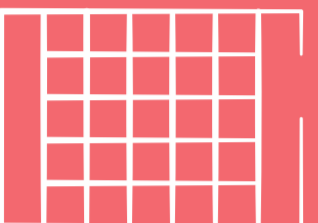
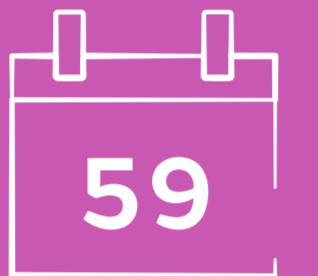



**Author: Kirsty Steventon**

Clinical Nurse Specialist,  
North Bristol NHS Trust

# A multi-product approach to managing a non-healing wound

## Case Study plus points

-  IODOFLEX 0.9% Cadexomer Iodine Dressing desloughed wound bed
-  59 days to complete healing
-  Positive patient experience

## Case presentation

The patient is a 42-year-old male under the care of the community nursing team and was being treated for bilateral knee wounds. The patient has a past medical history of hereditary CMT, and from age 15, both legs started to lose feeling, progressively deteriorating with age. Additionally, the patient developed a traumatic wound to the right foot, which never healed and resulted in a right below-knee amputation in 2021 and a prosthesis to aid mobility.

After the amputation, the surgical site never healed which resulted in the patient having to go back to theatre for further debridement. Throughout this time, whilst waiting for the wound to heal, the patient was not able to wear his prosthesis and therefore, found it extremely difficult to mobilise and, as a result, was either hopping, using a wheelchair, or crawling on his knees, to perform activities of living which led to the development of bilateral knee wounds.

At first assessment by the community team, the wounds on the amputation site and the right knee had healed. The left knee wound however, remained challenging as it was not progressing toward healing. This was impacting the patient's psychosocial well-being, affecting his family and working life.

## Treatment

On initial examination, the wound to the left knee was assessed as being non-healing and measured 2cm (L) x 1.5cm (W) x 0.07cm (D) (3cm<sup>2</sup>). The wound was 80% slough, 10% granulating and 10% epithelialising with moderate exudate levels (Image 1). A variety of products had already been used to try and kickstart healing. Following the assessment, the clinical decision was made to apply IODOFLEX<sup>®</sup> 0.9% Cadexomer Iodine Dressing and ALLEVYN<sup>®</sup> Gentle Border Foam dressing to aid debridement and manage exudate levels.

14 days following the treatment plan, the wound was improving. It had started to autolytically debride and reduced in size to 1.1cm (L) x 0.7cm (W) 0.01cm (D) (0.77cm<sup>2</sup>) with 10% slough, 70% granulating and 20% epithelialising tissue in the wound bed (Image 2). Due to moderate exudate levels, a clinical decision was made to change the treatment plan to PICO<sup>®</sup> 7 Single Use Negative Pressure Wound Therapy System (sNPWT).

On day 24, 10 days after PICO 7 sNPWT had been applied, the wound had continued to reduce in size to; 0.9cm (L) x 0.4cm (W) 0.04cm (D) (0.36cm<sup>2</sup>) however, the condition of the wound bed deteriorated to 90% visible slough with no reported clinical reason (Image 3). Therefore, treatment of IODOFLEX Dressing and ALLEVYN Gentle Border Dressing was resumed to aid debridement and manage the moderate levels exudate. Although the wound appeared sloughy, the patient's mood had changed positively because he had seen a decrease in the size of the wound, and he was also being fitted with a new limb to the right side.

On day 38, the slough had completely debrided and the wound bed was assessed as being 80% granulating, and 20% epithelialising and exudate levels were low. Therefore, IODOFLEX Dressing and ALLEVYN Gentle Border Dressing were discontinued, and PICO 7 sNPWT was reapplied.

On day 45, the wound bed had reduced further in size to 0.8cm (L) x 0.3cm (W) (0.24cm<sup>2</sup>) and was 5% granulating, 5% slough, and 90% epithelialising; therefore, treatment changed to an alternative antimicrobial dressing and ALLEVYN Gentle Border Dressing, and by day 59, the wound had completely healed.

The author took a proactive approach to manage the wound and ensure that treatment was not delayed. The patient received a multi-product approach which positively impacted on the healing of the wound (Figure 1) and the patient's QOL.

## Conclusion

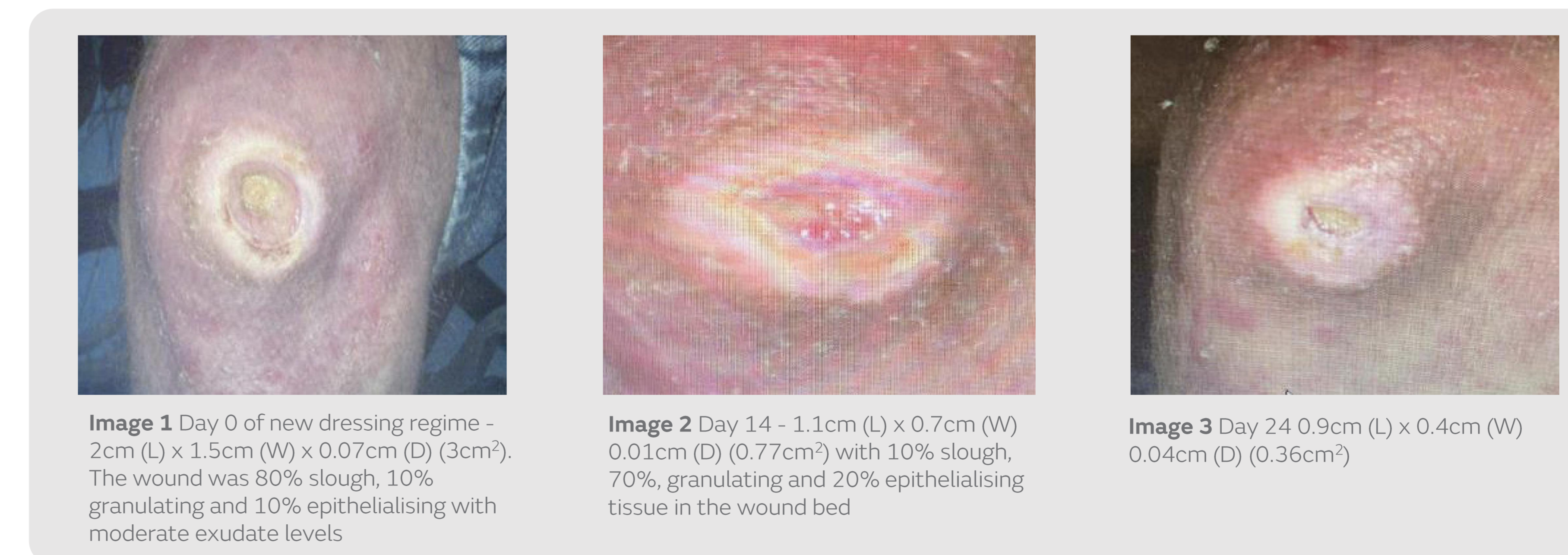
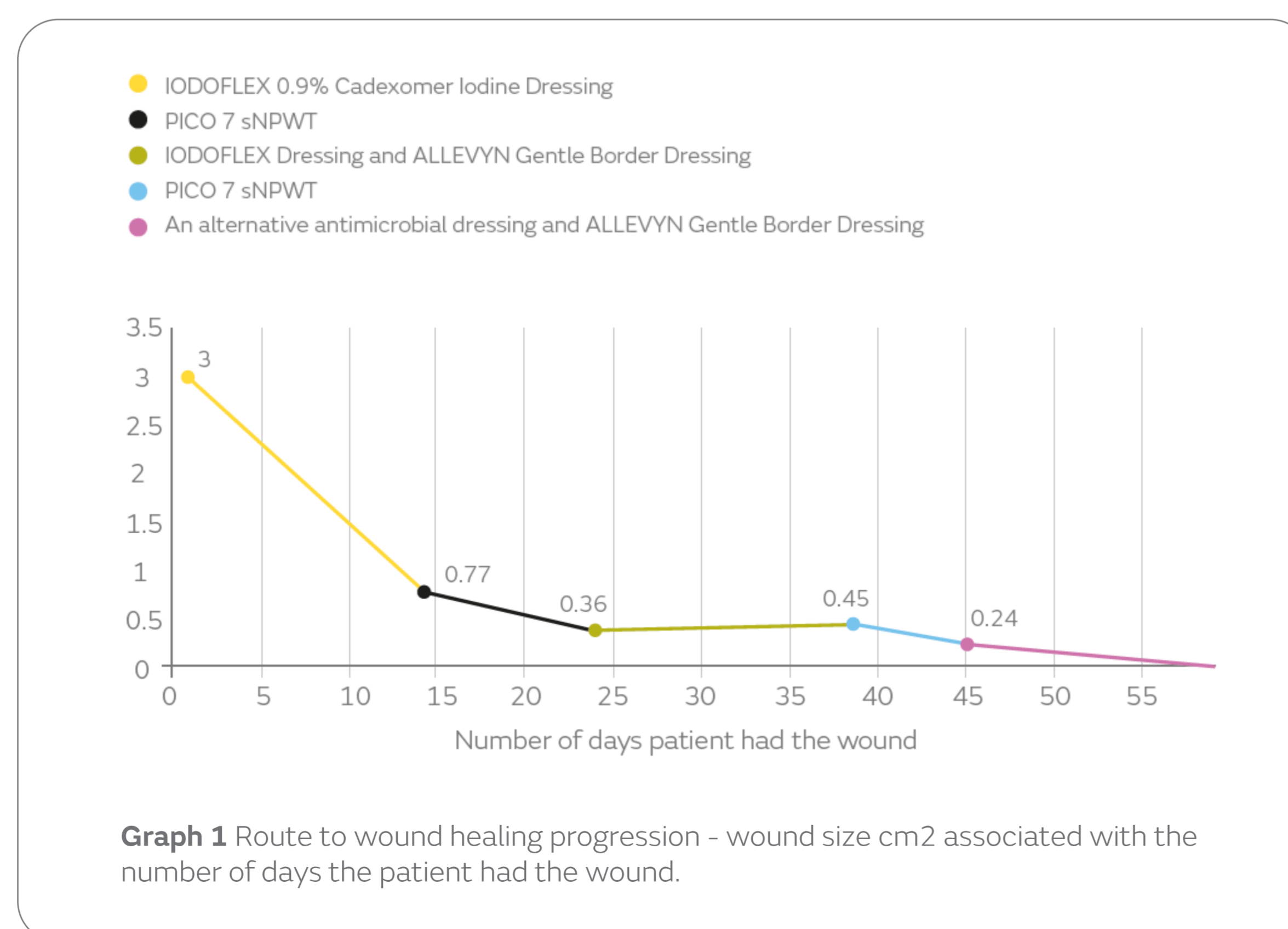
This case study demonstrates that adopting a pro-active approach alongside a multi-product method to managing wounds has a positive effect on wound healing, promoting QOL benefits for the patient from a psychological and social perspective. The patient stated "After suffering with an ulcer on my knee for some time, it was suggested that we try the PICO dressing: after one week, there was significant improvement with my ulcer: after three weeks, the ulcer is almost healed! I'm amazed by this dressing and how well it works for me."

## Introduction

Charcot-Marie-Tooth disease (CMT) is a progressive condition that gradually worsens over time<sup>1</sup> and it refers to a group of genetically heterogeneous neuropathies. It is the most common chronic peripheral neuropathy, affecting 2.8 million people world wide.<sup>2</sup> Symptoms often begin in childhood and include limb weakness, mobility and balance impairment, muscle cramps and foot deformity. These impact daily function and quality of life.<sup>3</sup>

There is currently no cure for CMT and is managed with supportive therapy and people with most forms of CMT have normal life expectancy.<sup>4</sup>

The author would like to thank Gemma McGrath, Healthcare Outcomes Manager, for supporting the medical writing of this case study.



**Image 1** Day 0 of new dressing regime - 2cm (L) x 1.5cm (W) x 0.07cm (D) (3cm<sup>2</sup>). The wound was 80% slough, 10% granulating and 10% epithelialising with moderate exudate levels

**Image 2** Day 14 - 1.1cm (L) x 0.7cm (W) 0.01cm (D) (0.77cm<sup>2</sup>) with 10% slough, 70% granulating and 20% epithelialising tissue in the wound bed

**Image 3** Day 24 0.9cm (L) x 0.4cm (W) 0.04cm (D) (0.36cm<sup>2</sup>)

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.

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## References

- National Health Service. Charcot-Marie-Tooth disease. Available at: <https://www.nhs.uk/conditions/charcot-marie-tooth-disease/>. [Accessed October 13, 2022].
- Pfeffer GB, Gonzalez T, Brodsky J, et al. A consensus statement on the surgical treatment of Charcot-Marie-Tooth disease. 2020;41 (7) 870-880.
- Burns J, Ramchandren S, Ryan MM et al. Determinants of reduced health related quality of life in pediatric inherited neuropathies.
- National Institute of Neurological disorders and stroke. Available at: [https://www.ninds.nih.gov/charcot-marietooth-disease-fact-sheet#:~:text=CMT%2C%20also%20known%20as%20hereditary,and%202.6%20million%20people%20worldwide](https://www.ninds.nih.gov/charcot-marietooth-disease-fact-sheet#:~:text=CMT%2C%20also%20known%20as%20hereditary,and%202.6%20million%20people%20worldwide.). Accessed October 17, 2022.