Treating Stage III Pressure Ulcers

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The most important approach in managing Stage III pressure ulcers is a complete assessment of total patient needs. Assessment usually includes wound type, location, measurement, and duration; nutrition; mobility; mental status; social and financial support; medications; oxygenation needs; pressure distribution; lab data; and comorbidities. Appropriate and effective dressing selection should take into account the amount and type of drainage, undermining, tunneling, type and amount of necrotic tissue, edema, signs and symptoms of bacterial burden, and pain.

If the wound bed is partially or completely covered with necrotic tissue, wound gels may be utilized to soften, liquefy, and loosen the nonviable tissue. Once the wound bed is free of debris and necrotic tissue, foam dressings and foam cavity fillers (for wounds with depth) assist with maintaining a moist environment, provide thermoregulation for the wound and surrounding tissue, provide absorbency for draining wounds, minimize pain, and improve patient comfort level utilizing nonadherent properties and long wear time (up to 7 days between dressing changes depending on amount of draining).

Alginate dressings, which have many of the same properties as foam, are another choice for Stage III pressure ulcers. Both dressing types maintain a moist wound environment and may be used for tunneling and undermining. Like foam, alginates provide moderate absorbency, do not adhere to the wound base, and provide some pain control. However, alginates have a shorter wear time, requiring more frequent dressing changes and a secondary dressing.

When making dressing decisions, clinicians should remember that dressings that maintain thermoregulation and homeostasis can increase the proliferation of new cells and decrease pain associated with dressing changes. Also, wounds with tunneling or undermining should never be overpacked in order to avoid interfering with healing. Overpacking can cause added pressure damage and can limit blood flow to the area.

Successful management of Stage III pressure areas involves the combined effort of the practitioner and the patient, as well as the correct product. ■

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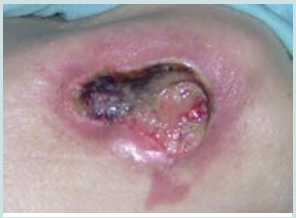
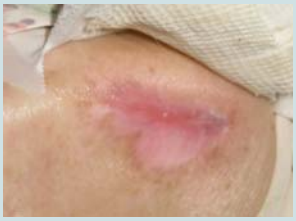
Commentary from Ferris Mfg. Corp.

PolyMem® QuadraFoam® dressings are the single solution that delivers maximum value when managing pressure ulcers. No generic versions of PolyMem QuadraFoam dressings are available.

In a representative case study,[1] PolyMem dressings were used exclusively on a profoundly malnourished (450 kcal/day intake), 90-year-old woman with end-stage Alzheimer's disease. The bedridden patient had an odiferous, painful, eschar-covered Stage III scapula pressure ulcer. The clinician reported the patient's persistent wound pain was eliminated along with the wound odor when the PolyMem dressings were initiated. The autolytically disolving eschar was absorbed into the dressing and removed at each dressing change; this eliminated the need for all other traditional debridement strategies. The continuous cleansing properties of the dressings made dressing changes easy for the family members because they did not need to cleanse the wound bed during dressing changes. The wound closed in 6 months.



December 7: Stage III scapula wound. All debridement provided by PolyMem.



May 30: Closed wound. PolyMem used to closure.

Reference
1. Agathangelou C. Unique dressing provides nutrients for wound closure in a profoundly malnourished patient. Poster presented at National Pressure Ulcer Advisory Panel 11th Biennial Conference. Arlington, VA. February 27–29, 2009.

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