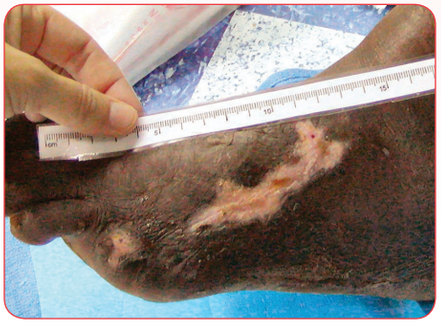
PolyMem®

CASE STUDY

Quick Healing of Deep Foot Ulcers in a Patient with Neuropathy Using PolyMem Dressings

BEFORE



AFTER

CASE STUDY

Quick Healing of Deep Foot Ulcers in a Patient with Neuropathy Using PolyMem Dressings

Linda Benskin, RN, BSN, Ghana SRN, Church of Christ Mission Clinic, P.O. Box 137, Yendi, Northern Region, GHANA, West Africa

PROBLEM

The patient was a middle-aged male in Ghana, West Africa, with multiple foot ulcers, including fully exposed tendons, who stated the cause was "boils" bursting only one week prior and the only treatment was to wrap the foot in cloth. Co-morbidities included neuropathy secondary to Hansen's disease (leprosy) and significant malnutrition. The major wound (10.5cm x 4cm x 2cm deep) was heavily exudating. High humidity and temperatures consistently between 80°F and 100°F promoted bacterial and fungal growth.

RATIONALE

Wound margins had become macerated from moist debridement procedures. This clinic has found that PolyMem dressings provide ideal wound moisture conditions for rapid healing without periwound maceration on heavily exudating wounds, and reduce dressing change frequency.

METHODOLOGY

Treatment included nutrition, prayer and direct wound care. Wound debridement: sharp, then sodium chloride-impregnated gauze and EUSOL. PolyMem Wic® cavity wound filler and PolyMem dressings arrived on site one week into treatment, the day the wounds were well debrided. The wound was lightly filled with PolyMem Wic wound filler and covered with standard PolyMem dressings. The tendon was cradled in PolyMem Wic wound filler to keep it appropriately moist until viable tissue reached it. Dressing change frequency was based on the condition of the wound. During use of sodium chloride-impregnated gauze and EUSOL, daily changes were performed. When PolyMem wound dressings were initiated, dressing changes were reduced to four times per week, then, as healing progressed and exudate levels diminished, to twice a week.

RESULTS

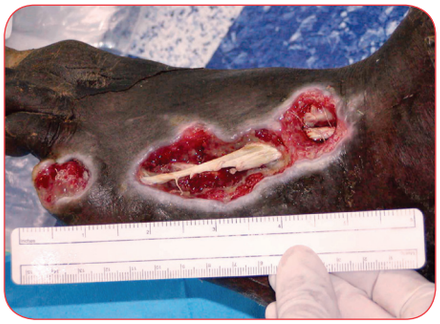
The wounds healed completely only 38 days after initiation of PolyMem Wic wound filler and PolyMem dressings. The wounds did not become heavily re-infected in this severely immunocompromised patient despite hot humid "incubator conditions." The tendon, which was exposed on all sides, was kept moist enough to remain viable, so the patient retained foot mobility.

CONCLUSION

PolyMem Wic cavity wound filler and PolyMem dressings were an excellent dressing choice for these heavily exudating deep wounds, even in a patient with neuropathy and immuno-insufficiency. The dressings were successfully used from initiation of treatment to complete wound closure.

JUNE 30
Initial visit, after the abscess was drained and the main wound was rinsed. Amputation of the exposed bone of the small toe and significant sharp debridement of necrotic tissue is still needed.

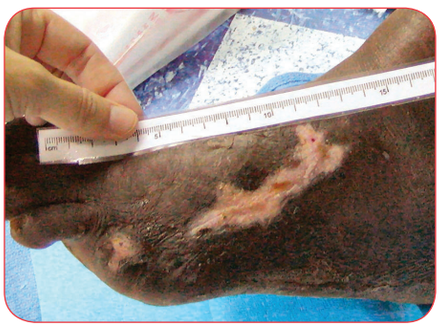
JULY 7
The wounds are clean, but the periwound area is macerated from moist debridement procedures. PolyMem wound dressings and PolyMem Wic wound filler arrived on site, so treatment with these products began.



JULY 7
PolyMem Wic wound filler lightly fills the cavity inferior to the tendon. PolyMem wound dressings will be used to cover the entire wound site. (Gauze is temporary to hold dressings in place for photo.)

JULY 23
After only 16 days of treatment with the PolyMem dressings and PolyMem Wic cavity filler the wound is fully granulating and significant healing has occurred. The tendon is now securely surrounded by new tissue.

AUGUST 14
Completely closed after only 38 days of treatment with PolyMem Wic wound filler and PolyMem dressings, despite neuropathy, malnutrition and immunocompromised state. No re-infection, despite "incubator conditions."



OBJECTIVES

1. Discuss problematic issues related to foot ulcers associated with severe neuropathy, and infection management in severely immunocompromised patients.
2. Consider the benefits of choosing a dressing material that provides satisfactory wound moisture conditions even when changed only every four days.
3. Show that PolyMem dressings and PolyMem Wic wound filler, categorized in the United States as foam dressings, have a wider treatment range of applicability than is generally recognized for dressings in the "foam" category.
4. Demonstrate that PolyMem dressings and PolyMem Wic wound filler can be initiated at any stage of healing and can be used to complete closure.

This case study was unsponsored. The clinic receives donated supplies from many sources, including Ferris Mfg. Corp., who contributed to this poster design.

Ferris Mfg. Corp.
5133 Northeast Parkway, Fort Worth, TX 76106 USA
Toll Free USA: 1.800.POLYMEM (765.9636) | International: +1 630.887.9797
Web site: www.polymem.com

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Original Poster Presented at*:

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19th Annual Symposium on Advanced Wound Care (SAWC). Poster #24. April 30-May 3, 2006. San Antonio, TX USA.

WOCN Society 38th Annual Conference. Abstract #1685. June 24-28, 2006. Minneapolis, MN USA.

10th Annual Wound Care Congress , Poster #13. Nov. 12-14, 2006. Co. Springs, CO USA.

* This version has been modified from the original; it reflects PolyMem branding.

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