

CASE STUDY

Six Weeks to Closure of a Venous Hypertension Ulcer Using PolyMem® Dressings Under Compression Stockings



BEFORE



AFTER

Six Weeks to Closure of a Venous Hypertension Ulcer Using PolyMem Dressings Under Compression Stockings

PROBLEM

An 80-year-old diabetic woman presented with a left lower leg ulcer from a fall. The wound had been treated by her surgeon for a month with one week of oral antibiotics and three-times-daily moist saline dressings plus long-stretch bandages without improvement. The patient's lower leg was edematous and hyperpigmented. Her leg ulcer was 2.5 cm x 1.6 cm x 0.1 cm with 50% slough and 50% granulation tissue and was draining a moderate amount of serosanguineous fluid. She had pain during dressing changes of 5 on the 0 – 10 scale, but very little pain at other times. The patient smokes tobacco, is a heavy caffeine user, and has a history of cancer, but she is able to care for her own personal needs.

RATIONALE

PolyMem dressings have a demonstrated ability to reduce wound pain and inhibit infection while donating or absorbing moisture as needed. PolyMem dressings also contain ingredients which draw and concentrate the body's natural healing substances into the wound bed, promoting rapid healing. The dressings' built-in, gentle cleanser facilitates autolytic debridement directly by loosening the bonds between the slough and the wound bed. The liquefied slough is absorbed by the dressing, so usually no manual wound cleansing is needed, allowing for less disruption of the new growth at the wound bed and very quick and easy dressing changes. In fact, often patients are able to do some of their own dressing changes. Therefore, PolyMem dressings were initiated.

METHODOLOGY

The patient was instructed to elevate her leg. After a thorough initial cleansing with saline, a PolyMem dressing was applied on the wound with a compression stocking over it. PolyMem dressings were changed by the patient every other day and were used to complete wound closure. Per product instructions, no wound bed cleansing was done at dressing changes, but weekly normal saline cleansing was done to remove crusts from the periwound area.

RESULTS

Since manual wound cleansing was not indicated, the complex decisions about disturbing new growth versus removing dead tissue was eliminated and the patient was able to change her own dressings. PolyMem dressings quickly removed the slough from the wound bed, resulting in 100% granulation tissue by the 9th day of treatment and complete closure in only six weeks. The patient reported that she had no wound pain, even during dressing changes.

CONCLUSION

This wound closed completely in only six weeks, despite the patient's advanced age, diabetes, and habitual use of vasoconstricting substances (nicotine and caffeine). The amazingly quick healing saved the patient significant time and money. The patient also had complete freedom from pain while she was using PolyMem dressings.



Sept 11
 2.5 cm x 1.6 cm x 0.1 cm
 50% granulation, 50% fibrin/slough. Pain "5" during dressing changes. Initiated PolyMem dressing treatment.



Sept 20
 2 cm x 1.5 cm x 0.1 cm
 100% granulation tissue.
 No longer stalled, no longer painful.



Sept 27
 1.8 cm x 1 cm x 0.1 cm
 100% granulation tissue.
 No pain, even during dressing changes. Wound size decreasing rapidly.



Oct 4
 0.9 cm x 0.4 cm x 0.1 cm
 100% granulation tissue.
 Patient still reports she has no pain at all. Wound size continues to decrease rapidly.



Oct 11
 Scab formation noted.



Oct 18
 0.5 cm x 0.5 cm
 100% granulation tissue.
 Scab removed.



Oct 25
 Dismissed.
 Completely closed in only 6½ weeks, despite the patients' advanced age, diabetes and habitual use of caffeine and nicotine.

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OBJECTIVES

1. Discuss the benefits of allowing a patient to maintain independence by doing most of the dressing changes himself, which is often possible using these unique PolyMem dressings.
2. Review evidence for the use of PolyMem under compression stockings in the treatment of venous hypertension ulcers.
3. Consider the advantages of using PolyMem dressings in terms of passive continuous cleansing of the wound bed, which often eliminates painful and time-consuming wound cleansing during dressing changes and may allow patients to do some of their own dressing changes.



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