PolyMem®

QuadraFoam®

CASE STUDY

PolyMem® Wic® QuadraFoam® Cavity Filler Under Compression: Venous Ulcer Closed With Only Four Dressing Changes

BEFORE

AFTER

CASE STUDY

PolyMem Wic QuadraFoam Cavity Filler Under Compression: Venous Ulcer Closed With Only Four Dressing Changes

PROBLEM

An 83-year-old man had a history of venous ulcers, diabetes controlled with an oral antidiabetic (Avandia), prior hip replacement and arthritis. He presented with 2 right lower leg wounds he had been self-treating for 2 years with various creams, gauze and wraps with intermittent improvement. The patient's usual caregiver (his wife) was incapacitated with a broken leg from a fall. The largest wound, which had been problematic for 3 months, was 3.5 cm x 2.7 cm x 0.1 cm with large amounts of serous exudate. It cultured positive for Staph aureus. The patient takes an aspirin a day. The doctor ordered oral antibiotics for 10 days and an evaluation by a Certified Wound Ostomy Continence Nurse. ABI's were: Left leg 0.94; Right leg 0.94.

RATIONALE

The WOC Nurse found on previous patients that heavily draining venous ulcer wounds treated with the PolyMem Wic cavity filler under compression wraps heal very quickly compared with wounds treated without this cavity filler. The PolyMem Wic cavity filler wicks the exudate directly away from the wound surface, thus preventing maceration. Excess wound fluid is wicked through the cavity filler into the absorptive layers of the compression dressing.

The PolyMem Wic cavity filler contains glycerin to soothe and hydrate the wound while drawing and concentrating healing substances from the body into the wound bed. It also contains a gentle surfactant to continually cleanse the wound bed. The delicate new structures in the wound bed are preserved because usually no additional cleansing is needed during dressing changes.

METHODOLOGY

Initially, the WOC Nurse used a no-rinse wound cleanser and applied barrier cream to the periwound areas. She placed PolyMem Wic cavity filler over the open areas and then covered it with a 4-layer compression bandage system. At each weekly visit the old dressings were removed, the progress of healing was documented, and barrier cream and new dressings (PolyMem Wic cavity filler covered with a 4-layer compression wrap) were applied. At the 2 week visit, silver nitrate was applied to a small area of hypergranulation tissue. If there was dry skin build up at the wound margins, it was cleansed off. But, no routine wound bed cleansing was done at dressing changes.

RESULTS

The patient tolerated the treatment well and the wound closed in only 4 weeks after a total of four dressing changes. Then the patient was fitted for 30 – 40 mm Hg compression stockings to prevent recurrence. Using an extensor, his wife helped him don the stockings.

CONCLUSION

This simple protocol, using PolyMem Wic cavity filler under 4-layer compression, resulted in very rapid healing of this venous hypertension ulcer. Since only 4 dressing changes were needed, the treatment was extremely cost-efficient. The treatment was convenient for both the patient and his temporarily disabled wife; she did not have to do dressing changes between nursing visits.

OBJECTIVES

1. Review evidence for the use of PolyMem Wic cavity filler under a 4-layer compression wrap in the treatment of venous hypertension ulcers.

2. Consider the advantages of using PolyMem Wic cavity filler dressings in terms of passive continuous cleansing of the wound bed, which often eliminates painful and time-consuming wound cleansing during dressing changes.

3. Discuss the benefits of using this unique dressing protocol in terms of quick healing.

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July 31
First weekly dressing change. Wound already granulating. Enlarged from autolytic debridement and now 4.8 cm x 3 cm x 0.1 cm moderate drainage, minimal odor.

August 7
Second weekly dressing change. Silver nitrate applied to area of hypergranulation. 4.3 cm x 2.7 cm x 0.1 cm moderate serosanguineous drainage

August 14
Third weekly dressing change. The wound is now bifurcated. Medial is 2.8 cm x 0.8 cm x 0.1 cm, Distal is 2.0 cm x 0.8 cm x 0.1 cm; both have moderate serosanguineous drainage.

August 22
Final weekly wound care visit.No dressing needed – wound closed. Applied moisturizing lotion to leg, Measured and fitted patient for compression stockings, 30 – 40 mm Hg.

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