

**CASE STUDY**

**Large Necrotic Malodorous Pressure Ulcer Closed Using Unique PolyMem® Silver® Dressings**



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**BIBLIOGRAPHY:**

1. Bergstrom N, Horn SD, Smout RJ, et al. The national pressure ulcer long-term care study: outcomes of pressure ulcer treatments in long-term care. *J Am Geriatr Soc.* 2005;53(10):1721-1729.
2. Yastrub DJ. Relationship between type of treatment and degree of wound healing among institutionalized geriatric patients with stage II pressure ulcers. *Care Manag J.* 2004 Winter;5(4):213-8.
3. Beitz AJ, Newman A, Kahn AR, Ruggles T, Eikmeier L. A polymeric membrane dressing with antinociceptive properties: analysis with a rodent model of stab wound secondary hyperalgesia. *J Pain.* 2004 Feb;5(1):38-47.
4. Agathangelou C. Huge Sacral Pressure Ulcer Closed in Four Months Using PolyMem® Silver™ Dressings. Presented at 17th Conference of the European Wound Management Association (EWMA). Poster #135, May 2 – 4, 2007. Glasgow, Scotland.
5. Kahn AR. A Superficial Cutaneous Dressing Inhibits Pain, Inflammation and Swelling In Deep Tissues. Presented at the World Pain Conference, July 15-21, 2000. *Pain Medicine* 2000 June;1(2):187.
6. Fowler E, Papen JC. Clinical evaluation of a polymeric membrane dressing in the treatment of dermal ulcers. *Ostomy/Wound Manage.* 1991; (35):35-38,40-44.
7. Foresman PA, Etheridge CA, Rodeheaver G. A wound dressing evaluation of partial-thickness rat wounds. *SAWC Health Management Pub.* 1991; Annual Meeting Power Point Presentation.
8. Paddle-Ledinek, J. E., Z. Nasa, et al. (2006). "Effect of different wound dressings on cell viability and proliferation." *Plast Reconstr Surg* 117(7 Suppl): 110S-118S; discussion 119S-120S.
9. Burd A, Kwok CH, Hung SC, Chan HS, Gu H, Lam WK, Huang L. A comparative study of the cytotoxicity of silver-based dressings in monolayer cell, tissue explant, and animal models. *Wound Repair and Regeneration* 2007;15:94-104.
10. Baharestani MM, Pope E. Chronic Wounds in Neonates and Children In *Chronic Wound Care: A Clinical Source Book for Healthcare Professionals.* 4th Edition. Editors: Krasner DL, Rodeheaver GT, Sibbald RG. HMP Communications. Malvern, PA. 2007. Page 685.

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- 18<sup>th</sup> Conference of the European Wound Management Association. Poster #P17. May 14 - 16, 2008. Lisbon, Portugal.
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**AFTER 4 MONTHS OF PAINFUL TREATMENT, BEGAN MANAGING THE WOUND WITH POLYMEM WIC SILVER CAVITY FILLER**



**THE WOUND CLOSED IN JUST OVER 3 MONTHS**

## CASE STUDY

# Large Necrotic Malodorous Pressure Ulcer Closed Using Unique PolyMem Silver Dressings

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### PROBLEM

A 60-year-old lady with Alzheimer's Disease and reduced mobility contracted a heel pressure ulcer while hospitalized for dehydration. After discharge, she was treated by the local general practitioner with Hyaluronic acid for about 4 months. The putrid ulcer, which measured 8.0 cm x 6.0 cm x 2.0 cm with visible bone, was then so foul smelling that family could not visit the patient's home. In spite of multiple medications to decrease inflammation and pain, including opioids, the woman's pain level was a constant 9 out of 10.

### RATIONALE

PolyMem QuadraFoam dressings help reduce wound pain directly by inhibiting the nociceptor response. Glycerol in PolyMem QuadraFoam dressings helps make them non-adherent and helps control odours. Ingredients work together to draw and concentrate healing substances from the body into the wound bed to promote rapid healing while facilitating autolytic debridement. Slough is liquefied and absorbed by the dressing, often eliminating painful manual cleansing during dressing changes. Antimicrobial PolyMem Silver dressings are uniquely safe because silver ions are not released into the wound.

### METHODOLOGY

PolyMem Wic Silver cavity filler was covered with a charcoal dressing. Together the two dressings succeeded in minimizing the wound odour. At the initial dressing application, 1 - 2 ml saline was added to stimulate autolytic debridement. Due to copious exudate, dressings were replaced 1-2 times a day at first. Dressings were changed with decreasing frequency as the wound became cleaner and began closing. Since the dressings were continually cleansing the wound bed, no rinsing at dressing changes or other intervention was needed.

### RESULTS

After only two days, the wound was significantly cleaner and odour was controlled, allowing family to visit. After two weeks, dressing changes were reduced to daily and standard, rather than silver, PolyMem Wic cavity filler was used. In four weeks wound odour was gone so standard PolyMem secondary dressings replaced the charcoal dressings. At six weeks, the patient's pain was 5. At eight weeks, she was completely pain-free without medication. At just over three months, the large cavity completely closed.

### CONCLUSION

Using PolyMem Wic Silver cavity filler, fast results were obtained with respect to reduction of pain and odour, wound cleansing and healing.

### OBJECTIVES

1. Review evidence for the use of PolyMem QuadraFoam dressings to help decrease the pain associated with pressure ulcers.
2. Discuss the mechanism for passive continuous cleansing of the wound bed with PolyMem QuadraFoam dressings.
3. Consider the advantages of using PolyMem QuadraFoam dressings in terms of facilitating rapid formation of granulation tissue.



**APRIL 11**  
Initiated PolyMem Wic Silver cavity filler covered with a charcoal dressing on the 8.0 cm x 6.0 cm x 2.0 cm 4-month-old foul-smelling Stage IV heel pressure ulcer.



**APRIL 13**  
After only two days of twice daily dressing changes without additional cleansing, the slough is softening. Odor is controlled, allowing the family to visit the patient.



**APRIL 23**  
At two weeks, the slough has been cleaned out of the deep cavity by the non-adherent cavity filler. Dressing changes are now daily and silver is no longer needed.



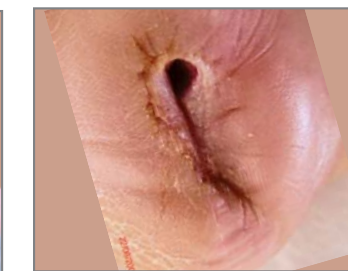
**APRIL 30**  
In less than three weeks, the PolyMem Wic cavity filler has softened and removed most of the adherent slough completely atraumatically, without rinsing.



**MAY 14**  
At five weeks, the wound is closing rapidly. The odor has been completely gone for a week, so standard PolyMem dressings are covering the filler.



**MAY 31**  
At 7 weeks, the cavity continues filling in. Wound pain was reduced from the original constant 9 with opioids to 5 without them by week 6, and was completely gone at week 8.



**JUNE 22**  
Dressing changes were quick and easy: PolyMem Wic cavity filler was placed into the deep cavity and covered with a standard PolyMem QuadraFoam dressing.



**JULY 17**  
The large Stage IV pressure ulcer that defied conventional therapy for four months closed in three months using only atraumatic inexpensive dressings for debridement.

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