

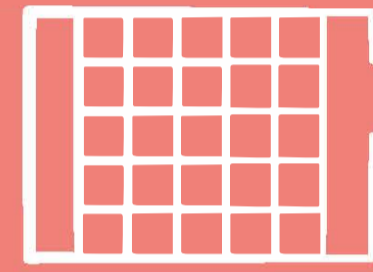
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IODOFLEX^o Cadexomer Iodine Dressing to deslough a venous leg ulcer

+ Case Study plus points



IODOFLEX Dressing prevented the wound from having to be sharp debrided



IODOFLEX Dressing de-sloughed the wound and barriers to biofilm



Following successful debridement, PICO Single Negative Pressure Wound Therapy (sNPWT) was commenced

Introduction

Venous leg ulcers (VLU's) are a major cause of morbidity and decreased quality of life (QOL). Published data found that there were 730,000 patients with a leg ulcer in the UK,¹ which can potentially fail to heal (non-healing), increasing the risk of complications² if not managed appropriately.

Non-healing wounds can contain necrotic or sloughy tissue, which harbors bacteria, acting as a barrier towards healing. To manage this, debridement a well-known method in wound care practice, is vital when reducing the bacterial burden and the presence of biofilm.³

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Autolytic debridement is the most commonly used in the UK and is often applied before other methods of debridement.³ IODOFLEX Dressing can assist with some of the barriers presented in non-healing wounds as it promotes wound bed preparation by removing barriers to healing from the wound such as slough and biofilm.⁴ It assists with autolytic debridement⁵ and absorbs slough and debris, effectively desloughing⁴ wounds such as exuding venous leg ulcers.

Case presentation

This 47-year-old male with no previous medical history developed signs of cellulitis in his left leg, which increased up to his thigh; he was admitted to acute care and was prescribed IV antibiotics. Within three days, a blister appeared on his left lower leg, which deroofed and a wound developed. The impact of this wound has led to the patient having to stop rugby training. The patient wanted the wound to heal as soon as possible; not only this, the patient had to attend clinic appointments on his lunch break to have his dressings changed twice a week which impacts substantially on QOL.

The lower leg team assessed the patient and performed an ultrasound doppler, where the patient APBI was measured as 1.13 and, therefore, would require compression therapy to aid in healing the ulcer alongside a basic dressing regime of conventional dressings, which left the wound sloughy.

A photograph was sent to the lower leg specialist (day 1), who assessed the wound as sloughy and not progressing, with 95% thick tenacious slough and 5% granulation. The wound measurements were 3.5cm in length with a width of 3.9cm and depth of 0.5cm with moderate exudate levels (image 1). The patient reported that the pain comes, goes and takes analgesia to manage the pain. Based on this assessment the lower leg specialist advised using IODOFLEX Dressing to de-slough the wound to disrupt and remove biofilm alongside compression therapy.

Treatment and outcomes

On day 11, although the wound remained sloughy (image 2), the slough had started to loosen, the dressings regime continued. On day 24 (image 3), the wound continued to respond well to the IODOFLEX Dressing. When the wound was cleaned, a good proportion of the thick tenacious slough was wiped away but remained 90% sloughy. The nursing team assessed the need for sharps debridement; however, due to a good response to the dressing, it was deemed unnecessary, and to continue the treatment plan.

By day 31, the slough had debrided significantly. It was assessed at just 5% slough (image 4), compared to 90% seven days previous. At this point, the patient could have PICO sNPWT applied to the wound to support the healing of the ulcer alongside compression therapy.

Conclusion

The IODOFLEX Dressing de-sloughed the wound successfully, promoting wound bed preparation by removing barriers to healing from the wound, such as slough and biofilm, without the need for further interventions such as sharps debridement. Additionally, staff could then apply PICO sNPWT to promote ongoing wound healing.

The patient reported being happy with wound progression as they visually could see the improvement and were able to see the progress, which had positive effects on quality of life.



Image 1 Day 1, 95% slough, 5% granulating, length 3.5cm x width 3.9cm x depth 0.5cm



Image 2 Day 11, 95% slough, 5% granulating, length 3.2cm x width 3.8cm x depth 0.3cm



Image 3 Day 24, 90% slough, 10% granulating, length 3.7cm x width 4.0cm x depth 0.4cm



Image 4 Day 31, 95% granulation, 5% slough, length 3.5cm x width 4.5cm x depth 0.5cm

'Outcomes may vary'

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References

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