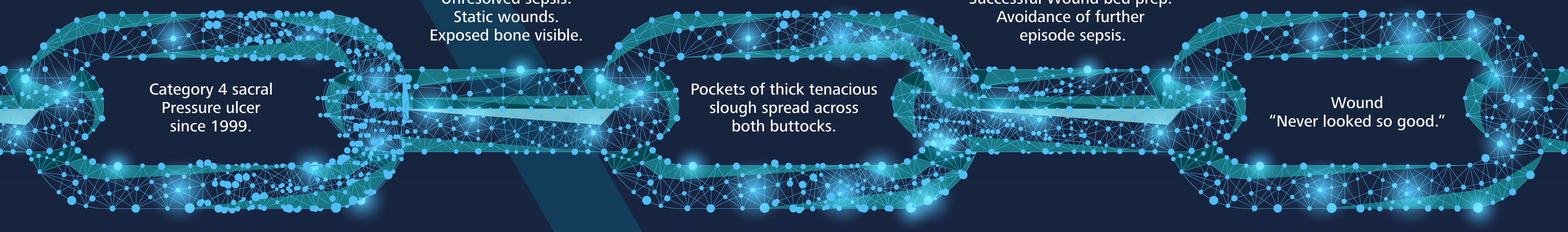


Living with daily dressings for over 18 years: how to move a challenging wound forward avoiding further episodes of sepsis

By Sarah Duke - Lead district nurse, Croydon Health Services NHS Trust

Introduction

This case study looks at a gentleman with a category 4 sacral pressure ulcer which he has lived with this since 1999 and has never completely healed. Mr J is a 47-year-old gentleman whose mobility is reliant on an electric wheel chair. He lives in sheltered accommodation with a full care package. His past medical history includes spina bifida, hydrocephalus, type 2 diabetes which is diet controlled, and recent admission to hospital for sepsis secondary to osteomyelitis.

Background

He has been under the community nursing teams care for many years and his pressure relieving equipment assessed, with upgrading when required. Mr J has a strong personality and he enjoys socialising which includes attending football matches, concerts as well as spending time with his extended family often eating out. These life style choices have reflected on his health. He found the advice of bed rest very difficult to accept and often spent the whole day in his wheel chair.

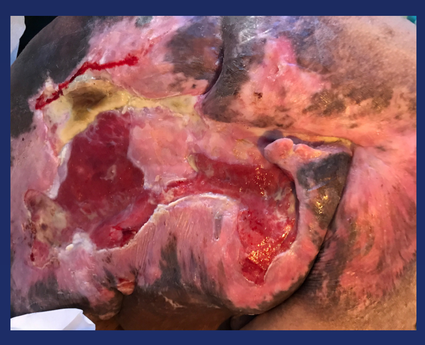
His sacral pressure ulcer was a category 4 with exposed bone.[1] In December 2017 he became unwell, which led to the hospital admission with sepsis secondary to osteomyelitis of the pelvis on 8.12.17. He was treated with IV antibiotics and discharged home on the 10.1.18. Community nurses visited daily and used a hydrofibre dressing for absorbence and to debride with a super absorbent adhesive dressing to secure. His condition remained poorly which led to a re-admission on 6.2.18 for unresolved sepsis.

Method

Following his discharge home his general condition was more stable. The senior community nurse assessed him at home and advised total bed rest which Mr J agreed to. A wound assessment was completed resulting in a new treatment plan using a Hydro-Responsive Wound Dressing (HRWD®). The primary objective was to debride pockets of thick tenacious slough from his sacral pressure ulcers spread across both buttocks. The dressing was secured with an adhesive super absorbent dressing. Due to the extent of the wounds and scar tissue combined with loss of muscle historically to his sacrum, measurements were not recorded but wound progression was through photographs with full patient consent. (Please refer to dated photographs below).

Prior to the application of HRWD®, the sacral pressure ulcers had remained static with bone exposure before his first admission to hospital. The dressings were changed daily due to high exudate levels and the images show the rapid debridement and improvement of granulating tissue.

On the 27.3.18 there was no further bone exposed and there was healthy granulation tissue with a reduction in size. As the exudate levels reduced, the dressings were changed on alternate days. On 18.04.18 the treatment plan was changed to step 2 of HRWD® to maintain a moist wound bed and encourage epithelisation.



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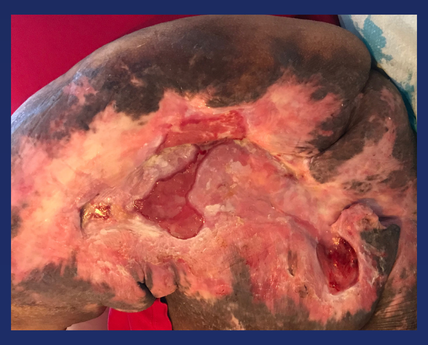

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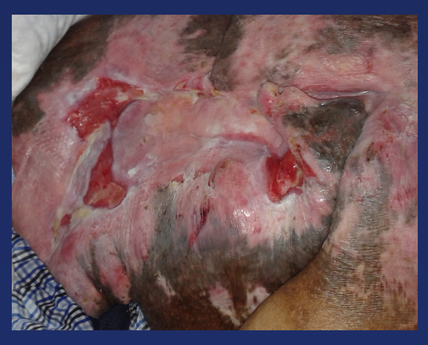

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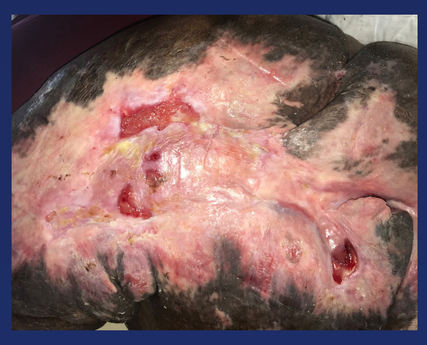

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Results

HRWD® was used for a total of 7 weeks. During this treatment there were signs of hyper-hydration to the periwound, but no maceration.[2] The wound beds continued to debride and improve. The patient remained on IV antibiotics from his first discharge 28th February until 19th May but had no further admissions to hospital. Mr J struggled with bed rest but managed to persevere for 2 months. He then started getting up for 2 hours which soon increased to all day, this meant going against the advice provided. Due the extent of scar tissue across his buttocks from over 17 years of pressure and friction damage, his skin soon started to show signs of deterioration. The evidence was captured and documented in his notes. With the change over from HRWD® to step 2 of HRWD®, the surrounding skin improved with new epithelial tissue evident. This maintained a moist wound bed and allowed the selective absorption of exudate into the foam concentrating growth factors at the wound bed.

Conclusion

The prolonged use of his wheelchair has been a contributory factor in the longevity of his pressure ulcers, as the pressure is not evenly distributed but concentrated on a smaller surface area.[3] With this gentleman’s poor mobility and noncompliance to the nurse’s pressure relieving recommendations he has been made aware that his pressure ulcer may not heal completely and could deteriorate. There has been an impact on this gentleman’s quality of life with added restrictions to his mobility of bed rest and the intrusion of daily dressings.

However by using HRWD® his dressing changes have reduced and improved the condition of his wounds, resulting in my fellow clinicians commenting that the wound area has ***“never looked so good.”***

References

1. National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide. Emily Haesler (ed.) Cambridge Media: Osborne Park, Australia; 2014.

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3. Moore. Z, Etten. M, (2015) Preventing pressure damage when seated. Wounds UK, vol 11,no 3, supplement 2.

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