

CASE STUDY: 4.5 MONTHS OLD TRAUMA WOUND AFTER SURGERY



BACKGROUND

76 year old, self-sufficient single lady living alone in sheltered housing. Childhood polio left her with residual disability to shoulder, arm and hand. Mrs X has angina and is prescribed statins and aspirin. In October 2015, she had a fall and sustained a fracture of the left tibia and fibula. Following surgery the wound became infected and was treated with a silver, fibrous absorbent dressing, followed by a disposable NPWT device and oral antibiotics. Later, Mrs X was discharged home with disposable NPWT in situ. Following Doppler assessment compression was applied. The wound initially improved but at 4.5 months post-surgery, the wound stalled, apparently stuck in a low-grade, inflammatory phase.

METHOD

A community based patient who had a leg ulcer where healing had stalled was selected. Selection criteria included; the wound should be free of infection and the patient should not be taking steroids. The patients received compression therapy and didn't experienced pain or adverse event. A thin layer of Woulgan was applied at each visit.

CLINICAL ASSESSMENT AND TREATMENT

Woulgan Gel was applied twice during week 1 under compression. Following 2 applications of Woulgan Gel, the wound had improved. The wound was then dressed weekly and had fully healed by week 6.



Figure 1: Week 1



Figure 2: Week 4



Figure 3: Week 6

RESULTS AND DISCUSSION

- Chronic wounds are a huge burden on the NHS purse and present a problem for patients, including pain, low self esteem and often, social isolation. The patient had become housebound because of the injuries, and was dependant on the district nurses.
- During the trial 7 tubes of Woulgan was used, total cost, £140, equal to the cost of one week using negative pressure wound therapy (NPWT), as previously used.
- Woulgan Gel has proved to be an effective, bioactive dressing in two wounds where healing was stalled. Woulgan Gel debrides and accelerates healing, by modulating macrophage function and thereby promoting wound contraction and healing. If the wound contact dressing had remained unchanged, the wound would not have healed in the quick timescale and may have remained in an inflammatory phase for weeks.