Using Flaminal® for the effective management of a category 4 pressure ulcer in a difficult to dress area and the impact on patient mental health

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Introduction

Pressure ulcers involve skin and subcutaneous tissue destruction as a result of prolonged pressure and shear forces. They are classified into four categories with category 4 being the most severe and defined as full thickness tissue loss with exposed underlying structures of bone, tendon or muscle. They are painful and reduce quality of life significantly; they are expensive to treat, increase the risk of infection and lead to long hospital stays and sometimes death[1]. Studies have shown that the patient inability to undertake day-to-day activities, is a predictor to depression. In addition, given that nurses generally have no formal training in identifying or managing the condition, depression often goes undetected[2]. There are often challenges with difficult to dress areas including the groin, sacrum and buttocks, as many traditional dressings cannot stick to the area and stay in place. This is usually due to access to location and excess moisture caused by sweat or incontinence. Due to this there can be a delay to healing and an increased risk of contamination to the wound.

The Patient

This case study involves a 60-year-old female who developed a category 4 sacral pressure ulcer. She had a medical history of bilateral total knee replacements, Colitis, Asthma, Hypothyroidism, Lumber disc regeneration, depression and osteomyelitis of the sacral bone. During the patient's admission to hospital, she was verified as having a category 4 sacral pressure ulcer and underwent surgical debridement, then treated with a silver dressing and foam secondary dressing which was proving difficult to stay in place due to the nature of where the pressure damage was.

The patient was transferred to a neurological centre and came under the care of the Tissue Viability Specialist Nurse (TVSN). Upon the initial assessment the pressure ulcer measured 8cm x 8cm x 4cm depth, there was no undermining or tunnelling. As debridement had previously been completed, it had left a combination of slough and granulation tissue at the ulcer bed. There were copious volumes of exudate with the surrounding skin showing signs of excoriation. Treatment for osteomyelitis had been undertaken. The pressure ulcer was in close vicinity of the anus, making management choices difficult, as dressings were becoming contaminated, and were holding faeces to the wound. She was also showing clear signs of depression, as the pressure ulcer was impacting on rehabilitation and her quality of life.

Method

The TVSN's aims were to select a dressing that would facilitate wound healing and support ease of application, as frequent contamination resulted in the need for regular cleansing. Additionally, the wound was at high risk of infection and exudate management was vital in order to preserve the surrounding skin.

Flaminal® Forte was the primary dressing of choice and was selected for its antimicrobial protection and its non-cytotoxic mode of action which allows unlimited use throughout a variety of stages of wound healing. Flaminal® Forte consists of an antimicrobial enzyme system, debriding gel and absorbent alginate, indicated for moderate to high levels of exudate. A super-absorbent pad was used and held in place by her incontinence pad. The simplified dressing plan facilitated the cleansing needs following contamination. During the periods when the frequency of faecal contamination reduced, dressing changes were extended to up to every four days.

Result

The pressure ulcer continued to improve throughout the management plan with its size reducing to 1.5cm x 1.5cm x 1.5cm depth. The ulcer remained infection free and exudate management was achieved, whilst still maintaining an optimum moist wound healing environment. The patient's mental state also improved, facilitating the progress of her rehabilitation programme and ultimately quality of life, with the negotiation of home discharge plans proceeding.

The TVSN's aims were achieved, and the simplistic management plan supported a shared care approach with the involvement of community services. The Tissue Viability Nurse also emphasised that the successful outcome of this case study, would form the basis for future wound management selection.

Discussion

Pressure ulcers continue to be a great concern for both patients and health professionals. Patients with pressure ulcerss typically experience pain and increased risk of infection, morbidity and mortality rates[3]. Risk factors identified within research studies as predictors of the development of a PU are immobility and/or inactivity, skin status and perfusion[4]. The treatment of PUs is costly, averaging between £1214 to £14,108 dependent on severity and associated complications[5].

Conclusion

This case study demonstrates the effectiveness of Flaminal® Forte as an effect way to provide antimicrobial protection whilst facilitating an uninterrupted wound healing continuum. Flaminal® achieved the treatment objectives despite the challenging conditions of contamination due to the pressure ulcer location. The timely progression of wound healing was imperative as it was pivotal to supporting the patient's rehabilitation programme and mental state. It also highlights the significance of appropriate wound management coupled with evidence-based practice to facilitate the best wound healing outcomes.

References

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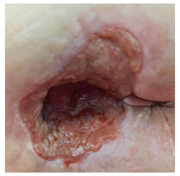
Picture 1 - 1st Oct 23


Picture 2 - 3rd Nov 23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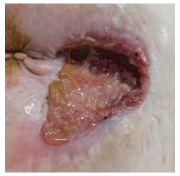
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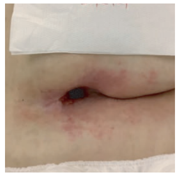
Picture 5 - 29th Dec 23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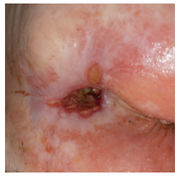
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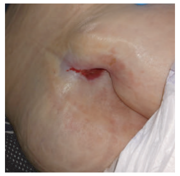
Picture 8 - 8th Jun 24

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