Use of Super-Absorbent Dressings and Compression in the Management of Highly Exudative Bilateral Venous Stasis Ulcers

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Background

• Venous ulcers, a common type of lower extremity ulcers, can affect up to 3% of the United States population.¹
• These ulcers can be difficult to heal and may reoccur in 60%-70% of patients.²
• Difficulties in venous stasis ulcer treatment include exudate and pain management.

Purpose

• We present our experience using super-absorbent dressings* and compression therapy in the management of one patient with extensive bilateral venous stasis ulcers present for over 3 years.

Case Study

• A 54-year-old male presented for care with extensive exudate (Figure 1).
• Previous medical history included obesity, diabetes mellitus, chronic pain, and chronic opioid use.
• Previous treatments included split-thickness skin grafts and allografts.
• Due to chronic pain, the patient refused hospitalization, excisional debridement, and use of negative pressure wound therapy.
• A treatment plan of biweekly hydro-mechanical debridement, iodine dressings, and antimicrobial foam were implemented to remove slough and manage bioburden.
• After 3 months, bioburden was reduced, and treatment focus switched to exudate management (Figure 2).
• Super-absorbent dressings with compression therapy were applied to both legs (Figure 3).

Case Study (Cont’d)

• Dressing changes occurred every 2-3 days.
• Over the next 6 months, exudate levels decreased and healthy granulation tissue was observed in the bilateral wounds (Figures 4-5).
• The patient was able to tolerate the use of super-absorbent dressings and compression therapy with minimal pain.
• This resulted in improved wound bed appearance and reduced exudate levels in both leg wounds (Figure 6).

References


*KERRAMAX CARE™ Super-Absorbent Dressing (Systagenix Wound Management Ltd, Knutsford, UK)

NOTE: Specific indications, contraindications, warnings and precautions, and safety information exist for these products and therapies. Please consult product labeling prior to use.