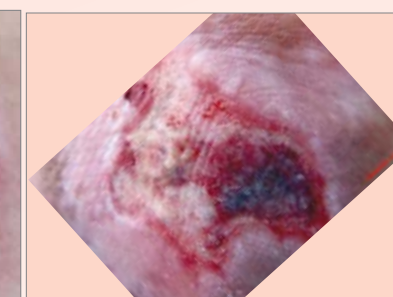


## CASE STUDY

### Increased Quality of Life with the Help of Unique PolyMem® QuadraFoam® Dressings



**MARCH 28**  
Two month old wound.



**APRIL 9**  
12 days after PolyMem initiation.



Ferris Mfg. Corp. | 16W300 83rd Street | Burr Ridge, Illinois 60527 | USA

Phone: 1-800-POLYMEM, +1 630-887-9797 | Email: info@FerrisPolyMem.com

Web site: www.PolyMem.com | www.PolyMem.eu

#### 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. 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.

5. 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.

6. 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.

7. Clay CS, Chen, WYJ. Wound pain: the need for a more understanding approach. Journal of Wound Care. 2005;14:4,181-184.

8. Fleck, CA. Managing wound pain: today and in the future. Advances in Skin and Wound Care 2007;20:3,138-145.

9. Kim Y, Lee S, Hong S, Lee H, Kim E. The effects of PolyMem on the wound healing. J Korean Soc Plast Reconstr Surg 1999;109:1165-1172.

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.

#### PRESENTED AT :

18th Conference of the European Wound Mgmt Association. Poster #P16. May 14 - 16, 2008. Lisbon, Portugal.

3rd Congress of the World Union of Wound Healing Societies. Poster #PF431. June 4 - 8, 2008. Toronto, Ontario Canada.

NPUAP 11th Biennial Conference. Poster #34. February 27 - February 29, 2009. Arlington, VA USA.

PolyMem, PolyMem Silver, PolyMem Wic, PolyMem Wic Silver, PolyMem Max, PolyMem Max Silver, Shapes, Shapes by PolyMem, QuadraFoam, The Shape of Healing, Ferris, and FMC Ferris and design are trademarks of Ferris. The marks may be registered or pending in the US Patent and Trademark Office and in other countries. © 2009 Ferris Mfg. Corp. All rights reserved.

## Increased Quality of Life with the Help of Unique PolyMem QuadraFoam Dressings

CHARALAMBOS AGATHANGELOU, MD, PhD Geriatrics, Dhali Community Geriatric Home, Cyprus

### INTRODUCTION

A 97-year-old lady with advanced Alzheimer's Disease developed a painful malodorous Stage III trochanter pressure ulcer due to immobility. Her food intake was low; the wound deteriorated rapidly. Daily iodine and gauze dressing changes appeared to cause the patient considerable procedural pain and distress. Due to her spasticity, two home care nurses required several hours to care for her. After two months, it was clear that her husband could not continue to provide such extensive care at home. She was hospitalized with goals of increasing nutritional intake, minimizing the spasticity-causing persistent wound pain and reducing wound odour. Wound closure was not considered an option for this elderly debilitated patient.

### RATIONALE

PolyMem QuadraFoam dressings were initiated in the hospital because they inhibit the nociceptors, which can result in greatly diminished persistent wound pain and resultant spasticity. These unique dressings are non-adherent, have the ability to donate or absorb moisture as needed and contain a built-in wound cleansing system, which can help control odour and infection. Dressing changes are quick and easy: simply remove the spent dressing and apply a new one without rinsing or cleansing.

### METHOD

A standard PolyMem QuadraFoam dressing was applied as a combined primary and secondary dressing. Because the dressings contain a built-in wound cleansing system, no additional wound bed cleansing or even rinsing was done at dressing changes, making the process very quick and easy. The wound bed stayed warm and the newly formed granulation tissue was not traumatized during dressing changes. Dressings were replaced daily at first, decreasing gradually to twice a week as the wound became cleaner and exudate diminished. Oral protein supplements were also initiated.

### RESULTS

The switch to PolyMem QuadraFoam dressings dramatically changed the patient's condition. After only two weeks, the patient no longer moaned or stiffened with pain when she was handled, greatly simplifying her care, and wound odour disappeared completely. After two months, the patient was dismissed home to her husband with increased home health support. The PolyMem QuadraFoam dressings were changed every other day at first, then twice weekly. To the surprise of everyone involved in the patient's care, the wound gradually filled in. It closed in less than four months.

### CONCLUSION

PolyMem QuadraFoam dressings led to such a reduction in persistent wound pain and spasticity that the patient was able to return home to live with her husband again. The non-adherent dressings minimized wound trauma and prevented cooling at dressing changes while balancing wound moisture. Aided by improved nutrition, the dressings brought wound closure to this extremely debilitated patient.

This case study was unsponsored. Ferris Mfg. Corp. contributed to this poster design and presentation.

### PURPOSE/OBJECTIVES

1. Discuss what implications the choice of wound dressings can have on a patient's quality of life.
2. Demonstrate how using PolyMem QuadraFoam dressings can dramatically reduce wound pain and the spasticity that is often caused by pain.
3. Consider how advantageous to patients it can be to use PolyMem QuadraFoam dressings; their continuous wound bed cleansing ability often eliminates wound odour, dressing change pain and lengthy dressing change procedures.



**MARCH 28**

The two-month-old poorly-vascularized trochanter pressure ulcer was deteriorating, malodorous and extremely painful. Began using PolyMem QuadraFoam dressings.



**APRIL 9: 12 DAYS**

PolyMem QuadraFoam dressings, when moistened, develop a hydrogel-like surface. Coupled with the surfactant and water flux, this results in rapid atraumatic debridement.



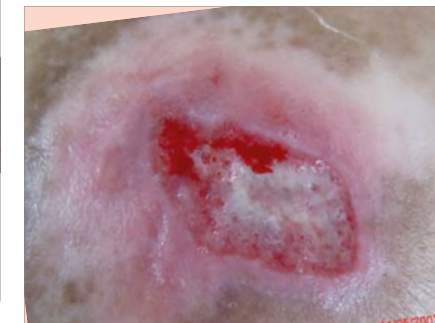
**APRIL 17: 3 WEEKS**

The odour completely disappeared at 2 weeks, and the patient no longer moaned or stiffened with pain. Slough is softened and removed atraumatically by the dressings.



**APRIL 27: ONE MONTH**

The wound edges are filling in! PolyMem QuadraFoam dressings are changed without even rinsing the wound bed. The patient is now so relaxed that caring for her is easy.



**MAY 11: 6 WEEKS**

Wound healing was completely unexpected in this 97-year-old woman. But, the wound is now quite shallow. The author resisted the temptation to manually remove slough.



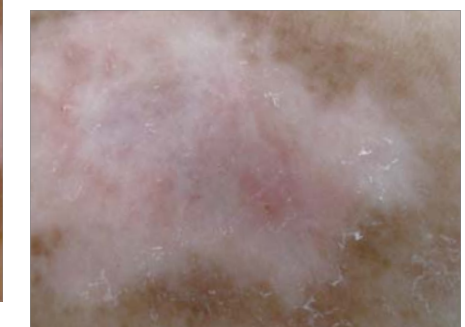
**MAY 25: 8 WEEKS**

The patient is dismissed home to her husband with good home care support. PolyMem QuadraFoam dressings are now changed every other day.



**JUNE 14: 11 WEEKS**

Twice a week dressing changes are quick and easy: what a difference a pain-reducing dressing has made! The patient is able to sit in a chair and stand briefly with assistance.



**JULY 22: LESS THAN 4 MONTHS**

The Stage III trochanter pressure ulcer that once caused so much spasticity that it took two nurses several hours a day to care for the patient is now completely closed!