

ALLEVYN Life in the management of pressure ulceration

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Background

Mrs B, a 69-year-old lady with multiple sclerosis, suffered a cerebrovascular accident (CVA) three years ago as a result of which she became dysphasic.

She lives alone at home supported by a 24 hour intensive care package. She is fully dependant on her carers for all her activities of daily living. Mrs B developed a Category 3 (EPUAP) pressure ulcer to her sacrum following a period of sitting in her armchair. She has experienced previous pressure ulcers to her sacrum, which increased her risk of subsequent ulceration. Mrs B was incontinent of both urine and faeces, and although this was managed by her wearing a continence pad which was changed regularly, the wound was still at considerable risk of contamination and hence infection.

Initial presentation

Mrs B loves to follow all the soap operas and watches television most of the day and evening. The positioning regimen initiated following the development of the ulcer required that Mrs B be positioned on alternate sides with limited time on her back. As a result she had been unable to watch the television which was located in a corner of the room. The development of the pressure ulcer had therefore impacted on Mrs B's ability to be able to enjoy one of the few pleasures she had.

Management intervention

The initial primary treatment objectives were to debride the wound, manage the exudate effectively, prevent leakage and protect the surrounding skin from further deterioration. An additional goal was to promote Mrs B's comfort and reduce the wound-associated pain she was experiencing. Due to the risk of wound contamination Mrs B agreed to be catheterised as a short term solution to the management of her urinary incontinence. IODOFLEX[®] was applied to the wound bed to facilitate debridement and ALLEVYN Life was employed as a secondary dressing to absorb exudate, minimise trauma and protect the wound bed during repositioning.

Outcome

Following 12 days treatment with the new dressing regimen the wound was showing considerable improvement (see Figure 3). The IODOFLEX had facilitated the debridement of the necrotic tissue which had initially comprised 100% of the wound bed.

The ALLEVYN Life secondary dressing was:

- ✓ Highly effective in being able to conform to the wound and remain in place even during repositioning to reduce the risk of contamination of the wound with faeces.
- ✓ Effectively managed the level of wound exudate, facilitating a reduction in dressing change frequency from the daily change required with the previous dressing to every 3 days.
- ✓ The patient was able to communicate that she felt more comfortable; the dressing provided a degree of cushioning and protection which helped to reduce the discomfort she had been experiencing.



Fig 1. Appearance of pressure ulcer at initial presentation



Fig 2. ALLEVYN Life *in-situ*



Fig 3. Appearance of pressure ulcer after 10 days use of IODOFLEX and ALLEVYN Life

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