

CASE STUDY

Three Malleolus Wounds of Two Years' Duration Closed in Four Weeks Using Silver Polymeric Membrane Dressings*

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CLINICAL PROBLEM

A 65 year-old female with a history of venous insufficiency presented with wounds of the left lateral and medial malleolus. The patient's history included chronic arthritis, hypertension, hypothyroidism, immobility and left malleolus wounds present for the last 2 years. The patient was hospitalized with a gastrointestinal bleed and severe anemia. A past wound culture showed MRSA in the wounds. Additionally, the patient had possible pseudomonas colonization. A Wound Ostomy Continence nurse was consulted for wound care. The patient lives in a desert environment which can interfere with optimum moist wound healing conditions.

DESCRIPTION OF PAST MANAGEMENT

Past wound treatment included conservative debridement, daily wet-to-dry dressings or weekly compression therapy after debridement. All previous treatments were found unsuccessful. The patient had pain with dressing changes.

CURRENT CLINICAL APPROACH

The new plan of treatment included applying high lanolin content skin protectant to the leg, debride as needed, cover with silver polymeric membrane dressing and apply four layer bandage system compression therapy. The dressing and compression therapy were changed once per week.

The silver polymeric membrane dressing selection was based on the wound culture results and the fact that the dressings can be used up to 7 days. Silver polymeric membrane dressings have been tested and found to be effective against: Staphylococcus Aureus both MRSA and Non-MRSA, Enterococcus Faecalis (VRE), Klebsiella Pneumoniae, Pseudomonas Aeruginosa and Candida Albicans.

PATIENT OUTCOME

These chronic non-healing wounds healed in 4 weeks after initiation of management with silver polymeric membrane dressings. Only 5 dressing changes were required in order to achieve wound closure. The patient did not experience any maceration of the wound or peri-wound area with this management approach.

OBJECTIVES

1. Discuss problematic issues related to malleolus wounds.
2. Identify silver polymeric membrane dressings to help reduce bacterial burden and enhance wound healing throughout the wound healing continuum.
3. Discuss using polymeric membrane dressings with compression therapy for treatment of venous insufficiency.
4. Identify polymeric membrane dressings to be a cost-effective choice for wound management.

The wound bed did not need to be cleansed during dressing changes after the silver polymeric membrane dressings were initiated. The clinician attributes this to the continuous cleansing that the silver polymeric membrane dressing provides during use.

The wound debrided and cleaned up faster and closed sooner than the clinician expected.

The silver polymeric membrane dressing is non-adherent which made dressing changes very comfortable for the patient. The patient did not have pain with dressing changes when using the silver polymeric membrane dressing.

CONCLUSION

Silver polymeric membrane dressings are an excellent choice to use under compression. Silver polymeric membrane dressings maintained an ideal moist wound healing environment even in these desert conditions. Silver Polymeric membrane dressings offer quicker wound resolution times than traditional dressings and have been found to help heal wounds that had previously been unsuccessfully treated. Silver polymeric membrane dressings deliver four aspects of wound care in one formulation (cleanses, fills, absorbs, moistens) which can be used throughout the wound-healing continuum. The dressing eliminates multiple wound products and has been found to be cost-effective. This type of dressing can be used successfully with or without compression therapy.

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This case study was unsponsored. Ferris Mfg. Corp., contributed to this poster design and presentation.

*PolyMem® Silver™ Wound Dressing, Ferris Mfg. Corp., Burr Ridge, IL 60527



Lateral Aspect of L Malleolus

May 20: Left lateral malleolus wound 6cm x 4.5cm depth 0.5cm, granulation tissue present. Left medial malleolus wound 4.5cm x 4cm depth 0.4cm. Left medial posterior malleolus wound 2cm x 2cm depth 0.5cm, 100% yellow slough tissue. Erythema present to surrounding skin. Silver polymeric membrane dressings initiated with compression therapy.



Medial Aspect of L Malleolus



Lateral Aspect of L Malleolus

June 2: Left lateral malleolus wound 5cm x 3cm, resurfacing present, no odor noted. Scant amount sanguinous drainage and periwound softening callous. Left medial malleolus wound 3.5cm x 2.5cm. Left medial posterior malleolus wound 2cm x 1.5cm, resurfacing noted. 100% wound granulation.



Medial Aspect of L Malleolus



Lateral Aspect of L Malleolus

June 17: Left lateral and medial malleolus resurfaced. Wounds healed.



Medial Aspect of L Malleolus