

10 Patient Evaluation of a Hydroconductive Dressing

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Aim

An evaluation of a hydroconductive dressing was undertaken in a busy hospital-based specialist wound care clinic. The primary aim of the evaluation was to assess its contribution to reduce the size of the wound. Other objectives were to evaluate its effectiveness in preparing the wound bed and to identify further benefits of using this dressing.

Methods

The dressing was evaluated within the clinic on 10 patients with a range of typical complex wounds. At each clinic visit the wounds were photographed and the outcomes documented using an advanced wound management software programme to provide quantitative analysis of wound progression to support the digital images.

Results

The final analysis demonstrated that an improvement was recorded in all of the wounds, when treated with this dressing as recommended by the manufacturers. It was particularly effective in removing slough from the wound bed, while effectively managing exudate.

Table 1 demonstrated the wound area recorded using the wound management software at the start and end of the evaluation period for each patient.

Patient Number	Wound Type	Wound Area End Evaluation		Evaluation period
1	Leg ulcer	3cm ²	4cm ²	22 days
2	Trauma wound	14cm ²	15cm ²	6 days
3	Surgical wound	9cm ²	20cm ²	14 days
4	Surgical wound	28cm ²	21cm ²	21 days
5	Surgical wound	4cm ²	.16cm ²	28 days
6	Surgical wound	417cm ²	281cm ²	18 days
7	Surgical *		Healed	6 days
8	Surgical wound	14cm ²	30cm ²	14 days
9	Surgical wound	17cm ²	12cm ²	7 days
10	Leg ulcer	1.2cm ²	2cm ²	28 days

* Patient 7 the wound area was too small to measure. The dressing was used over a surgical wound, which had staples in situ, with wound exudate leaking through a small opening. The dressing was used for 6 days at which point the problem was resolved.

- There was a reduction in wound circumference in 6 patients
- In the remaining 4 patients where the wound area was larger, this was associated with removal of devitalized tissue to expose the exact wound margins
- The peri-wound skin also improved in this patient group, and no sensitivities were reported. An example is demonstrated in the following case history.

Patient 4 was a 46 year old male who had undergone surgery to his right axilla 7 weeks prior to the evaluation. The clinicians who treated him found it difficult to manage the wound because the patient was sensitive to a range of wound care products including foam dressings (including those containing silicone), hydrocolloids, plasters and some creams. He was taking also having to take analgesia for wound discomfort.

The evaluation dressing was commenced, and after 1 dressing change the wound discomfort had reduced sufficiently for him to stop his analgesia.

By day 7 the wound bed was improving, the exudate level had reduced and there was no sign of any sensitivity to the dressing. The condition of the peri-wound skin had also improved. The patient attended the clinic until the wound no longer required specialist interventions and the ongoing care was managed by the Community Nurses.



Day 0



Day 7

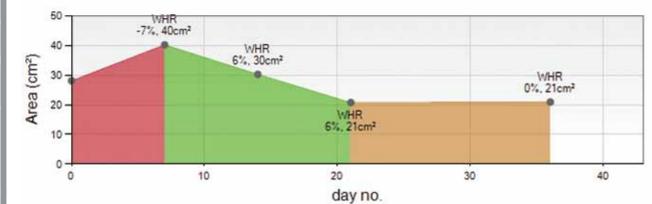


Day 14



Day 21

Wound Dimension



Tissue Analysis



Discussion

The outcomes of this small evaluation suggest that this technology may promote an ideal environment for healing with added benefits to peri-wound skin. However, additional studies are required to investigate this further.

Conclusion

The dressing was effective in improving the condition of the wound bed. It was also observed to dramatically improve the peri-wound skin. This negated the use of skin protectants and emollients, which reduced the cost of care for these patients.

DRAWTEX® Hydroconductive Wound dressing.
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