

Pressure Ulcer

An 87 year old lady was referred with a pressure ulcer to the heel which was covered with hard eschar. The lady had suffered a severe cerebral vascular accident some years previously, and was left with severe disability, immobility and unable to swallow. The affected limb was contracted at a 100 degree angle. After 1 week of treatment, the eschar was removed using conservative sharp debridement and the treatment continued for a further six weeks, and discontinued when the wound was covered with 100% granulation.

Product: L-Mesitran® Ointment with Lyofoam® as a secondary dressing, secured with a toe-to-knee Softban® bandage and Tubifast® Blue Line.

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Method & Observations:

All of the subjects presented in this paper were treated using the Ointment version of the Mesitran range as a primary dressing, with adhesive or nonadhesive foam dressings (Lyofoam, Medlock Medical, UK) as secondary dressing. The limbs of those with heel pressure ulcers were wrapped in toetoknee Soffban (Smith & Nephew, UK) bandages and Tubifast Blue Line (Medlock Medical, UK). White and Yellow Soft Paraffin ointment was used on the non-damaged skin from toe to knee, limb elevation encouraged where possible, and heel protectors such as the Repose Heel Boot (Frontier Medical, UK) utilised as required. All of the patients studied were cared for in line with the Best Practice Statement for Pressure Ulcer Prevention (2002), and pressure-reducing mattresses and cushion were provided as required.

Conclusion

This lady's overall condition could have presented a significant barrier to healing but, after three weeks, the combination of the ointment and conservative sharp debridement resulted in the removal of most of the eschar and slough. The subsequent four weeks of treatment resulted in the promotion of granulation and a reduction in the surface area of the wound.

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*Wound at first review
Pressure ulcer to the heel:
5cm x 5cm. 100% of the wound bed covered with
eschar. No infection present.*



*Wound at three-week review
Pressure ulcer to the heel, 5cm x 5cm. 90% of the wound
bed covered with granulation, 10% with slough. No
infection present.*



*Wound at final review – seven weeks
Pressure ulcer to the heel,
4cm x 4cm. 100% of the wound bed covered with granula-
tion. No infection present.*