Global Clinical Case Study Compendium

A Next Generation Foam: AQUACEL™ Foam Dressing
INTRODUCTION

This clinical case study compendium has been developed through the kind contributions of wound care clinicians from around the world. A broad range of chronic and acute wounds are presented here, including wounds previously managed with other dressing regimens without success. Whether from hospitals, wound care clinics, or home nursing services, each case demonstrates how the next generation of foam technology — AQUACEL™ Foam dressing — provides both clinical and quality-of-life benefits for patients with challenging wounds.

The new AQUACEL™ Foam dressing is uniquely designed with a gelling Hydrofiber™ wound contact layer and is the only foam dressing to offer this Hydrofiber™ technology. The AQUACEL™ interface is highly effective at absorbing and retaining exudate,\(^1\) provides an optimal moisture balance necessary for wound healing, and helps to prevent lateral spread of fluid,\(^2\) so that periwound skin is protected from risk of maceration, even under compression bandages.\(^3\) The dressing interface has been shown to micro-contour to the irregular topography of the wound surface,\(^1\) minimizing dead space where bacteria may thrive,\(^4,5\) and its protective waterproof top layer serves as a barrier to the entry of outside pathogens thus, potentially helping to reduce the risk of wound infection.\(^6\)\(^*\)

The cases demonstrate that AQUACEL™ Foam dressings can improve clinical outcomes by supporting wound healing and improving the condition of the periwound skin. In addition, AQUACEL™ Foam dressings offer quality-of-life benefits for the patient. The dressings are comfortable and conform to even difficult to dress heels and sacral areas, stay securely in place during activity, and allow patients to shower and bathe. The gelling action of the wound contact interface reduces wound pain while the dressing is in situ and, along with the gentle silicone adhesive border, helps reduce pain and trauma to the wound and surrounding skin upon dressing removal.\(^7,9\)

Finally, clinicians and healthcare facilities may benefit too, as AQUACEL™ Foam dressings have been shown to increase wear time and require fewer dressing changes, as demonstrated in the following cases. These factors have the potential to positively impact caregiver resources and total cost of care.\(^10\)

\(^*\)As demonstrated in vitro.
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Case Study: Pressure Ulcer on Heel

INTRODUCTION:
This case study demonstrates the use of AQUACEL™ Foam dressings in the management of a stage 4 pressure ulcer with high levels of exudate.

PATIENT:
An 83-year-old woman presented with a stage 4 pressure ulcer on her left heel. The 2 cm × 1.5 cm ulcer was approximately 12 weeks old, had sharp edges, and was producing high levels of exudate. The wound bed comprised 70% slough and 30% granulation.

INTERVENTION:
The wound was initially managed with an antimicrobial AQUACEL™ Ag dressing. This was followed by application of an AQUACEL™ Foam Adhesive dressing (10 cm × 10 cm) that was employed to manage the high levels of exudate and support wound healing. The dressings were changed twice weekly.

OUTCOME:
The AQUACEL™ Foam dressing provided effective management of the high level of exudate so that dressing changes were necessary only twice each week. In addition, the patient reported significant reduction in pain with dressing use. By day 31, the wound showed significant progression to healing.

Used with kind permission from Wilma Belnders of Surplus Nursing Home in Zevenbergen, The Netherlands.
INTRODUCTION:
This case study demonstrates the use of AQUACEL™ Foam dressings in the management of a pressure ulcer with deep tissue injury on the buttock.

PATIENT:
A 68-year-old woman presented with a pressure ulcer on the buttock. She had several comorbidities, including type 1 diabetes mellitus, coronary artery disease, chronic kidney disease, and dementia. The ulcer produced low amounts of exudate and measured 2.5 cm x 1.5 cm with a shallow depth. It was previously managed with Mepilex™ Foam dressing and the dressing was changed daily. Although 98% of the wound showed granulation, there was a deep tissue injury in the center. The periwound skin was eczematous on the medial side.

INTERVENTION:
AQUACEL™ Foam Adhesive dressings (10 cm x 10 cm) were applied to the wound and changed weekly.

OUTCOME:
There was incremental improvement in the wound over a 21-day period and the wound dimension was reduced to 0.7 cm x 0.7 cm. Following 31 days, significant improvement was reported. With AQUACEL™ Foam dressings, 90% of the wound had epithelialized with the remaining 10% showing granulation.

Used with kind permission from Mary Walker of Asbury Place in Maryville, Tennessee, USA.
INTRODUCTION:

This case study demonstrates the use of AQUACEL™ Foam dressings in the management of a persistent pressure ulcer on the coccyx.

PATIENT:

An 82-year-old man with a pressure ulcer on his coccyx had been treated with a topical salve for the previous 12 weeks. The wound produced scant exudate and measured 1.7 cm x 0.3 cm with 0.1 cm depth. The periwound skin was highly macerated.

INTERVENTION:

An AQUACEL™ Foam sacral dressing (20 cm x 16.9 cm) was applied as a cover dressing over an AQUACEL™ Ag primary dressing. The dressings were changed once every 2–3 days.

OUTCOME:

The AQUACEL™ Foam sacral dressing conformed well to the wound area, which was difficult to dress. Within 3 days of management with the AQUACEL™ dressings the wound had epithelialized from 90% to 100%. Within 6 days, the wound had completely healed and the periwound skin condition had significantly improved.

Used with kind permission from Deanna Shepard of Laughlin Memorial Hospital in Greenville, Tennessee, USA.
INTRODUCTION:

This case study demonstrates the use of AQUACEL™ Foam dressings in the management of a recurring diabetic foot ulcer.

PATIENT:

A 62-year-old woman with type 2 diabetes and Charcot foot deformity presented with a left foot diabetic ulcer in the plantar region. This patient had experienced recurring foot ulcers that were previously managed with Iodosorb™ gel and a silver foam dressing. The ulcer had been present for a week prior to the patient seeking professional wound management. The ulcer measured 0.5 cm x 0.5 cm and 0.1 cm in depth. The wound produced low levels of exudate requiring dressing changes only 1–2 times per week. Some maceration of the periwound skin was observed.

INTERVENTION:

The patient’s wound was managed with an AQUACEL™ Foam Adhesive dressing (10 cm x 10 cm) that was overlaid with a 2-layer Coban™ compression wrap.

OUTCOME:

After only 1 week of using AQUACEL™ Foam dressings, the ulcer had progressed toward healing, and the dimensions of the wound reduced to 0.2 cm x 0.4 cm. The dressings showed excellent integrity and remained securely in place each week. The patient reported that the dressing was very comfortable and flexible, and the dressing conformed well to the plantar region of the foot. After 1 month of wound management with AQUACEL™ Foam dressings, 100% epithelialization was realized.

Used with kind permission from Susan Kicklighter of Florida Hospital Waterman Wound Center in Taveres, Florida, USA.
INTRODUCTION:
This case study demonstrates the use of AQUACEL™ Foam dressings in the management of a diabetic foot ulcer.

PATIENT:
A male diabetic with Charcot foot deformity presented with a recurring plantar neuropathic ulcer on his left foot. This ulcer was previously treated with a number of wound care products. At initial assessment the ulcer measured 1.5 cm x 1 cm with 0.4 cm depth and had 20% maceration of the periwound skin. The wound was producing moderate exudate requiring dressing changes 3–4 times weekly.

INTERVENTION:
AQUACEL™ Foam Adhesive dressings (10 cm x 10 cm) were applied to the wound. It was determined that extensive debridement of hyperkeratosis was necessary at each visit prior to dressing changes because the patient did not have plantar orthotics.

OUTCOME:
Improvement of the periwound skin and a reduction in the size of the wound were noted within 5 days of application of AQUACEL™ Foam dressing. The AQUACEL™ Foam dressing managed the exudate well and epithelialization was noted by day 10. In addition, the dressing was easy to apply and remove, causing no pain to the patient. Finally, orthotics were recommended to the patient in an effort to prevent future development of foot ulcers.

Used with kind permission from Francois Atung of Cité de la Santé, Laval, Quebec, Canada.
INTRODUCTION:

This case study demonstrates the use of AQUACEL™ Foam dressings in the management of a persistent arterial ulcer with severely macerated periwound skin.

PATIENT:

An 85-year-old woman presented with a preexisting arterial ulcer measuring 5.5 cm x 2 cm x 0.1 cm depth on her right leg. She had the ulcer for more than 5 years and it had been managed with many different wound care products. The nurse was not initially optimistic about the likelihood of this chronic wound healing due to the patient’s preexisting circulatory issues. The wound produced a moderate level of exudate and the periwound skin was severely macerated. The patient experienced a pain level of 4 on the Wong-Baker FACES Pain Rating Scale.

INTERVENTION:

AQUACEL™ Foam Adhesive dressing (12.5 cm x 12.5 cm) was applied to the wound.

OUTCOME:

The nurse noted an increase in vascularization of the wound bed and incremental improvements in the periwound skin over the 25-day treatment course. In addition, the need for frequent dressing changes decreased from previous dressings used, indicating that the AQUACEL™ Foam dressing effectively managed the exudate. The patient reported no pain with the AQUACEL™ Foam dressing in place and no pain with removal of the dressing.

Used with kind permission from Francois Atung of Centres Locaux de Services Communautaires du Marigot in Vimont, Quebec, Canada.
INTRODUCTION:

This case study demonstrates the use of AQUACEL™ Foam dressings in the management of a long-existing venous leg ulcer.

PATIENT:

An active 53-year-old man had chronic lower extremity wounds on and off for 10 years and a current wound for more than a year. The patient had multiple comorbidities, including cirrhosis, hepatitis C, and congestive heart failure. His job required him to stand all day. Previously, the wound was managed with lotion to relieve itching, silver ointment, ABD pads, and an elastic bandage. The full-thickness venous leg ulcer was located on his left medial malleolus and measured 9.0 cm x 5.5 cm with 0.8 cm depth. The high levels of exudate and foul odor required dressing changes 2–3 times daily. The periwound skin was highly macerated and the wound bed comprised 30% slough and 70% granulation.

INTERVENTION:

The wound was sharply debrided prior to applying the AQUACEL™ Foam Adhesive dressing (17.5 cm x 17.5 cm) to the wound. The dressing was then covered by Kerlix™ gauze and a Tubigrip™ compression wrap.

OUTCOME:

The wound improved with the use of AQUACEL™ Foam dressings and showed an increase of 10% new granulation tissue and a decrease in maceration of the periwound skin. The patient appreciated the reduction in the number of dressing changes from 2–3 changes daily to now only twice weekly. He also appreciated the ability to shower with the dressing remaining intact. The AQUACEL™ Foam dressing successfully managed the wound drainage and smell, which the patient had reported to be quite bothersome to him and his coworkers. Following 4 weeks of management with AQUACEL™ Foam dressings, there was a marked improvement in the patient’s quality of life with the reduction in dressing changes and management of exudate and odor.

Used with kind permission from Yvonne Gallegos of Veterans Affairs Healthcare System in Long Beach, California, USA.
INTRODUCTION:

This case study demonstrates the use of AQUACEL™ Foam dressings in the management of a venous leg ulcer.

PATIENT:

A 57-year-old woman presented with a venous ulcer on her right leg measuring 2 cm x 1.3 cm with 0.3 cm in depth. This wound had been previously managed with Baneocin™ ointment (bacitracin, neomycin, and zinc in a lanolin and Vaseline™ base) with gauze and Varicex™ S, a zinc paste compression bandage for 1 year, with no improvement. The wound bed comprised 70% slough and 30% granulated tissue, and the periwound skin was highly macerated. It was a painful and moderately exuding ulcer.

INTERVENTION:

An AQUACEL™ Foam Adhesive dressing (12.5 cm x 12.5 cm) was applied to the wound as a primary dressing, along with a compression bandage. The dressing was changed once every 4 days for the first 3.5 weeks and then once every 7 days.

OUTCOME:

On day 5 of managing the wound with AQUACEL™ Foam dressings, the patient noted a reduction in wound pain and the appearance of the periwound skin had greatly improved. A reduction in wound size was also noted in all dimensions (1.8 cm x 1.0 cm; 0.2 cm depth). The wound continued to improve and by day 30 the wound size was further reduced (0.6 cm x 0.4 cm; 0.1 cm depth) and the wound bed improved to 10% granulation and 90% epithelialization. Overall, the AQUACEL™ Foam dressing provided optimal exudate management, was easy to apply, and was removed easily without causing pain to the patient. The wound was managed for an additional 14 days at which time the wound healed completely.

Used with kind permission from I. Ašakienė of Santariskiu Hospital Consulting Center in Vilnius, Lithuania.
INTRODUCTION:
This case study demonstrates the use of AQUACEL™ Foam dressings in the management of a venous leg ulcer.

PATIENT:
A 78-year-old man suffering from chronic venous insufficiency presented with a 48-week-old venous ulcer on his right leg measuring 8.5 cm x 4 cm with no depth and irregular wound borders. This wound had been previously managed with many other dressings in various combinations, including AQUACEL™ Ag, Biatain™ foam dressing and Nu Gel™, Actisorb™ and Biatain™, and Acticoat™ and Biatain™. The ulcer caused the patient moderate pain and produced moderate amounts of exudate. The wound bed comprised 30% fibrinous tissue and 70% granulated tissue, and the periwound skin was not macerated, but had small ulcerative lesions. The patient was taking antihypertensive medication and low-dose aspirin for cardiac health.

INTERVENTION:
An AQUACEL™ Foam Non Adhesive dressing (10 cm x 10 cm) was applied to the wound as a primary dressing and an elastic compression wrap was also employed. The dressings were changed approximately once every 4 days and the patient’s wound was managed for a total of 30 days.

OUTCOME:
This difficult to heal wound successfully progressed to healing with the wound measurements decreasing to 8 cm x 3 cm with new areas of granulation. The AQUACEL™ Foam dressing provided optimal management of exudate and the patient reported that the dressing reduced wound pain while in place and that no discomfort was experienced with dressing removal.

Used with kind permission from Marco Signona of Hospital Macerata in Macerata, Italy.
INTRODUCTION:

This case study demonstrates the use of AQUACEL™ Foam dressings in the management of a preexisting venous leg ulcer.

PATIENT:

A 47-year-old hypertensive, morbidly obese man presented with a preexisting venous leg ulcer. The ulcer was present for 8 weeks and measured 4.0 cm x 5.5 cm with 0.1 cm depth. The periwound skin was slightly irritated and the wound bed comprised 10% slough and 90% granulation. The wound produced exudate requiring dressing changes 3–4 times weekly.

INTERVENTION:

AQUACEL™ Foam Non Adhesive dressings (10 cm x 10 cm) were applied to the wound and were then covered by a 2-layer Coban™ compression wrap.

OUTCOME:

After 1 week of management with AQUACEL™ Foam dressings, the wound bed showed complete granulation and the wound dimensions reduced to 3.5 cm x 4.0 cm. The condition of the periwound skin significantly improved and the AQUACEL™ Foam dressing effectively managed the exudate. After 26 days, the wound had completely healed.

Used with kind permission from Susan Kicklighter of Florida Hospital Waterman Wound Center in Taveres, Florida, USA.
INTRODUCTION:

This case study demonstrates the use of AQUACEL™ Foam dressings in the management of a venous leg ulcer.

PATIENT:

A 73-year-old obese man with diabetes mellitus presented with a perimalleolar venous ulcer on his right leg measuring 4 cm x 3.5 cm with no depth and rounded wound borders. The recurring ulcer produced moderate levels of exudate, the wound bed solely comprised granulation tissue, and the periwound skin was dystrophic. The patient reported that previous dressings caused pain with use and during changes.

INTERVENTION:

AQUACEL™ Foam Non Adhesive dressing (15 cm x 15 cm) was applied to the wound as a primary dressing and an adhesive elastic bandage was employed as a compression bandage. As the wound progressed toward healing, a smaller 10 cm x 10 cm dressing was used. The dressings were changed once every week and the patient’s progress was evaluated for 47 days.

OUTCOME:

The wound was completely healed at the end of the evaluation period; the wound bed comprised scar tissue and the periwound skin cleared. The AQUACEL™ Foam dressing provided optimal management of the moderate exudate. The patient reported that the AQUACEL™ Foam dressing was comfortable and that he did not experience any pain with the dressing in place or during dressing changes.

Used with kind permission from Angela Garruba of Policlinic Hospital Umberto I in Corato (Bari), Italy.
This case study demonstrates the use of AQUACEL™ Foam dressings in the management of a venous leg ulcer.

PATIENT:
A 59-year-old man presented with a 10-day-old perimalleolar venous ulcer on his right leg measuring 4 cm x 3 cm with 1 cm depth and irregular wound borders. The ulcer caused the patient low-level pain and produced moderate amounts of exudate. The wound bed comprised 70% fibrinous tissue and 30% granulated tissue, and the periwound skin was hyperemic with no maceration.

INTERVENTION:
An AQUACEL™ Foam Non Adhesive dressing (10 cm x 10 cm) was applied to the wound as a primary dressing. Compression wrap was applied over the foam dressing. The dressings were changed once every week and the patient was followed for 28 days.

OUTCOME:
The wound progressed to healing with 80% epithelialization and measured 1 cm x 0.75 cm with 0.2 cm depth at the end of the evaluation period. The AQUACEL™ Foam dressing provided optimal management of the exudate. In addition, the patient reported that the AQUACEL™ Foam dressing was easily applied and removed with minimal discomfort.

Used with kind permission from Domenico Benevento of Siena University Hospital in Siena, Italy.
Case Study: Abscess on Hip after Surgical Debridement

INTRODUCTION:
This case study demonstrates the use of AQUACEL™ Foam dressings in the management of an acutely infected abscess of the hip.

PATIENT:
A 64-year-old man presented with an acutely infected abscess on his right hip. The patient was a hypertensive smoker with type 1 diabetes mellitus and was diagnosed with depression. He also had retinopathy, stage 4 renal disease, and vascular disease. The wound was drained and surgically debrided. The wound cavity was packed with povidone-iodine gauze and covered with a soft adhesive surgical dressing and Mepilex™ Border Foam dressing. This wound was also infected with Staphylococcus aureus and was treated with intravenous flucloxacillin and Tazocin™ (piperacillin and tazobactam). The wound measured 9.5 cm x 4.5 cm and 5.8 cm depth and was producing high levels of haemoserous exudate requiring dressing changes 3 times daily. The wound bed comprised 15% slough and 85% granulation, with irritated and inflamed periwound skin. The patient reported pain levels at 4 on a scale of 1 to 10.

INTERVENTION:
The primary goal in managing this wound was to contain the exudate to prevent irritation to surrounding skin, to reduce the risk of reinfection, and to promote debridement of the sloughy tissue. Due to the patient’s confused mental status, it was decided that topical negative pressure therapy would be inappropriate. To help manage the wound infection, an antimicrobial AQUACEL™ Ag dressing was used to line and pack the wound. An AQUACEL™ Foam Adhesive dressing (17.5 cm x 17.5 cm) was then used as a secondary dressing to cover the wound. As the wound began to close, a smaller AQUACEL™ Foam Adhesive dressing (15 cm x 15 cm) was used.

OUTCOME:
Management of the high levels of exudate was excellent with AQUACEL™ Foam dressing. This wound initially required dressing changes 3 times daily prior to management with AQUACEL™ Foam dressings; dressing changes were reduced to once every 3 days and by week 2 the dressing required changing only once every 5 days. Over the course of the evaluation period the wound progressed toward closure in every dimension and after approximately 3 weeks the wound measured 6.2 cm x 3.2 cm and 3.0 cm in depth. The condition of the periwound skin improved at each evaluation and the patient reported no pain with the dressing in place or upon removal. In fact, the patient stated that the dressing was so soft that he did not feel like he had a dressing on at all.

Used with kind permission from Sharon Bateman of South Tees Hospitals NHS Foundation Trust in Middlesbrough, UK.

INTRODUCTION:
AQUACEL™ Foam dressing in situ

Day 1

AQUACEL™ Foam dressing in situ

Day 30
Case Study: Sacral Pilonidal Cyst

INTRODUCTION:
This case study demonstrates the use of AQUACEL™ Foam dressings in the management of a surgical wound resulting from the removal of a pilonidal cyst.

PATIENT:
A 22-year-old male rugby player in good health underwent surgery to remove a pilonidal cyst. The patient was discharged after surgery and instructed to pack the wound with AQUACEL™ ribbon covered by Allevyn™ dressing. He used this dressing combination for 5 days and then returned to the community nurse at which time the wound measured 14.5 cm x 4.5 cm with 3.7 cm depth and a new management course was recommended. The periwound skin was healthy with no maceration. The wound bed comprised 97% granulation tissue and 3% slough.

INTERVENTION:
The new wound management strategy consisted of AQUACEL™ ribbon to pack the wound, covered with AQUACEL™ Foam dressing. Initially, the dressing was changed daily because the wound was producing a high level of exudate. From day 14 to day 27, when the wound closed, AQUACEL™ Foam dressing was used alone as a primary dressing. Daily dressing changes were necessary between days 14–21 to manage the exudate. The frequency of dressing changes was reduced to once every 2 days during week 4. Once the wound closed, DuoDERM™ Extra Thin was used for another week to ensure a good environment for the newly formed epithelium and to prevent the wound from reopening.

OUTCOME:
The patient reported no pain (0 on the Wong-Baker FACES Pain Rating Scale) throughout the course of wound management, both with the dressing in place and during dressing application and removal. After 1 week of using AQUACEL™ dressings, the depth of the wound reduced by 0.3 cm and was 100% granulation tissue. By the second week, the size of the wound was reduced to 10 cm x 3.8 cm with 2.8 cm in depth; therefore, only 1 AQUACEL™ Foam dressing was necessary (17.5 cm x 17.5 cm and then 12.5 cm x 12.5 cm). By week 3, further progression toward wound healing was achieved and wound measurements decreased to 5 cm x 2 cm with 1 cm in depth with a marked reduction in exudate level.

Used with kind permission from Christine Espinosa of Cabinet Liberal in Toulouse, France.
INTRODUCTION:

This case study demonstrates the use of AQUACEL™ Foam dressings in the management of a surgical wound dehiscence after hip replacement surgery.

AQUACEL™ Foam dressing in situ

PATIENT:

A 71-year-old man with osteoarthritis of the right hip underwent a prosthesis replacement. The initial hip replacement resulted in dehiscence of more than 50% of the sutured incision and it became infected with methicillin-resistant Staphylococcus aureus leading to the removal of the prosthesis. Upon reinsertion of the prosthesis, a second incidence of dehiscence of the wound occurred. The second surgical wound dehiscence was treated for 12 weeks with povidone-iodine gauze and the dressing was changed every 12–24 hours depending on the exudate. At the first visit, the bandage on the surgical wound fistula showed profuse serosanguineous drainage and the gauze covering the wound was completely saturated with exudate. The wound measured 0.7 cm x 0.5 cm with a depth of 3 cm. The periwound skin was healthy.

INTERVENTION:

The wound was cleansed with normal saline and an AQUACEL™ Extra dressing (1 cm x 5 cm) was put in place prior to applying the AQUACEL™ Foam Adhesive dressing (12.5 cm x 12.5 cm) as a cover dressing. The initial dressing was changed 24 hours after application. It was then decided that a dressing change would only be needed once every 24–72 hours with use of an AQUACEL™ Foam dressing (17.5 cm x 17.5 cm).

OUTCOME:

The patient experienced no pain with the dressing in place or upon dressing removal. He reported that the dressing was comfortable and allowed him to lead an active lifestyle with the dressing remaining securely in place during activities such as walking and going to the gym. The wound progressed to healing and by day 8 the wound began to close and measured 0.5 cm x 0.5 cm, with only 1.5 cm depth. There was also a marked decrease in exudate level. At day 15, the wound dimensions had further decreased to 0.3 cm x 0.3 cm and depth of 0.8 cm, with a continued decrease in exudate level. Following 33 days of management with AQUACEL™ Foam dressing, the wound measured 0.1 cm x 0.1 cm with no depth noted. The wound was completely healed by day 40.

Used with kind permission from Angelica Saiz Berzosa of Primary Health Care Center ‘La Marina’ in Santander, Spain.
Case Study:
Skin Tear

INTRODUCTION:
This case study demonstrates the use of AQUACEL™ Foam dressings in the management of a skin tear on fragile skin.

PATIENT:
A 73-year-old woman presented with a skin tear on her arm measuring 3 cm x 2 cm with no depth and the wound produced low levels of exudate. The wound bed solely comprised granulation tissue and the periwound skin was very fragile and dry.

INTERVENTION:
Wound management consisted of the application of an AQUACEL™ Foam Adhesive dressing (12.5 cm x 12.5 cm) used as a primary dressing.

OUTCOME:
The wound was nearly healed by day 5. The patient was pleased with the dressing and wished to have access to this dressing at home. The dressing was easy to apply and remove and was well tolerated on such fragile skin where removal of adhesive dressings is a concern. The AQUACEL™ Foam advanced adherence technology secured the dressing well and was easily removed with no trauma to the fragile periwound skin.

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REFERENCES


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