Use of a Novel Foam Dressing with Non-Adherent Contact Layer in Leg Ulcer Management

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PURPOSE
To provide an effective, comfortable, absorbent dressing for leg ulcers with copious drainage in the terminal patient.

OBJECTIVE
The Wound Care Nurse is challenged with recommending a treatment plan for leg ulcers of Hospice patients. The treatment goal is to promote less frequent dressing changes, containment of exudates, periwound protection and pain-free dressing changes.

The use of a novel foam dressing with non-adherent contact layer helped achieve these goals

Case 1
G.P., 57 year old alert man, admitted to Hospice Care with diagnosis of malignant melanoma with metastasis to lung, liver and pancreas. He had a 5 month history of bilateral lower leg edema and numerous ulcers. The left leg was larger than the right leg and had 3 superficial open areas, 0.5 x 0.5cm, located in shin area and posterior calf. The wound bed had clean, pink granulation tissue. The surrounding skin was red, and macerated. The right leg had one superficial ulcer, 0.3 x 0.3 cm with a clean wound base. The ulcers drained copious serous fluid with no odor. The patient’s wife reported changing the dressing a minimum of 6 times/day. There were no signs of infection, and the patient had been treated recently with an antibiotic.
The family had tried at least four different dressings, foam, alginate and antimicrobial silver products with poor results. A zinc-based barrier cream was being used on the periwound area. During each dressing change, the towel under the legs was saturated with exudates. The novel non-foam dressing was applied to the left leg ulcers and covered with absorbent pads and held in place with a stretch gauze wrap. The patient could not tolerate any compression/tight dressing.

With the introduction of the non-adherent novel foam dressing, dressing changes were reduced to 3 times a day. The patient was treated for 22 days and expired on the 23rd day.

There were 3 ulcers on the medial left lower leg. The ulcers measure 2 x 1 cm, 1.5 x 1.5 cm & 0.5 x 0.5 cm with yellow adherent slough. The ulcers drained copious serous exudate and the periwound skin was red. Patient complained of pain with dressing changes. Previous treatments for the left leg: foam dressings 3-4 different brands, alginate/hydrofiber, paste boot and other multi-layer compression wraps.

The left leg was treated with the novel foam non-adherent dressing. Patient and caregiver found the dressing easy to use, comfortable to the patient and more absorbent than other dressings. The frequency of dressing changes was reduced from two times a day to every day or every other day. Patient was treated for approximately 30 days until she expired.

Case 2

M.C., alert 88 year old woman on Hospice service with a diagnosis of Leukemia and a history of Aplastic Anemia, presented with a long history of bilateral lower leg ulcers. She was followed by an out-patient wound program, but due to deteriorating condition it became a hardship to travel to the clinic weekly. She had bilateral lower leg edema, and full thickness ulcerations. She was a poor historian in regards to the ulcers on her legs. Patient was not diabetic. She had limited ambulation and used a walker to go to the bathroom during the day.

Case 3

M.C., alert 88 year old woman as described in case #2, The right foot had a transmetatarsal amputation, but there was no clear history or etiology to explain this surgery.

The right lower leg had an ulcer measuring 12 cm x 9 cm, 90% adherent yellow slough, 10% red raised tissue and moderate-large serous drainage. The
Case 3

OUTCOMES

The following outcomes were achieved through the use of these novel dressings:

- Decreased dressing change frequency
- Improved periwound skin
- Pain-free dressing changes
- Increased comfort
- Improved quality of life
- Caregivers were able to manage wound care treatment
- Dressings were easy to apply and remove

CONCLUSION

These novel contact and non-adherent foam dressings met these patient's needs. These cases were terminal and the goals included comfort and improved quality of life rather than wound healing. The caregivers involved in these cases were pleased with the results of using this dressing. They identified advantages to the use of this product, as well as, the primary goals of patient comfort, and absorbency.
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