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# ALLEVYN<sup>o</sup> GENTLE BORDER – The importance of comfort for a complex surgical wound

## + Case study plus points



Comfortable, conformable dressing



Dressing change reduction



Training and education now include darker skin tone management following recently published best practice guidance

## Introduction

When choosing dressings in clinical practice, it's important to consider not only their effectiveness in managing exudate and promoting healing but also factors like patient comfort and ease of application and removal.<sup>1</sup> This approach aims to alleviate the psychological stress and pain linked to dressing changes.<sup>2</sup>

For this complex case, it was a priority for the Tissue Viability Nurse (TVN) to choose a foam dressing that was:

- Manage pain associated with dressing changes
- Protect surrounding skin and a fragile incision
- Comfortable and able to be applied to awkward areas.
- Occlusive
- Able to manage moderate exudate levels and secretions and reduce the number of dressing changes

To address these factors, the TVN opt for ALLEVYN GENTLE BORDER Dressing; this dressing includes a polyurethane top film with moisture vapour transmission, along with a polyurethane foam absorbent layer.<sup>3,4,5</sup> Moreover, it features a perforated wound contact layer coated with a gentle silicone gel adhesive, ensuring skin comfort.<sup>6</sup>

This case study represents a complex wound that requires effective wound care and appropriate dressing selection, with the added complexity of the patient having a darker skin tone. Diagnostic indications for wound infection and deterioration were very hard to detect, such as inflammation and discolouration. There were concerns that this would delay healing or worsen the wound outcomes. It's crucial to ensure assessment for all patients, regardless of skin colour. Skin assessment should be routine, enabling early identification of any changes or issues without viewing dark skin as a challenge in clinical practice.<sup>7</sup>

## Case presentation

A 30-year-old was admitted to the hospital with a tooth abscess, which led to complications requiring him to be placed in an induced coma. Unfortunately, prior to admission, the infection went unnoticed due to challenges in detecting it in dark skin tones.<sup>7</sup> Complications led to necrotising fasciitis within the neck region. This often originates from a primary odontogenic infection and is a rare but potentially life-threatening soft tissue infection, typically affecting individuals under 40 years old.<sup>8</sup>

He underwent a total of 11 operations to clean and debride the extensive wound on his neck resulting from the initial abscess.

The Tissue Viability Nurse (TVN) was involved in the patient's care due to the complexity of the neck wound. (Image 1).

When assessed by the TVN team on day 1, the wound measured 13cm (L) x 16cm (W) x 2.5cm (D) with visible undermining. Initially, a tracheostomy was inserted for airway management when being sedated and ventilated. Upon weaning from ventilation and after tracheostomy removal, it was noted that there was a connection between the tracheostomy stoma site and the neck wound (Image 2), resulting in air escaping through the wound and secretions collecting in the cavity. Therefore, it was essential to opt for an occlusive dressing to help manage this.

The exudate levels were moderate, with 80% granulation tissue and 20% sloughy tissue. The level of pain for the patient was 6/10 as the wound was extensive, and dressing changes were painful for the patient; the wound was being managed every day by the surgical team prior to TVN involvement with iodine-soaked gauze and bandage to the lower neck (Image 3).

At this point in care (day 1), an ALLEVYN GENTLE BORDER Sacrum Dressing was applied with an antimicrobial filler and dressing changes were reduced to 3 times per week.

**The TVN stated: "The arrow part of the dressing fitted comfortably across the incision, which looked vulnerable behind his ear and conformed well in the neck."**

## Treatment and outcomes

Two days later the wound was assessed. The dressings continued to conform well to the wound, effectively managing the exudate levels and preventing any maceration to the surrounding skin while also protecting both the wound and the incision line.

The amount of sloughy tissue had decreased by 10% (Image 4), and the patient expressed satisfaction with the visible progress of the wound, indicating the potential for skin grafting in the near future.

**The patient described the dressing as: "being comfortable to wear" (Image 5)**

Five days after the initial assessment, the wound had continued to de-slough, granulation was 98%, and the pain score was 3 (Image 6).

## QOL

This young man, usually active and sociable, faced significant challenges due to his extended illness, hospitalization, and wound care. However, the ALLEVYN<sup>o</sup> GENTLE BORDER dressing, with its gentle silicone adhesive, notably eased the discomfort during dressing changes. The dressing helped progress this wound to a clean, moist wound bed ready for his skin graft and achieved full recovery after six weeks post-graft, allowing him to return to his usual lifestyle without hindrance (Image 7).

## Conclusions

In summary, optimal wound care and dressing selection were crucial for managing this complex surgical wound. Initially changed daily, dressing frequency was reduced to 3 times a week using ALLEVYN GENTLE BORDER foam dressing, effectively managing moderate exudate levels. Besides wound improvement, significant benefits included enhanced patient comfort, reduced pain levels during dressing changes, and protection. The dressing's gentle nature minimised skin trauma, protecting the wound, surrounding skin, and incision line.

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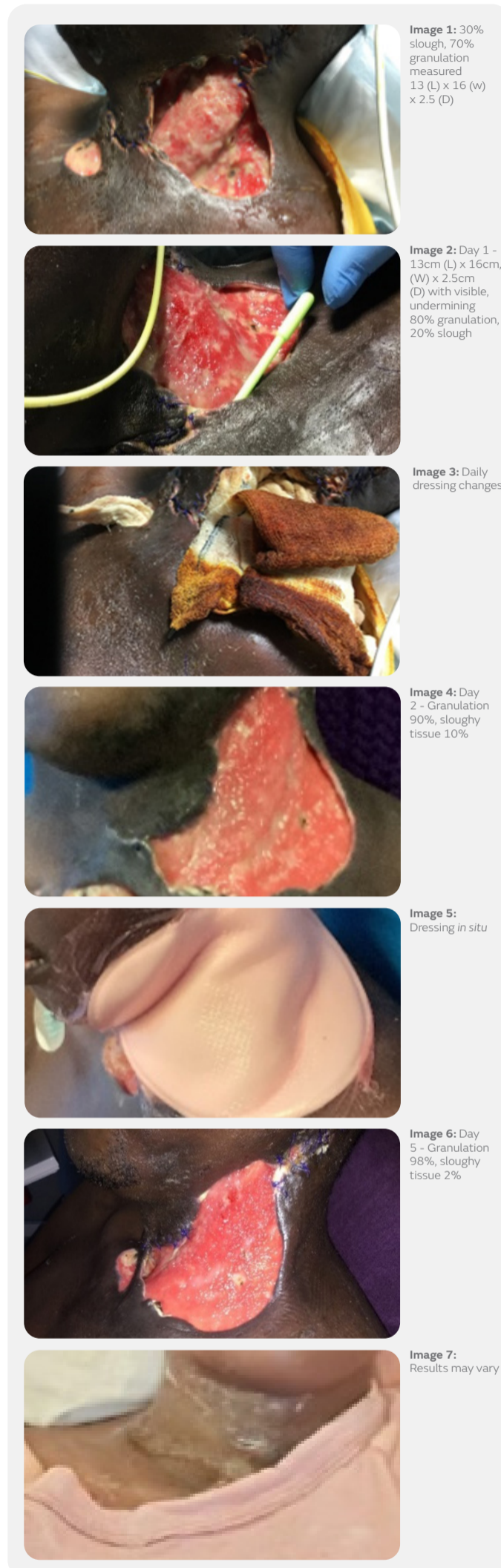


Image 1: 30% slough, 70% granulation measured 13 (L) x 16 (w) x 2.5 (D)

Image 2: Day 1 - 13cm (L) x 16cm, (W) x 2.5cm (D) with visible, undermining 80% granulation, 20% slough

Image 3: Daily dressing changes

Image 4: Day 2 - Granulation 90%, sloughy tissue 10%

Image 5: Dressing in situ

Image 6: Day 5 - Granulation 98%, sloughy tissue 2%

Image 7: Results may vary