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THE USE OF SILVER ALGINATE COMBINED WITH FOAM DRESSING AND AMBULANT COMPRESSION THERAPY TO MANAGE VENOUS LEG ULCERS

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Introduction: Venous leg ulcer: skin defect of the lower leg – subcutaneous or deeper with low tendency to heal because of chronic venous insufficiency, caused often by a disturbed blood circulation. The treatment of a chronic wound is a continuous process that never evolves in the same way. Besides regular inspection and observation, the best treatment regime consists of management of non-viable or deficient tissues, moisture imbalance, creating bacterial and biochemical balance and neutralizing the cellular dysfunction. (Falanga et al 2002). Often when treating a chronic wound a number of these factors need to be managed simultaneously.

Aim: To show a positive influence on the quality of life and speed of healing when using an alginate silverdressing with multi-layer compression therapy.

Methods: Patient with pressure ulcer existing more than one year. Treatment and follow-up over a period of 24 weeks, evaluation twice a week in the beginning, later on once a week. During the evaluation the following items were recorded: length, width and depth of the wound, rate of infection, wound edges, odour, exudate production and presence of oedema.

Results: The effective combination of an alginate silverdressing, a patient friendly non-adhesive foamdressing and multi-layer compression therapy resulted in a progressive healing process.

No infection occurred and an optimal moist environment was created. Wounds are totally healed, the patient is mobile. The inconvenience of odour production has disappeared and the quality of life has improved tremendously.

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THE TIME MODEL AND ONCOLOGICAL WOUNDS – IS WOUND BED PREPARATION RELEVANT IN TREATING ONCOLOGICAL WOUNDS?

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Introduction: the treatment of oncological wounds include surgery, irradiation, chemotherapy and/or hormone therapy. Specific problems are associated with these wounds. These include; necrosis, bad odour, social isolation and difficult to dress. This can have negative influence on the patients quality of life.

Case history: A patient male age 74, presents with a bleeding tumour. The tumour is located behind the ear and measures (sizes) 8 x 6 x 4 cm. Pathology showed a metastasis of a melanoma unknown primary and further analysis showed lung cancer. The size of the tumour combines with the radiation therapy resulted in necrosis and infection. The position of the tumour made bandaging of the wound extremely difficult. The lung cancer was treated with palliative chemotherapy.

Aim: Protection of tumour and the surrounding healthy tissue, prevention of bleeding, removal of necrosis, suppression of infection, pain and odour control, reducing the tumour, patient comfort.

Method: Use of TIME model

Tissue – Removal of necrotic tissue in the tumour.

Infection – Flagyl gel and alginate silverdressing.

Moisture – Create optimal moist wound environment (Flagyl gel/Adhesive foamdressing).

Edges – Protect wound edges from maceration with cut rings of non-adhesive foamdressing.

Procedure: After extensive surgical removal of a part of the tumour, the wound was cleaned and treated three times a week. After 2 weeks a *Pseudomonas* infection was recognized. The therapy was changed to an alginate silverdressing, covered with adhesive foamdressing.

Result: After six weeks of treatment the infection is under control, tissue is viable and no maceration on the edges of the wound has occurred. The use of foamdressing for moisture control is continued.

Conclusion: The methods used in treatment of oncological wounds can be an obstructing factor in wound healing. However by using the TIME model an more effective choice of treatment can be made. This makes an optimal wound treatment possible and proves the TIME model to be a valuable tool in the treatment of oncological wounds.

