

The use of a soft gel adhesive dressing on patients within a busy podiatry service

Introduction

This case study details the use of an additional variant to a triple action foam dressing (ALLEVYN® Gentle). The dressing is effective in absorbing, retaining and transpiring excess wound exudate in order to achieve the optimal moisture balance within the wound necessary to promote faster healing. In addition to these properties, which enable the dressing to actively manage fluid, is a soft gel wound contact layer providing a transient adhesive contact layer which acts as a third hand. This is able to retain the dressing in place whilst it is secured. When a bordered dressing is not required this provides an ideal alternative for use on patients with vulnerable, sensitive or fragile skin. The author's experience of using this product in the treatment of wounds in difficult locations on the foot and lower leg was very positive, both in terms of ease of application and patient acceptability.

Case study

Background Information

A 42-year-old female initially presented with a wound to the foot. Her past medical history included episodes of acute gout, inflammatory arthritis, chronic renal failure, hypertension and left ventricular failure. The patient's current medication included Atenolol, Folic Acid, Amlodipine and Allopurinol.

Given the patient's past medical history the preferred diagnosis for wound aetiology was that of ulceration complicated by gout and septic arthritis. The septic arthritic component of the patient's presenting complaint, coupled with the infected status of the wound, prompted admission for intravenous antibiotic therapy. Swabs taken at the time of presentation confirmed the causative organism to be *Staphylococcus aureus* and the antibiotic agent was modified accordingly. In addition to the obvious issues, the patient was also very anxious about her current circumstances. In consequence, it was vitally important that any dressing regimen implemented did not contribute to further increase the patient's level of apprehension. A cause of further concern from the tissue viability standpoint was the patient's poor nutritional status with the patient being underweight and having difficulty eating due to her having problems swallowing. Given these patient-related issues and the nature of the wound, ALLEVYN Gentle was selected as the dressing of choice, in conjunction with a honey ointment (Activon™).

Results

Crucially the patient expressed that they had no pain on application, wearing or removal of the dressing, meaning that the dressing did not become a source of further anxiety to the patient. Whilst in-situ the dressing was reported to be comfortable and highly conformable, aiding the further reduction in the patient's level of concern. In addition, the dressing proved highly effective in managing exudate and optimised the moisture balance within the wound and protected the highly vulnerable peri-wound area from maceration.

The gentle nature of the soft gel adhesive also meant that no trauma or damage occurred as a result of dressing application or removal. From the clinician perspective the dressing proved easy to apply and stayed in place well, leading to a prolonged wear time. Most importantly, by effectively optimising the conditions within the wound bed, the dressing regimen led to the complete epithelialisation of the wound within six weeks.

Conclusion

The dressing proved to be the ideal choice for use on this patient with compromised tissue. The soft gel dressing is currently being evaluated within the Podiatry Department with initial findings demonstrating that this is a useful addition to the existing range of dressings.



Figure 1: 7th April 2008. Patient presented at hospital with grossly swollen and extremely painful right foot. Visible gouty tophi present. Admitted to hospital for IV antibiotics and removal of tophi.



Figure 2: 15th April 2008. Patient referred to Podiatry for wound management. Swabs of area identified *Staph aureus* infection. Foot still very swollen with poor tissue quality. Deep wound, sloughy base. Medium to heavy exudate. Applied Activon Honey, ALLEVYN Gentle which conformed well to foot and Kling^M bandage.



Figure 3: 22nd April 2008. Exudate well managed, no maceration or dermal stripping. Dressing easy to remove and apply. Stayed in place despite awkward position of joint and very comfortable to wear.



Figure 4: 13th May 2008. Quality of skin vastly improved and wound progressing towards healing. Dressing conforms well to contours of foot and stayed in place without having to hold while applying Kling^M bandage. Podiatry dressings are often a bit fidgety to apply and the dressing offered a third hand to aid application.



Figure 5: 20th May 2008. Exudate now very light and no evidence of dermal stripping.



Figure 6: 10th June 2008. Complete epithelialisation. Note excellent quality of surrounding tissue.



Figure 7: 17th June 2008. Wound remains intact. Skin surrounding lesions retained elasticity and of very good quality.

Patient compliance excellent. Dressing regime painless, dressing comfortable, stayed in place at all times, managed exudate well.