

Combination of Innovative Moisture Management Dressings for Treatment of Moderate to Highly Exuding Wounds in Complex Patients

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INTRODUCTION

Treatment of chronic wounds comes with many challenges, the most common being wound exudate management. Finding an appropriate wound dressing to not only manage the differing levels of wound exudate, but to also prevent periwound maceration or surrounding skin breakdown can be difficult.¹

An ideal wound dressing or layering of dressings would wick and absorb the excess wound exudate leaving the wound bed moist and periwound dry.

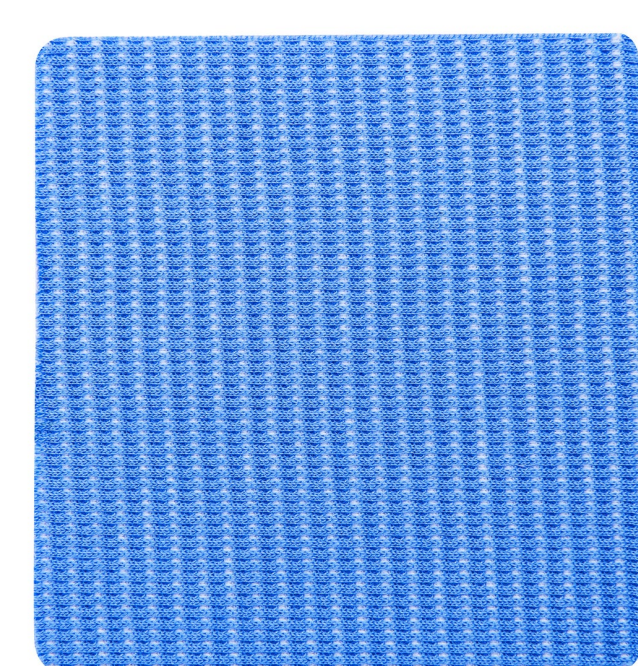
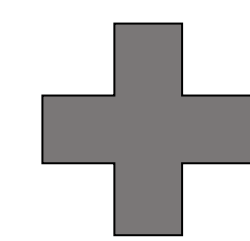
METHODS

A case study was conducted in a sampling of 4 complex patients with varying chronic wounds where wound exudate management was identified as a concern, and the prior treatment plan was not effective or causing additional challenges. This patient sampling consisted of those with venous leg ulcers (VLU), pressure injuries, and non-healing wounds in-between and/or around the toes.

The combination of an antimicrobial moisture management dressing* and an innovative gelling fiber dressing** was implemented as the new treatment plan to address the exudate management challenges. Both moisture management dressings contain a technology† designed to wick away excess wound exudate and prevent periwound maceration while keeping the dressing-wound bed interface moist for proper healing conditions.



Antimicrobial moisture management dressing



Innovative gelling fiber dressing

The wounds were examined 2-3 times per week (based on clinician's discretion) for wound size, periwound condition, exudate level and type, odor, and pain.

CASE STUDY EXAMPLE #1

53-year-old male with bilateral lower extremity lymphedema, stage 2, chronic venous hypertension, and a history of venous ulcers. Presents with recurrence of venous ulcers at his left lower leg upon evaluation. Original treatment included utilizing multiple super absorbers and silver alginate dressings. Wounds remained oversaturated and increased size after 20 treatments, therefore new treatment was initiated.



Visit 1 - Original Tx	Visit 21 - New Tx to be Started	Visit 68
<ul style="list-style-type: none"> Overall Size: 8 x 34 x 0.2 cm Erythematous Periwound Copious Exudate Painful 	<ul style="list-style-type: none"> Overall Size: 9 x 34 x 0.2 cm Healthy Periwound Moderate/Heavy Exudate No Pain or Odor 	<ul style="list-style-type: none"> Size: 5.5 x 31 x 0.1 cm (circumferential) Healthy Periwound Moderate Exudate No Pain or Odor

CASE STUDY EXAMPLE #2

59-year-old male with type 2 diabetes mellitus with neuropathy, tinea unguium, primary hypertension, and arthritis. Presents for evaluation of his right foot after several weeks of pain, edema, exudate, and "peeling" skin. Completed all antibiotics without improvement in symptoms and works in steel toe boots daily. This treatment approach was selected for bioburden management and exudate management for both the wound site and the periwound.



Visit 1 - New Tx to be Started	Visit 8	Visit 16
<ul style="list-style-type: none"> Size: 3.5 x 7 x 0.1 cm Macerated Periwound Moderate Serous Exudate Foot Sensitive to Touch 	<ul style="list-style-type: none"> Size: 2.3 x 2.6 x 0.1 cm Periwound Intact Minimal Serous Exudate No Pain 	<ul style="list-style-type: none"> Size: Approximated Periwound Intact No Exudate No Pain

RESULTS

The patient sampling showed promising results with the combined innovative moisture management dressings.

- ✓ Effectively managed moderate to high levels of wound exudate
- ✓ Managed a high volume of exudate without the need for "expanding" to maintain fluid
- ✓ Prevented further maceration & improved periwounds compromised by prior treatments
- ✓ Greatly reduced or eliminated the patient's wound odor and pain
- ✓ Dressings were able to be cut and shaped to meet the needs of each patient without sacrificing absorptive properties

This patient sampling of wounds continue to reduce in size and move towards closure as the combined treatment is utilized.

DISCUSSION / CONCLUSION

Changing the treatment plan for these complex, chronic wound patients showed great improvement in exudate management, periwound condition, and reduction in pain and odor.

The technology found within both dressings provided the wicking and moisture management required to move the wounds in the right direction, with the flexibility needed to treat wounds in any location.

Further studies should be done assessing this combined treatment within a larger patient sampling and across more wound types needing better exudate management.

REFERENCES

1. Okan et al. The role of moisture balance in wound healing. Adv. in Skin and Wound Care 2007, 20:39-53

FOOTNOTES

*TRITEC Silver, OVIK Health, LLC, Spartanburg, SC

**AGILE, OVIK Health, LLC, Spartanburg, SC

†Active Fluid Management Technology, OVIK Health, LLC, Spartanburg, SC