

The Successful Management of a Lower Limb Leg Ulcer Secondary to a Trauma Injury with the use of Flaminal® Forte

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Introduction

A leg ulcer is defined as a break in the skin below the knee that fails to heal within two weeks with 60 – 80% of them having a venous component⁽¹⁾. The health factors that increase the risk of developing a leg ulcer include obesity, reduced mobility, previous deep vein thrombosis, lower leg trauma, chronic oedema, and a family history of leg ulcers⁽²⁾. Overall, only half of all people with venous leg ulcers heal within 12 months, despite best evidence suggesting a mean time to healing of 3 months⁽³⁾.

This case study presents an 86-year-old gentleman who developed a haematoma to the right tibial crest following a trauma injury. The patient's medical history included dementia, ischaemic heart disease and atrial fibrillation. The patient was reviewed by the community Specialist Practitioner Nurse approximately 3 weeks post injury and partial mechanical debridement of the haematoma was completed. The ulcer measured 6cm x 4cm with 30% devitalised tissue (haematoma) and 70% granulation tissue evident. There were low volumes of exudate with no obvious signs of clinical infection.

Method

The wound management aims were to achieve complete autolytic debridement of the remaining haematoma, reduce the risk of infection and maintain an optimum moist wound healing environment in order to facilitate healthy granulation tissue growth. At the initial assessment, and post mechanical debridement, Flaminal® Forte primary dressing was commenced with a non-adherent silicone foam secondary dressing and was renewed on alternate days. Flaminal® Forte is a primary dressing what provides antimicrobial protection for moderate to high levels of exudate. In addition to supporting the debridement process, Flaminal® has a distinctive composition whereby its antimicrobial enzyme system only occurs in the gel matrix and not the wound bed, so it non-toxic to skin cells and therefore can be used throughout the different phases of healing. The treatment regimen was readily accepted by the patient and verbal consent was obtained for clinical photography of the ulcer during the various stages of healing.

Result

The advised treatment regimen continued for the duration of the wound healing journey, apart from dressing change intervals, which decreased as healing progressed. Complete debridement was achieved in a period of one week of the commencement of Flaminal® Forte and the ulcer had decreased in size to 4.5cm x 3.4cm at the four weeks stage. Wound healing progressed and improvements continued throughout the healing journey, and the ulcer remained infection free until complete epithelisation was achieved at week 29.

Discussion

Prevalence of lower limb ulceration is reported at 1.5% of the UK's adult population with an estimated 730 000 patients having an active leg ulcer every year⁽⁴⁾. The statistics increase to 3% for those over 80 years old⁽⁵⁾ and with an ever-accumulating aging population this figure is expected to continue to rise, resulting in an even greater burden on the NHS services⁽⁶⁾.

Most patients with lower limb ulceration are managed by community nursing services and often involves a referral to other specialists. A study completed in 2012 evidenced that the cost of prescribed wound care dressings in the community resulted in a spend of £184 million⁽⁷⁾ and that this only accounted for 15% of the overall cost of caring for patients with a chronic wound – the main cost driver relating to health professional visits and hospital admissions (Guest et al 2017).

Conclusion

The community District Nurse Specialist Practitioner concluded that the initiation of Flaminal® Forte for the management of this patient's leg ulcer proved to prevent wound infection and therefore potential hospital admissions. The outcomes exceeded the Specialists Practitioners expectations, and the patient stated that he was happy with the wound progression during his treatment, as it enabled him to continue with daily activities of living and including his daily walks with his wife.

This case study highlights that the key factors to facilitate the advancement of wound healing are debridement, infection prevention and evidence based wound management. It also emphasises the effectiveness of Flaminal® Forte and its ability to support the debridement process by optimising a moist wound healing environment coupled with exudate management. In addition, the stated reduction in the frequency of community healthcare visits promoted a patient and family centered approach to care and sustained the patient's quality of life.

References

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