

Hard-to-heal category 3 pressure ulcer on the heel treated successfully with Flaminal®

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Introduction

Pressure ulcers are a common problem in healthcare and are frequently associated with older age, with approximately two thirds of all pressure ulcers occurring in those in the 60 to 80-year-old age bracket. Age-related physiological alterations, such as an increase in fragility of blood vessels and connective tissue and a loss of fat and muscle resulting in a reduced capacity to dissipate pressure, increase the risk⁽¹⁾.

Pressure ulcers develop primarily from prolonged pressure and shearing forces and are progressive in nature. Circulatory deprivation occurs, which naturally serves to provide oxygen and nutrients to the skin and underlying tissue, instigating death of the cells. Pressure ulcers vary in severity and are categorised from 1-4 according to their depth, using the National Pressure Ulcer Advisory Panel. There are also unstageable and deep tissue injury descriptors; unstageable referring to an ulcer bed that is obscured with devitalised tissue and deep tissue injury relating to tissue damage under a surface of intact skin, which resembles bruising in appearance⁽²⁾.

The Patient

This case study is centred on an 86-year-old female who has a medical history of osteoporosis and dementia. The patient has limited mobility and is housebound and her body mass index (BMI) positions her in the 'overweight' category. As a result of her immobility the patient developed an unstageable pressure ulcer to her left heel, which initially presented with 100% necrotic tissue and following the debridement process, was verified as a category 3.

The patient was referred to the Community Nursing Team and upon the primary assessment the ulcer measured 2cm x 2cm, with

100% fibrous slough covering the ulcer bed, and a noted odour, there were low to moderate volumes of exudate resulting in maceration to the wound edges, the surrounding skin was dry. Previous topical antimicrobial treatments included the application of iodine, hydrofibre, and bacteria binding type of dressings, in conjunction with an antimicrobial solution cleansing agent.

Method

The Wound Care Specialist Nurses aims were to select dressings that would facilitate autolytic debridement and by doing so, reducing the risk of infection, manage exudate, with the ultimate aim to achieve complete wound healing whilst maximising patient comfort.

Flaminal® Hydro was the primary dressing choice with a secondary foam adhesive to offer protection and to support exudate management. Flaminal Hydro was chosen for its antimicrobial protection and its ability to support the autolytic debridement process, by means of creating a moist environment whilst simultaneously managing exudate levels to optimise wound healing. The debridement process is an important part of wound healing as it also aids to reduce the risk of infection by removing the devitalised tissue food source that is necessary for bacterial survival.

Result

The ulcer dimensions were recorded at the point of initiating the use of Flaminal® Hydro as the primary dressing and thereafter. The data showed a continued reduction without deviation. Complete debridement was achieved within 17 days and the category 3 pressure ulcer granulated to skin surface within 8 weeks, with complete epithelisation and wound closure at the 10 week period. The ulcer remained infection free throughout the

wound healing continuum.

Discussion

The anatomical location of the heel and the fact that it is without muscle or fascia with little subcutaneous tissue, subjects it to a high state of vulnerability of pressure damage. After the sacrum, heel pressure ulcers are reported as the second most common anatomical site. They cause pain, reduce mobility and in severe cases can result in amputation⁽³⁾.

Conclusion

The Wound Care Specialist Nurse accentuated that all the wound management treatment aims were achieved. It was emphasised that the use of Flaminal® Hydro made wound care incredibly easy with its effortless application and atraumatic and painless removal at dressing changes, in comparison to previous dressings that had adhered to the wound bed. Additionally, it was highlighted that an effective debridement process was achieved in a timely manner leading to a significant reduction of odour, and a healthy wound bed that facilitated a trouble-free wound healing journey. The wound care team advocated that they were extremely impressed with the wound management and healing outcomes from the use of Flaminal® Hydro as the primary dressing of choice.

References

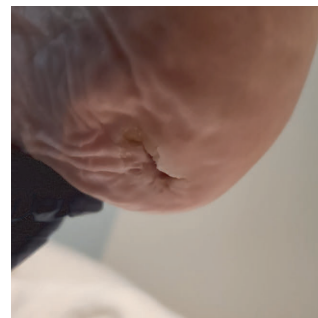
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