FLAMINAL® IN THE MANAGEMENT OF A CATEGORY 4 PRESSURE ULCER

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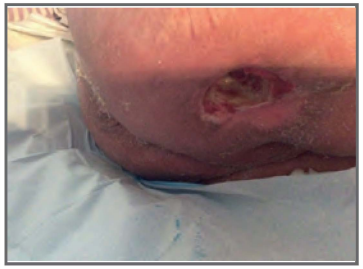
Introduction

Almost 4% of the annual healthcare budget is spent on pressure ulcers, with nursing time accounting for 41% of these costs.[1] This poster discusses the management of Mrs B, a 64 year old lady who is immobile due to advanced multiple sclerosis, who also suffers from chronic kidney disease and diabetes. She developed a Category 4 pressure ulcer to her right ischium as a result of sitting for prolonged periods of time in her wheelchair, which severely impacted on her quality of life causing her pain and misery.



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Poor mobility is the prime factor that exposes the individual to pressure, and as such to the risk of pressure damage, with those spending protracted periods of time in a seated position at particular risk. Sitting, forces the weight of an individual against the supporting seat surface, which compresses the soft tissues around the buttock area between the chair and the ischial tuberosities, causing an obstruction to blood flow leading to tissue ischaemia.[2]

Method

On assessment by the district nurse team, Mrs B was noted to have a Category 4 pressure ulcer to her right ischium measuring 4cm x 5cm x 3cm covered with 90% slough and 10% necrotic tissue. The wound had moderate levels of malodorous exudate and was uncomfortable for Mrs B.

The aims of management were to autolytically debride the necrotic tissue and slough, thus reducing the wound bioburden and malodour; manage the wound exudate and importantly, ensure Mrs B's comfort by reducing any pain. Dressings were changed a minimum of three times per week with Flaminal® Forte (Flen Health) and covered with a waterproof foam adhesive to help prevent ingress of urine and faeces.

Results

Flaminal® Forte was used for a total of three months during which time the devitalised tissue and slough was autolytically debrided and granulation tissue present. The exudate levels decreased and the malodour disappeared. Despite the anatomical position of the ulcer, (thus increasing the risk of contamination and infection), the ulcer remained free of infection. Mrs B's pain subsided and she was happy with the improvement in the status of the ulcer which had reduced in size to 3cm x 2.5cm x 0.3cm. Unfortunately, Mrs B was admitted to hospital (with an unrelated problem).

Discussion

Flaminal® Forte, an enzyme alginogel®, indicated for moderately to highly exuding wounds was selected as the primary dressing to facilitate autolysis, by maintaining the moist environment required for this process, whilst also controlling exudate and preventing maceration.[3] Wound debridement is one of the most effective methods of reducing bioburden as it helps to remove adherent microorganisms and cellular debris.[4] As the devitalised tissue reduced there was a concomitant reduction in exudate and malodour. Mrs B was also pleased by the reduction in discomfort and pain.

Flaminal® was beneficial in reducing wound bioburden due to its antimicrobial enzyme complex (glucose oxidase combined with lactoperoxidase), that selectively targets the microbial cell wall of entrapped bacteria without damaging cells involved in wound healing. Flaminal® is an enzyme alginogel which manages the bacterial bioburden of a wound in three ways: the enzyme complex kills bacteria, while the alginate component removes bacteria from the wound bed by debridement, creating a moist wound environment, which stimulates the host's immune system. Only absorbed bacteria are destroyed by the enzyme complex and not human cells within the wound bed.

Conclusion

Flaminal's triple mode of action avoids the need for multiple products since it has the capability to absorb excess exudate whilst remaining in a gelled state, promote debridement and control bioburden.[5] As the bioburden, malodour, exudate and pain decreased Mrs B's mood improved as she could see light at the end of the tunnel with healthy granulation tissue evident within the wound and no pain or malodour.

References

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