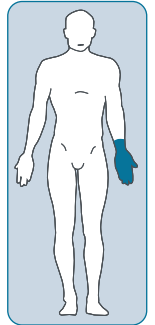


Use of ACTICOAT[◇] FLEX 7 Antimicrobial Barrier Dressing on a burn wound to the hand to help reduce inflammation and manage infection



Presentation

An otherwise healthy 27-year-old male presented at the wound clinic with a superficial hot oil burn to the left hand (length 15cm, width 11cm, depth 0.5 to 1.0cm) and lymphoedema. The patient was depressed and anxious about losing dexterity and being unable to work; scarring was also a concern.

Treatment

- The patient was first treated in the emergency room, where he received an anti-inflammatory agent, analgesia and a burn shield dressing to the left hand, which was covered by a latex glove to maintain hydration.
- Three days later, the patient presented at the wound clinic and was seen by the specialist nurse. Wound dimensions had not changed; there was a need to reduce inflammation, control/prevent infection, and to encourage formation of granulation tissue by leaving the wound bed undisturbed.

Visit 1



At the first visit to the wound clinic, the wound management plan was to reduce inflammation and control/prevent infection as well as maintain mobility and minimise scarring; ACTICOAT FLEX 7 Dressing was applied to the burn and secured with a secondary dressing.

Visit 2



After one week, granulation tissue was starting to form on the burn wound, there was some epithelialisation and the patient reported reduced pain. The depth of the burn wound had reduced (length 15cm, width 11cm, depth 0.2cm). ACTICOAT FLEX 7 Dressing was continued with non-adherent digit dressings to help improve range of movement and resume daily activities.

Visit 3



By the next follow-up visit one week later, the burn wound dimensions had reduced (length 11cm, width 8cm, depth 0cm), epithelialisation had increased, and the proliferation phase had begun. ACTICOAT FLEX 7 Dressing was continued as some areas were still inflamed; non-adherent digit dressings were also continued to encourage mobility and promote full range of motion.

Visit 4



By the final visit, approximately one week later, the maturation phase had begun. No further treatment was required, but the patient was advised to utilise the hand to further improve range of motion.



ACTICOAT[®] FLEX 7
Antimicrobial Barrier Dressing

Outcomes



Burn wound
healed with no residual
immobility



Inflammation
and oedema reduced;
no infection occurred



No need for hospital
treatment; patient resumed
daily activities within
2 weeks



Patient reported
improvements in pain
at first follow-up visit

Considerations and summary

Following treatment, including ACTICOAT FLEX 7 Dressing:

- The burn wound healed within 21 days with no residual immobility
- Inflammation and oedema were reduced, and the patient reported a reduction in pain after one week of treatment
- The patient resumed normal daily activities within 2 weeks of treatment with no need for hospitalisation
- The specialist nurse commented that ACTICOAT FLEX 7 Dressing was easy to use, and could be moulded to fit joints and fingers using non-adherent digit dressings

Acknowledgements: With kind permission of M Second, Specialist Nurse, Waterfall City Hospital, Midrand, South Africa.

For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.