AQUACEL® FOAM DRESSING: A CASE STUDY ILLUSTRATING ITS DIVERSITY IN MANAGING A PATIENT’S SKIN AND WOUND PROBLEMS.

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Background
Complex wounds typically display characteristics which make them clinically challenging in terms of their management. The diversity of these wounds often make the decision making process difficult, more so when attempting to match wound characteristics with the attributes of particular dressings1. Having a dressing that is responsive to the conditions in a wound as it progresses through the phases of healing could prove to be a valuable asset to clinicians.

Introduction
This 84 year old gentleman was admitted to the local NHS Foundation Trust in an agitated state, pyrexial at 38.5 degrees centigrade and complaining of severe pain to his right hip. It was later confirmed he had an acute infected abscess which required surgical intervention. He subsequently underwent drainage and surgical debridement of the infected site. The exposed cavity was packed with povidone-iodine soaked gauze and covered with an adhesive silicone foam dressing. Overnight the wound had exuded copious amounts of haemoserous fluid and was redressed by ward staff with AQUACEL® dressing, two layers of surgical padding and several pieces of a soft adhesive surgical dressing (Fig 1.). This regime continued over the weekend and was repeated up to 3 times a day by nursing staff.

Method
On assessment the hip wound had continued to exude haemoserous fluid, it had leaked on to peri-wound skin causing it to become inflamed and irritated (Fig. 2). There was a slight malodour present and sloughy tissue was visible within the wound bed. It measured 9.5cm x 4.5cm x 6cm. Microbiology confirmed the wound was infected with Staphylococcus aureus and the patient commenced IV antibiotics.

Due to his confused mental status he had also sustained several skin lacerations to the thin fragile skin on his right forearm, these had been dressed with two pieces of soft adhesive surgical dressing and a piece of adhesive silicone foam secondary dressing. The exudate from these wounds had dried into the surgical dressings to such an extent that they had to be soaked and tentatively removed as not to cause further trauma to the skin (Fig. 3 and 4).

After considering this gentleman’s hip wound and current mental status it was decided that Topical Negative Pressure Therapy would be inappropriate. It was agreed that his wounds would be managed with a new silicone adhesive foam dressing (AQUACEL® Foam dressing). The ultimate treatment aims were:

- Promote debridement of the sloughy tissue
- Manage exudate, preventing irritation to surrounding skin
- Minimise the risk of infection
- Reduce further trauma to the skin lacerations and fragile skin on his forearm

Results
A 17.5cm x 17.5cm piece of AQUACEL® Foam adhesive dressing was placed over the multiple forearm lacerations and left in situ for 72 hours, at which point the wounds had begun to progress, the surrounding skin was less inflamed and the dressing came off very easily with no distress to the patient. The area no longer required the dressing and the skin was just kept hydrated with an emollient.

The hip wound was irrigated and cleansed with normal saline, the cavity was packed with 2 sheets of 10cm x 10cm AQUACEL®Ag dressing at the base of the wound as to reduce the risk of infection, with a further 2 sheets (10cm x 10cm) of AQUACEL® dressing to fill the remaining dead space. A 17.5cm x 17.5cm piece of AQUACEL® Foam adhesive dressing was then applied as a secondary dressing. This dressing remained in place for 72 hours, all the exudate had been contained, there was no malodour present and there was remarkable improvement in the peri-wound skin and the wound dimensions had began to decrease (Fig. 5). This regime was continued for a further week after which it only required weekly reviews with noticeable wound progression seen at every dressing change.

This gentleman’s hip wound continued to make significant progress (Fig. 6 and 7). At week 6 it measured 6cms x 3.8cms x 3.7cms and was being lightly packed (weekly) with 2 sheets of AQUACEL® dressing (10cm x 10cm) and covered with a 10cm x 10cm AQUACEL® Foam adhesive dressing. His arm wounds went on to subsequently heal.

Conclusion
Using AQUACEL® Foam adhesive dressing, combined with an effective wound management regime was undoubtedly a key factor in achieving wound progression. Its physical attributes suggest that this product could be indicated when presented wounds that require a diverse range of factors to be considered. For this patient it demonstrated that it not only effectively absorbed exudate, it also retained it (thus minimizing peri-wound irritation), a factor that must be considered when selecting any absorbent dressing2,3 and the adhesive was capable of keeping the dressing in place, yet easy and comfortable for the patient on removal.

References