

Activon® Tulle and Actilite® as a primary dressing under compression for a Lymphoedema patient

Hayley Moore - RGN, Dip N, BSc Community Healthcare Nursing, & Georgina Martin - RGN, North Devon Lymphoedema Service, Northern Devon Healthcare Trust

Introduction

The objective of this case was to promote chronic wound healing choosing the most appropriate primary dressing under compression bandaging for a lymphoedema patient.

Patient and wound

Mrs W is a ninety year old lady who first started experiencing right lower leg leakage of lymphorrhoea and wounds in October 2012. Care intervention was provided by Community Nurses, with the subsequent use of a primary dressing, Surgipad and a retention bandage. Her comorbidities were heart and renal failure, a right femoral deep vein thrombosis in December 2012 and cellulitis of her right leg in May 2013. She was referred by her GP in May 2013 to the Lymphoedema Service and seen on the 10th June 2013 for an initial assessment. There was a delay in commencing treatment as she was admitted on this day with complications of her renal failure. On discharge on the 18th July 2013 she was seen again. Toe Brachial Pressure Index results were 1.05 on the right and 0.87 on the left (normal = 0.7). The wounds remained sloughy with necrosis in the larger and the primary



18/07/2013

dressing was changed to Activon® Tulle on this date, with reasoning that it creates a moist wound environment and is a good choice for debriding/desloughing small areas of sloughy/necrotic tissue and additionally compression therapy commenced with twice weekly changes.

Clinical objectives

The aim of treatment was to stabilise in the first instance and then reduce the oedema, in order to prevent further skin breakdown and lymphorrhoea leakage. The promotion of wound healing in providing the appropriate environment and the prevention of infection. The primary dressing had to function as a deslougher, absorb exudate and not require frequent changes.



08/08/2013

Challenges in wound management

The choice of compression bandages was made on the patients' tolerance and comfort despite having good TBPI and a lighter compression was chosen. A barrier cream was added and applied to the surrounding wound skin to prevent further skin breakdown through maceration, due

to the compression therapy and Activon® Tulle creating more moisture at the wound site. As wound healing progressed to granulation and epithelialisation the dressing was changed to Actilite®.



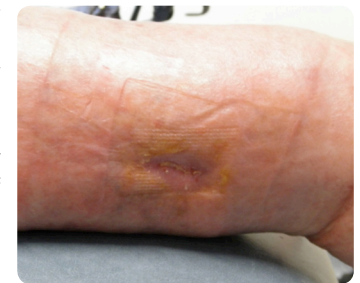
12/09/2013

Benefits

Limb volume measurements reduced by 1555ml and the Activon® Tulle had a good response in lifting the necrotic plug and desloughing. The patient did not experience any discomfort from this dressing.

Conclusion

This proactive management of the choice of dressing and compression therapy for this patient promoted wound healing in 17 weeks and maintenance is now obtained by the wearing of flat knit, custom fit, Class 1 (18–21 mmHg) below knee stockings.



12/11/2013