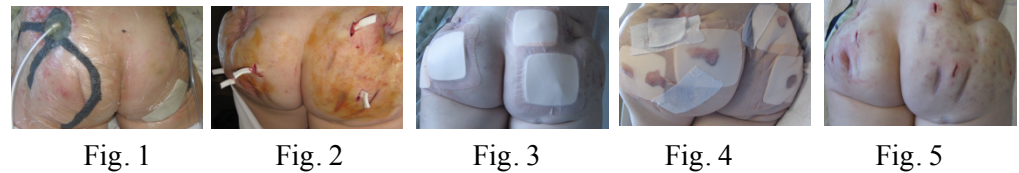


EXPANDING YOUR OPTIONS BEYOND HIGHER COST THERAPIES FOR COST EFFECTIVE TREATMENT OF ACUTE AND CHRONIC WOUNDS WITH INNOVATIVE TECHNOLOGY: HYDROCONDUCTIVE DRESSINGS

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Objectives: With Health Care Reform approaching, there is a need to improve outcomes while reducing costs. Higher levels of compensation will reward more cost effective wound care. We evaluated a Hydroconductive Wound Dressing* as an alternative to more costly wound treatments for decreasing edema in and around the wound bed, and for removing excess exudate, debris, tissue bacteria, and deleterious chemicals that impede wound healing. **Methods:** A series of patients demonstrating different clinical wound problems were chosen in which the Hydroconductive Dressing was used in areas where previously other advanced wound therapies or NPWT would have been the treatment of choice. Three examples of these cases are presented.

Case 1: A 56 yr.-old woman admitted with multiple recurrent bilateral buttocks abscesses requiring systemic antibiotics and I&D. Past Rx included NPWT (Fig.1). Following I&D, HCD wicks were inserted into the wounds to draw out purulent material and HCD placed over wounds (Fig.2, 3). Dressing changes demonstrate removal of abscess contents (Fig.4) After a week of daily HCD changes, abscesses are cleared, edema resolved, and wounds on healing trajectories (Fig.5).



Case 2: A 74 yr.-old man with a spider bite to his L. ring finger 3 days previously. Past history of lymphoma and hyperlipidemia. Original Rx was systemic antibiotics, I&D, and packing with Iodoform gauze. Rapid progression of cellulitis suggesting need for amputation (Fig. 1). Rx begun with daily HCD wick and surrounding HCD dressings to decrease swelling and cellulitis (Fig.2). After 24 hours, the surrounding HCD was saturated and appearance much improved (Fig. 3). HCD replaced into and surrounding wound (Fig.4) and when removed after 96 hrs of Rx, cellulitis resolved, edema decreased, and pt. discharged to home care (fig. 5).



Case 3: A 72 yr.-old woman with hx. of Crohn's Disease and painful peristomal ulcers due to pyoderma gangrenosum. Systemic steroids, alginate and foam dressings showed no improvement. Pain scale was 8-10. Begun on HCD when ulcer measured 5.0X3.0X1.25 cm (Fig.1). Within 6 wks. The ulcer area decreased to 3.0X2.0X1.25 cm (Fig.2). By 12 weeks all depth of the ulcer had filled in and size was 3.5X2.5X0 cm.(Fig.3). Pain scale 2-3. By 20 wks of HCD Rx. The ulcer was almost entirely epithelialized (Fig. 4) and the patient reported longer wearing time of her pouch system and complete comfort (Fig. 5).

