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CRITICAL ANALYSIS OF AN OBSERVATIONAL ASSESSMENT OF DIABETIC FOOT WOUNDS TREATED WITH A LIPIDO-COLLOID DRESSING

Solange Ehrler¹, Catherine Salomon², Serge Bohbot²

¹Functional Rehabilitation Centre Clemenceau, Strasbourg, France,

²Laboratoires URGO, Chenove, France

Aim: The objective of this multicentre observational study which included 35 diabetic foot wounds was to assess the efficacy, local tolerance and acceptability of the lipido-colloid contact layer.

Methods: The average age of the patients was 68.1 years, 49% of them were followed-up as outpatients. 37% of patients had arterial disease of the lower limbs and 23% had undergone a revascularisation procedure.

Results: This clinical assessment of the lipido-colloid interface in the management of diabetic foot wounds showed that 13 patients out of 35 (37.1%) have obtained the complete healing. The surface wound area was reduced with 54.8% within a mean period of 45 days for the wounds which presented for an average of 5.2 months and, in 64% of cases were perforated.

The surrounding skin, initially healthy for only 21.7% of wounds, was improved in all cases, except for 3 patients with hyperkeratosis.

The tolerance of the dressing was excellent. Only one adverse event was reported (erysipelas of the right lower limb).

Dressing removal was considered "very easy" or "easy" in 94.2% of cases, pain on removal was recorded as "absent" or "slight" in 87.7% of cases.

Conclusion: The results of this assessment support existing data concerning the efficacy and tolerance of the lipido-colloid contact layer.

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2 LAYER COMPRESSION BANDAGE*; AN AID TO PATIENT CONCORDANCE WITH COMPRESSION THERAPY

Fiona Brockwell

Buckinghamshire PCT, Buckinghamshire, United Kingdom

Aim: This abstract will describe how 2 layer compression bandages* can be used as an aid to enabling concordance to compression therapy.

Method: The author has used the 2 layer compression bandages* to treat 9 patients whom through a variety of reasons failed to tolerate compression therapy. Three of these patients are discussed with photographic evidence demonstrating the improvements in leg ulcer status and patient concordance with compression therapy. All patients studied underwent a comprehensive leg ulcer assessment to exclude arterial aetiology and provided written consent for digital photography.

Results: All 9 patients who have used the 2 layer compression bandages* preferred this system to their previous methods of leg ulcer management. The three patients studied had valid reasons for non-concordance with compression therapy and by using the compression bandage these were overcome. The three patients presented in this poster demonstrated significant signs of healing with the introduction of this system.

Discussion: The author concludes the 2 layer compression bandages* has enabled these patients to tolerate compression therapy and achieved significant healing within the wounds.

All patients reported the system was comfortable and due to less bulk they have been able to wear normal foot wear which has increased mobility.

The author acknowledges that further health promotion and concordance with hosiery is required to prevent leg ulcer reoccurrence, however the success of the 2 layer compression bandages* has enabled discussions regarding preventative strategies.

*Coban