

Clinical impact of a HydroTherapy in the treatment of an ischaemic ulcer

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Introduction

Diabetes is one of the most common underlying factors associated with lower-extremity amputations¹ and the presence of an ulcer in a patient with diabetes is the most common precursor to amputation². The quality of life of a patient who has a foot ulcer and is at risk of amputation is significantly affected and can often result in extended hospital stays, increased morbidity and mortality³. Dressing selection is one important aspect of the effective management of wounds. Hydro-Responsive Wound Dressings HydroClean[®] plus and HydroTac[®] used sequentially, compliment HydroTherapy.

Here we present a case study of a patient with who had developed an ulcer and the result of treatment with HydroTherapy. The patient, female aged 61, smoker, presented at clinic with a painful ulcer on the right heel some 20mm by 13mm with 100% slough. The cause of the ulceration was from footwear rubbing. Medical history includes Diabetes, peripheral vascular disease and depression. Previous treatment of the ulcer by GP practice was unsuccessful.

Method

It was decided to use HydroClean[®] plus to debride the wound, moreover, soothes the pain affecting the patient. The patient was commenced on a regime of HydroClean[®] plus, Zetuvit[®], k-soft[®] & k-band[®], in conjunction with offloading. The patient was also prescribed oral antifungal agents and commenced on oral antibiotics in the presence of clinical infection. Once the wound bed was clean and granulating the patient was treated with HydroTac[®] until wound closure.

Discussion

Diabetic foot ulceration can affect the quality of life of patients and impede the activities of daily living. In this case study a dressing regime of HydroTherapy met the clinical goals of treatment. The subsequent reduction in pain allowed the patient to carry out her life normally and become involved in her care. Hydro-responsive wound dressings offer the clinician an alternative and in conjunction with a multi-faceted approach are effective.

Results

The dressing regime debrided the wound and was continued throughout healing, the reduction in pain allowed the patient to live normally. Healing was achieved in 21 weeks.

Figure 1 - 20.9.17



Figure 2 - 31.10.17



Figure 3 - 12.12.17



Figure 4 - 7.2.18



Figure 5 - 14.3.18



Conclusion

All goals were met patient commented that this dressing was life changing, it allowed her to be pain free and the patient's family to be involved in her care when she was unable to keep scheduled hospital appointments.

References:

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- 2.Armstrong DG, Lavery LA, Harkless LB [1998] Validation of a diabetic wound classification system. Diabetes Care 21(5): 855-859.
- 3.Boulton AJM [2013] The diabetic foot. Preface. Med Clin N Am 97(5): xiii-xiv.