AQUACEL® Ag Extra™ dressing: Effective management of chronic lower limb ulceration using an improved silver-containing Hydrofiber® dressing

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Background

The successful management of chronic lower limb ulceration is primarily dependent on identifying and managing factors that may influence an individual’s ability to heal. Such factors are usually uncovered during, or following a thorough holistic patient assessment. Appropriate wound management is commonly a factor that poses many challenges to the clinician, particularly when selecting a dressing that is capable of managing the often complex conditions within a chronic wound bed. Effective management of wound exudate is essential, excessive amounts can lead to protein deficiency, peri-wound maceration, infection, malodour and delayed wound healing. This can often be distressing for patients, negatively affecting their quality of life. Chronic venous leg ulcers (VLUs) are one type of wound that are prone to high exudate levels.

Introduction

This poster describes the care given to two patients with chronic VLUs in a Derby Community Leg Ulcer Clinic after commencing on AQUACEL® Ag Extra™ dressing, a recently upgraded version of the traditional AQUACEL® Ag dressing.

Patient 1

Male, age 32, ex intravenous drug abuser, with a 11-month history of ulceration and recurrent infection to the lateral aspect of his right leg. The wound was being dressed daily by the patient and weekly by his practice nurse. Over the last few months the wound was deteriorating and becoming extremely painful, it was beginning to affect his sleep patterns and his ability to work, causing him to feel very depressed. On assessment, he presented with a shallow, heavily exuding and malodorous ulcer measuring approximately 7.5cm x 5.5cm. The fluid from the wound was macerating the peri-skin causing it to become excoriated, small satellite ulcers were also observed at the distal aspect of the wound. The wound bed was a dull red colour, with areas of sloughy tissue visible over the wound surface.

Patient 2

Following a minor traumatic injury, this independent and active 85 year old lady endured a painful 4 months of chronic ulceration to her lower left leg. The wound was being redressed 3-4 times a week by her practice nurse. She presented with a heavily exuding ulcer measuring approximately 2cm x 2cm. The wound bed was 70% slough, 20% granulation and 10% epithelial tissue. It appeared heavily colonized and was malodorous.

Method

Both patients had a full leg ulcer assessment and Doppler ultrasound which indicated venous insufficiency. Their treatment objectives were:

- Aid venous return through the application of compression therapy
- Minimise risk of systemic infection
- Manage exudate, preventing peri-wound skin damage
- Reduce frequency of dressing changes
- Minimise pain and discomfort at dressing changes

The ulcers had AQUACEL® Ag Extra™ dressing as the primary contact layer, they were then covered with a secondary absorbent pad, secured toe to knee with a tubular bandage and a 2-layer compression bandage applied. Both were instructed to return to the clinic weekly for review, but visit the practice nurse if necessary.

Outcomes

Wound exudate effectively managed, no secondary absorbent pad was required at subsequent dressing changes. AQUACEL® Ag Extra™ dressing discontinued at week 2. The patient found the dressing comfortable to wear and experienced minimal discomfort during dressing changes. By week 4, no primary dressing was required. The ulcer went on to completely heal by week 5 and the patient was able to return to work, the ulcer is now being managed by himself and his practice nurse.

Conclusion

Chronic wounds are often frustrating and present a variety of clinical management challenges. For these two patients, a thorough leg ulcer assessment and the application of suitable compression bandaging, significantly reduced exudate levels. Thus allowing the wound fluid to be effectively absorbed and retained in the Hydrofiber® dressing. Furthermore, the silver (Ag) component within the dressing, adequately controlled the wounds bacterial load. All of the treatment objectives were satisfied and positive outcomes were achieved.

References