Management of Complex Lower Limb Wounds Using a Hydroconductive Debridement Dressing

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Introduction:

- Effective Wound Bed Preparation (WBP) is the cornerstone of successful wound management[1]
- Removing the barriers to healing provides a wound environment more conducive to healing and addresses issues important to patients and their life quality[2,3]
- Chronic wounds are costly[4] - cost-effective, widely available methods of efficient WBP are paramount in an era of increasing healthcare needs but limited resources
- Drawtex Hydroconductive Debridement dressings contain patented LevaFiber technology designed to address the four main barriers to healing – devitalised tissue, excess exudate, raised bioburden and harmful proteases[1]
- Hydroconductive debridement is a very efficient method of WBP without the need for specially trained clinicians and/or multiple dressing types used in combination[1]

Method:

- Patients presenting with moderate to highly exuding lower limb wounds requiring debridement of devitalised tissue or maintenance debridement between visits were evaluated for a four week period, or until the wound bed was sufficiently prepared
- Drawtex dressings were applied in layers with secondary dressings to secure and appropriate conjunctive therapies, such as compression bandaging or offloading
- Frequency of dressing changes depended on wound condition and exudate levels

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Case Study 1 - Day 0

Grade 3 Heel Pressure Ulcer
Duration: > 1 year
Wound Bed: 10% Necrosis, 80% Slough, 10% Granulation
Wound size: 3cm x 2cm x 0.6cm

Case Study 1 - Day 14

Drawtex applied with light Compression Therapy
Wound Bed: 20% Slough, 80% Granulation
Wound Size: 2cm x 1.5cm x 0.3cm
Exudate levels decreased

Case Study 2 - Day 0

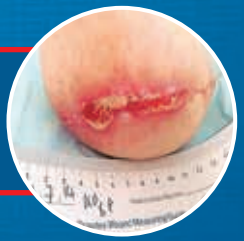
Traumatic Haematoma Wound
Duration: 1 week
Wound Bed: 100% Necrosis
Wound Size: 22cm x 6cm

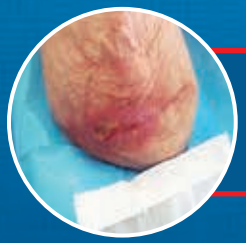
Case Study 2 - Day 17

3 x Weekly Dressing Changes with
Drawtex and Compression Therapy
Wound Bed: 90% Granulation
Wound Size: 20cm x 6cm

Case Study 3 - Day 0

Post-Surgical Wound following Below-Knee Amputation
Duration: 3 weeks
Wound Bed: 20% Slough, 80% Granulation
Wound Size: 9cm x 1.5cm





Case Study 3 - Day 24

Drawtex applied with a film dressing to secure
Wound Bed: 10% Slough, 90% Granulation
Wound Size: 1.5cm x 0.6cm

Results:

- Six patients were included – 1 venous leg ulcer (VLU), 1 Grade 3 heel pressure ulcer (PU), 1 post-operative amputation wound and 3 traumatic haematoma wounds
- All wound beds were quickly debrided of black eschar or wet, sloughy tissue following instigation with Drawtex
- All six wounds exhibited evidence of epithelializing wound edges with an average reduction in wound size of 46%
- Exudate levels were decreased in all cases and frequency of dressing changes reduced
- Surrounding skin integrity was improved and well maintained
- Infection is commonly reported with complex and chronic wounds - only one recorded episode of infection in a wound otherwise showing remarkable progress
- Dressing was reported as comfortable and easy to use

Discussion and Conclusion:

- WBP was rapidly achieved and healing promoted with Drawtex Hydroconductive Debridement dressings
- Modulation of the wound environment through removal of harmful proteases was also a possible contributory factor to progression towards healing
- Reduction in frequency of dressing changes decreases actual dressing cost and nursing time in times of finite resources and increasing healthcare demand whereby clinicians need to justify the use of cost-effective treatments
- Drawtex Hydroconductive Debridement dressings are a simple and efficient method of achieving rapid WBP through removal of the barriers to healing and promoting epithelialisation of complex lower limb wounds