour Mr A was unable to join the other residents for meals or any social events.

Management objectives

- Improved nutrition to enhance Mr A's general condition and increase the potential for healing.
- Reduce the necrotic burden within the wound bed.
- Select an appropriate dressing regimen. *Careful consideration was given to addressing the key issues of:*
 - Minimising odour
 - Ability to stay in place
 - Effective management of exudate



Fig 1. Pressure ulcer at initial presentation



Fig 2. Post sharp debridement



Fig 3. 1 week's treatment

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Treatment

- Sharp debridement to reduce the amount of slough within the wound bed (see Figure 2).
- Barrier film applied to the skin at the wound margins to protect the area from exudate.
- DURAFIBER[®] ribbon was selected as a primary dressing as an effective means of absorbing and retaining a large proportion of the exudate the wound was producing.
- ALLEVYN Life was selected as a secondary dressing to manage exudate and odour, and maximizing ability to stay in place.

Week one

- Appearance of the wound had improved considerably (see Figure 3).
- Frequency of dressing change had been reduced to once every three days.
- ALLEVYN Life dressing was staying securely in place during wear.
- ALLEVYN Life and DURAFIBER were effectively managing the exudate.
- Staff reported a considerable reduction in the level of wound odour with the dressings in-situ. The reduction in malodour was such that the staff were now able to take Mr A into the day area for his meals. As a result Mr A was eating more and his nutritional status was improving.

Week three

- Wound was continuing to improve (see Figure 4).
- Considerably reduction in wound size.
- Wound malodour had been completely resolved.
- Frequency of dressing change had been reduced to twice per week.
- Mr A was now eating well and his weight was increasing.

Outcome

ALLEVYN Life stayed in place and in conjunction with DURAFIBER effectively managed the level of wound exudate. The anatomical shaping of ALLEVYN Life coupled with the extensive dressing border ensured the dressing stayed in place, while the large fluid-handling capacity and lock-away core facilitated effective management of fluid and the retention of odour. Staff relied on the ALLEVYN Life indicators for change (see Figure 6) to ensure that they changed the dressing only when needed and no more frequently than absolutely necessary.

The ability of the dressing to remain in place and retain exudate had the effect of dramatically reducing the level of malodour associated with the wound. This considerably reduced the impact that the wound was having on Mr A's physical and social wellbeing, allowing him to take meals with fellow residents and participate in social events.



Fig 4. 3 weeks' treatment



Fig 5. 6 weeks' treatment



Fig 6. Dressing *in-situ*

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