A series of case studies demonstrating the effectiveness of the Eclypse® super absorbent dressings

Cathie Bree-Aslan - RGN DipN RSHom DipHerb - Tissue Viability Nurse

Case study one

Mr JK is a 90 year old gentleman who lives with his disabled wife. Mr JK is the primary carer for his wife and they are reluctant to accept additional help at home.

He originally came to the WHC for ulceration to the left lower limb which were subsequently healed and he was discharged in March 2009. However, Mr JK found it difficult to manage with hosiery and decided to discontinue their use and consequently, had a recurrence of the ulcer, which was initially treated by his practice nurse.

He was re-referred in September 2009 and commenced on a gel-backed foam dressing which unfortunately caused some maceration to the surrounding tissues (fig: 1).

Eclypse® non-adherent was applied as a primary dressing and two layer compression bandaging continued. On his return 3 days later, the maceration to the surrounding tissues had significantly improved (fig: 2).

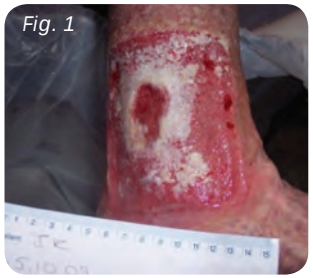


Fig. 1

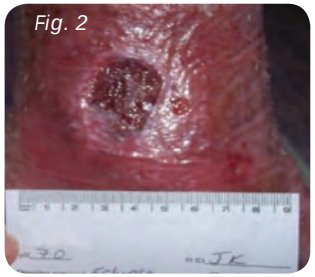


Fig. 2

Case study two

Mrs EB is an 102 year old lady who has had bilateral lower leg ulceration which are arterial in nature, for 10 years. The wounds have been managed in the community but continue to exude heavily and are very painful. They have required daily dressings up until now.

Despite her great age, Mrs EB is generally well and mobilises independently around her home, and attends Mass at the local church each week. There is no significant medical history. The Eclypse® dressing was applied as a secondary dressing to the right leg ulceration (fig:3) as this was the one which was exuding the most. The wound bed had areas of granulation with some dark devitalised tissue at the lower aspect. The surrounding tissues, especially proximally, were very macerated despite using a border of Aquacel at previous dressing applications. The wound appeared to have a degree of bacterial colonisation. The primary dressing was Oxyzyme (a 2 part gel sheet & Oxygen infusing dressing system) and the leg bandaged with Setocrepe in a figure of 8. The patient was re-assessed 2 days later and already some of the macerated tissues at the proximal aspect of the wound had improved with the exudate management properties of the Eclypse® (fig: 4).

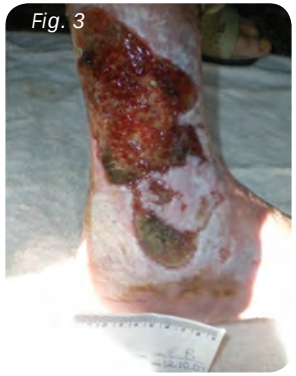


Fig. 3

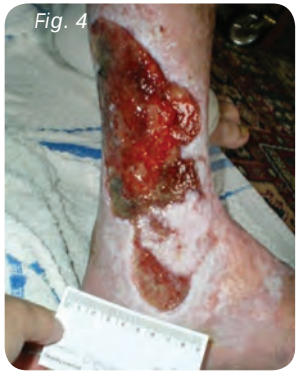


Fig. 4

Case study three

Mr MK is a 52 year gentleman classified as Bariatric who received surgery in the form of gastric banding earlier in the year. He lost a large amount of weight following this procedure. This gentleman also suffers from lymphoedema and a history of lower limb ulceration. He had previously been treated by the Wound Healing Centre and had healed, but unfortunately, due to poor concordance, his leg reulcerated, and he was referred back for a further course of treatment. He attends the clinic weekly for treatment for venous ulceration of the left mid gaiter region.

The wound had been dressed with Mepilex and an absorbent foam pro temps, pending assessment by the Wound Healing Centre. On examination, the wound was malodorous with moderate levels of serous exudate. There was approximately 70% coverage of devitalised tissue covering the wound bed, and centrally, an island of epithelial tissue was present. There was some maceration to the wound edges (fig: 5).

The wound was dressed with Flamazine to reduce the bacterial colonisation and Actiform Cool to help alleviate discomfort and debride the wound bed. Eclypse® was applied over this, with 2 layer compression therapy in the form of Actico short stretch bandaging. Mr MK retuned days later for re-assessment. The devitalised tissue was beginning to breakdown and lift and there was improvement to the maceration around the wound (fig: 6).

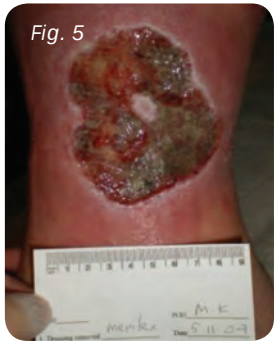
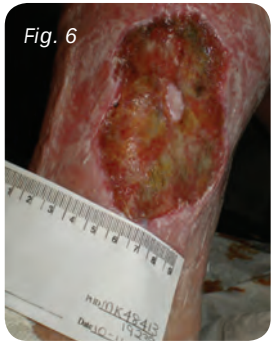


Fig. 5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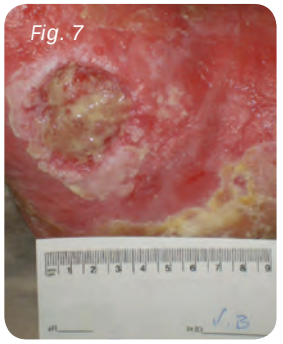
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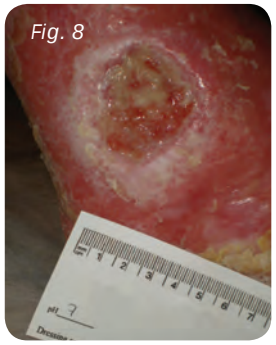
Fig. 8

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Case study four

Mr DJ is a 74 year old gentleman with a history of varicose veins to which he has had 2 lots of surgery. Mr DJ self-referred himself as he lives outside of the area usually served by the Wound Healing Centre. He attends the clinic every 2-3 weeks and his local Practice Nurse manages his wound in between times. He has a bilateral leg ulceration but it is the left foot ulcer that has been problematic with high exudate levels and consequential maceration (fig: 7).

The Eclypse® dressing in this instance was used as a primary dressing directly onto the wound. COban 2 layer compression therapy was applied over. Mr DJ had the dressing changed once in between visits to the Wound Healing Centre and fig: 8 shows the result after a 2 week period. Again the macerated tissue surrounding the wound is improved and the wound bed itself is cleaner with islands of granulation appearing.

Case study five

Mr VB is an 84 year old, diabetic gentleman with long standing history of bilateral lower limb ulceration. Following a recent hospital admission, the ulcerated areas to both legs and feet deteriorated and Mr VB was re-referred back to the Wound Healing Centre for further treatment.

The ulcer to the right lateral malleolus was very macerated with proteolytic enzyme damage to the surrounding tissue. The wound bed had a light covering of devitalised tissue. There was some malodour emanating from the wound (fig: 9). The wound was dressed with Iodasorb and an Eclypse® dressing to address both the bio-burden and the exudate.

On review, 2 days later, there was a significant improvement to the surrounding tissue as a result of exudate management using the Eclypse® dressing (fig: 10). On the left leg there is a large ulcerated area to the mid-gaiter region which on rereferral back to the Wound Healing Centre was sloughy and wet (fig: 11). Fig: 12 shows the Eclypse® dressing that was removed after a 2 day period. This was dressed with Aquacel and Eclypse® in order to try and debride some of the sloughy tissue whilst still managing the exudate (fig: 13). After a period of 2 days the wound was reviewed and again, the Eclypse® had aided in reducing the maceration to the surrounding tissue (fig: 14).

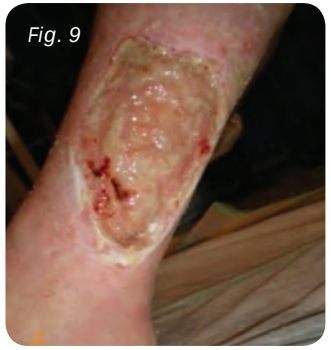


Fig. 9

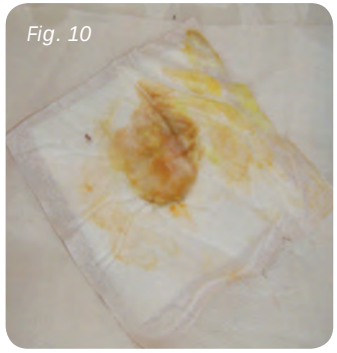
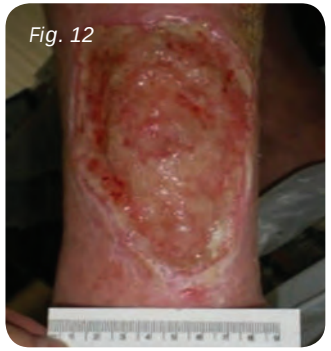


Fig. 10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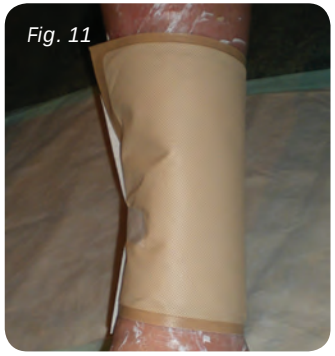
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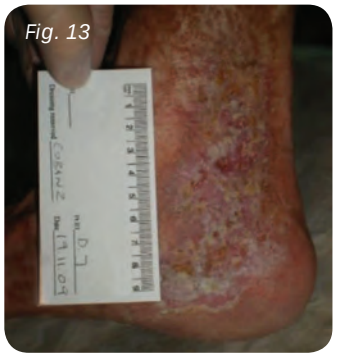
Fig. 13

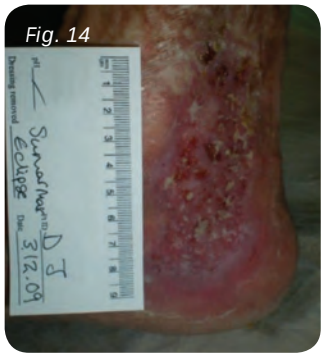
Fig. 14

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