

BACKGROUND/PURPOSE

Wound exudate production is a normal process in wound healing; however, when produced in excess, like that in chronic wounds, there is an increased risk for periwound maceration or dressing leakage. Periwound maceration can impede wound healing increasing risk of infection. Implementing a wound dressing to absorb the exudate, prevent backflow onto the healthy surrounding skin and maintain an optimally moist environment is ideal for prevention of breakdown from occurring.

METHOD

A prospective case series was completed utilizing a versatile silicone bordered foam dressing* with innovative moisture management technology† on patients with challenging exudative wounds. Multi-layer compression system, compression stockings or negative pressure therapy was applied over top of the dressing, when applicable, based on the clinicians' discretion.

Clinicians captured wound progression to closure via: wound progression, periwound status, and the amount of drainage at the time of visit.

REFERENCES

1. Beldon, Pauline. "How to Recognize, Assess and Control Wound Exudate." JCN, vol. 30, no. 2, 2016, pp. 32-38.
2. Adderley, Una J. "Managing Wound Exudate and Promoting Healing." British Journal of Community Nursing, vol. 15, no. Sup1, 2010, doi:10.12968/bjcn.2010.15.sup1.46907.

FOOTNOTES

*ULTRA Border Foam Dressing, Milliken Healthcare Products, LLC, Spartanburg, SC
 †Active Fluid Management (AFM®), Milliken Healthcare Products, LLC, Spartanburg, SC

RESULTS

CASE STUDY 1



- 56 y/o male referred by PCP for trauma related injury to left lower leg
- Hx: Venous Insufficiency, Tobacco Use, Edema. Recent Hgb A1C 5.9
- Patient known to WCC for recurrent venous ulcers to bilateral lower legs. Injury site within a resolved wound area, present for 30 days prior to assessment.
- Previous tx: Cadexomer Iodine, bordered foam dressing and Juzo Compression Stocking 20-30mmHg. Prior Secondary Island dressing utilized under compression stocking observed to be dislodged with rolled edges.
- New tx with moisture management border foam dressing: Wound size decreased. Dressing remained intact with no visible dislodgement or rolled edges observed.
- Wound resolved in four weeks.

CASE STUDY 3



- 56 y/o male with left foot DFU. Self-referred for chronic non healing ulcer of left great toe and later referred to Podiatry and Vascular
- Hx: Venous Insufficiency, Tobacco Use, Type 2 DM, PAD, Neuropathy, Hgb A1C 9.1.
- Patient received surgical intervention amputation: TMA, Left Femoral Artery Bypass for maximum revascularization.
- Previous tx: Primary dressing (Cadexomer Iodine) advanced to NPWT at continuous 125mmHg. Complication occurred with periwound maceration requiring change with POC. Utilization of hydrocolloid barrier rings to perimeter of wound edges, silver impregnated moisture management wicking applied to outer tissue around the barrier ring. No improvement observed.
- New tx with moisture management border foam dressing: Dressing cut to fit in center of foam to expose wound bed. Black Granufoam placed in wound bed, secured with VAC drape. After one day of use with application of moisture management border foam dressing to periwound for moisture control underneath NPWT, observed improvement of exudate and periwound maceration.
- Currently improvement has continued with no maceration observed to periwound.
- Wound size decreased by 52%.

CASE STUDY 2



- 58 y/o female referred by PCP for continued deterioration of Venous Ulcer to right ankle despite primary wound care and oral antibiotic therapy.
- Hx: Venous Insufficiency, Tobacco Use, COPD
- X-ray plain films negative for fracture, MRI negative for osteomyelitis
- Previous tx: Primary dressing (Cadexomer Iodine, Medical Grade Honey and Hydrophilic dressing) and Secondary dressing (Absorbent pad along with Compression Therapy (30mmHg)). Inadequate wicking and slippage of secondary dressing complicated the healing process with increased maceration and visible collection of viscous drainage upon removal of secondary dressing.
- New tx with moisture management border foam dressing: Wound surface decreased in size after one-week application and management of moisture and exudate improved. Continued improvement observed with utilization of the Moisture Management Border Foam dressing with each visit.
- Wound resolved in four weeks.

CONCLUSION

The moisture management technology within the border foam dressing pulled exudate away from the wound and transferred into the absorptive foam layer. Due to the silicone border and moisture management technology interface, exudate remained within the foam protecting healthy intact skin from harmful exudate.

The dressing reduced maceration to the periwound skin, while still maintaining a moist environment at the wound's surface allowing the wounds to progress to closure and an overall positive patient outcomes.