The Effective Management of a Category 2 Pressure Ulcer with Elements of Moisture Damage using a Combination of Flaminal® and Flamigel®

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Introduction

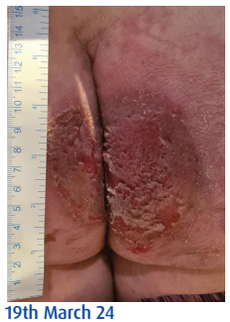
Pressure ulcers, caused by prolonged pressure which injures the skin and underlying tissue[1], are a common cause of harm in hospitals and care homes. In Scotland, pressure ulcers are graded from 1-4 depending on their severity[2]. In addition, there are three further categories namely ungradable, suspected deep tissue injury and mucosal pressure ulcers [1]. They can have a significant and negative impact on the lives of people who experience them, their families, and carers.

Skin damage can also occur because of exposure to prolonged excessive moisture, including urine and faeces, resulting in moisture associated skin damage (MASD). In these conditions the skin becomes overhydrated and macerated, compromising its barrier function and predisposing it to micro-organism and irritant invasion[3].

Skin lesions resulting from prolonged pressure in conjunction with exposure to excessive moisture are known as combination lesions and are graded according to the pressure ulcer classification system. Awareness of other appropriate treatment is required in this instance[1].

This case study presents a 75-year-old female who had combination skin ulcers that extended across both buttocks originated as category 2 pressure ulcers during a hospital admission three years prior. They failed to fully heal due to prolonged exposure to urine and feaces.

The patient also suffered with multiple sclerosis. Challenges included delayed healing due to incontinence, non-compliance problems as the patient frequently removed dressing to apply home remedies, declined pressure relieving equipment and issues with wound position and shearing forces during mobility transfers. Various wound management dressings had been previously utilised including skin barrier products, hydrocolloids, iodine, hydrofibre, dialkycarbamoyl chloride and silicone foam dressings.



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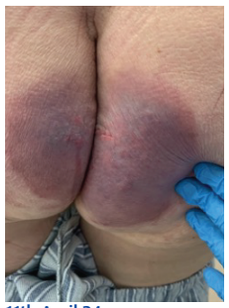

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Method

Due to a mix of patient non-concordance, and incontinence, complete healing was not achieved and the skin integrity issues continued for 3 years following the discharge from hospital. The District Nurse assigned a new management regimen, incorporating aims of moisture control, to reduce the bioburden and risk of infection, to support atraumatic dressing changes and to improve skin integrity with the accomplishment of wound healing.

The combination ulcers were extensive with bilateral skin loss across the buttocks, presenting with skin maceration, low exudate levels and no obvious signs of infections. The new wound management plan encompassed a regimen of antiseptic irrigation at dressing changes, followed by the application of Flaminal® Hydro primary dressing and secondary silicone foam adhesive. Dressings were renewed every 3-4 days.

Flaminal® Hydro is a primary dressing that provides antimicrobial protection and is indicated for low to moderate volumes of exudate and has less alginate content than its sister product Flaminal® Forte. Both products have the ability to create an optimum moist wound environment, at varying levels of exudate, which facilitates the regeneration of healthy granulation tissue. Flaminal® products have proven real world evidence to support their soothing ability in the management of painful wounds and the simplistic application nature makes them an ideal choice for extensive skin loss in difficult to dress areas.

Result

The combination ulcers showed dramatic improvement within a week of the commencement of Flaminal® Hydro, with reduced exudate levels and a notable decrease in size. Flaminal® Hydro was discontinued at this point and a Hydro-Active Colloid gel, Flamigel® was introduced and applied three times each day. Flamigel® provides a protective barrier, supports skin regeneration, and also has soothing abilities. A secondary dressing was no longer required and complete healing was achieved within a three-week period of the newly prescribed stated treatments.

Discussion

The skin performs many important protective functions, one of which is to act as a barrier to moisture, irritants and bacteria. Good management of patients' skin is a fundamental part of nursing care to prevent development of complex and distressing problems, such as pressure ulceration and moisture associated skin damage. Such conditions can cause pain and distress for the patients and can impact considerably on quality of life (Southgate & Bradbury 2016).

Conclusion

The District Nurse concluded that all treatment aims were achieved. This included supporting comfort by facilitating a reduction of the patient's experienced pain from her skin condition on a daily basis and at dressing changes. The combination ulcers remained infection free throughout the healing process, despite the extremely high risk due to incontinence. Additionally, moisture control was accomplished and the overall aim to achieve complete healing was accomplished sooner than expected.

References

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