INTRODUCTION

Management of ‘complicated’ wounds often involves coping with large amounts of exudate and cleansing the wound of slough. Typically, excess exudate could be managed with alginate dressings, whilst cleansing of slough could be achieved by autolytic debridement promoted by a hydrogel.

This poster demonstrates the use of an innovative dressing (Aquacel™, ConvaTec) in the management of four such complicated wounds. Aquacel is a new, fibrous dressing which is made from Sodium Carboxymethylcellulose. On contact with wound fluid, Aquacel rapidly forms a gel. This creates a moist wound environment which facilitates the hydration and removal of slough by autolysis. Aquacel has been shown to be effective in:

- Managing wound exudate
- Surgical wound management
- Promoting healing in pressure sores

The dressing is very versatile and may be used on a variety of wounds. The following case histories are examples that demonstrate clinical benefit from this dressing.

CASE STUDY ONE. A Sacral Pressure Sore

A 72-year-old female was admitted to hospital with a severe sacral pressure sore. Her primary diagnosis was a fungating breast lesion. The patient was faecally incontinent and had a urinary catheter in situ. The wound was Stage V (Torrance), widespread, containing black necrotic tissue. Wound treatment was initially daily with a Granugel and a foam secondary dressing, with tubular stockinette to secure. After four days, the necrotic tissue was sufficiently hydrated to reveal a large, malodorous, heavily exuding cavity.

The dressings were changed to Aquacel (Fig. 1); at first, daily changes were required in order to cope with the exudate. The dressing coped well with the excess exudate of the wound and, in only four days, debridement of the wound had begun (Fig. 2).

The patient had a temporary colostomy performed to deal with the faecal incontinence (ie. avoid wound contamination) and allow continuing healing of the wound. Dressing changes were thereafter reduced to three times per week for the following two weeks and further reduced to twice weekly (Fig. 3) with a secondary CombiDERM (ConvaTec) dressing. Aquacel was thereafter discontinued as exudate levels diminished and the wound was cleansed of slough. It was decided to discontinue management with Aquacel at this point, as it had achieved the initial objectives (ie. brought exudate under control and debrided the wound.) CombiDERM dressing was then used as the primary dressing with changes every four days.

Healing was achieved by 4.4.97 – A period of just over four months in a patient with an underlying terminal disorder.

Fig. 1 A deep sacral pressure sore (22.11.96) at the start of treatment with Aquacel.
Fig. 2 The wound after one week (27.11.96) showing rapid debridment.
Fig. 3 Aquacel use discontinued (16.12.96); CombiDERM subsequently used as a primary dressing.
CASE STUDY TWO
An Infected, Dehisced Pelvic Wound

A 42-year-old female underwent a colpo-suspension, and a post-operative wound infection developed with necrotic, malodorous exudate. The initial assessment of the wound was seven days post-operatively. Initially a hydrogel was used with an active carbon dressing to hydrate necrotic tissue and control odour. The patient experienced significant pain in the lower left quadrant of her wound. It was suspected that the slough and necrotic tissue present were contributing to the large amount of exudate. The clinical objectives were, therefore, to rapidly clean (debride) the wound and bring exudate under control (Fig. 5). The dressing was changed to Aquacel in order to manage the heavy exudate.

Debridement was very rapid. After only one week, the wound was clean (Fig. 6). The wound continued to improve, and the patient did not experience pain on dressing changes. Weekly dressing changes followed with Aquacel and CombiDERM secondary dressing.

The use of Aquacel was discontinued after three weeks (Fig. 7) as exudate was reduced to ‘light’ levels and the wound was clean and granulating. CombiDERM™ was then judged to be the most appropriate primary dressing (Fig. 8).

Healing was achieved 10 weeks after surgery.

CONCLUSIONS

The experience gained in the management of these acute and chronic cases shows that the Aquacel dressing is appropriate for a range of complicated wounds. The dressing has many advantages of clinical performance that make it appropriate, which are set out in Table 1. The results of using Aquacel in these wounds are consistent with reported findings3-7.

Table 1.

<table>
<thead>
<tr>
<th>Clinical Performance Attributes of Aquacel</th>
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<tbody>
<tr>
<td>Highly absorbent</td>
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<tr>
<td>Moisture resistant environment</td>
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<tr>
<td>Minimal pain on insertion/removal</td>
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<tr>
<td>Promotes autolytic debridement</td>
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<tr>
<td>May be used in infected wounds</td>
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<tr>
<td>May be used with hydrocellulose or foam secondary dressings</td>
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<tr>
<td>Easy to use</td>
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<td>Comes in a range of sizes, sheet and ribbon</td>
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REFERENCES


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