

MANAGEMENT OF BILATERAL VENOUS LEG ULCERS INCORPORATING THE USE OF A NON-ADHERENT WOUND CONTACT DRESSING*

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Aim: To present a case study of a 30 year old homeless man with a 16-year history of injection drug use, consequently leading to development of bilateral leg ulcers. Past medical history includes hepatitis C; deliberate self-harm and complex psychological issues.

Method: On initial assessment he had painful venous leg ulcers: 15 x 8 cm (left) and 15 x 10 cm (right) with slough and necrosis to wound beds. They were exuding large volumes of malodorous exudate (MRSA+). He was on twice a week full compression with a silver dressing to the wound beds. Tolerance and clinic attendance was poor. Pain assessment was difficult. Methadone intake was increased to 250 mg per day. The primary dressing was changed to a Non-Adherent Wound Contact Dressing*. A silver dressing and twice weekly full compression continued.

Results: The use of a Non-Adherent Wound Contact Dressing* reduced the patient's pain leading to a marked improvement in co- operation and clinic attendance.

The ulcers significantly reduced in size over the next six months. To enable Mr P to independently manage his treatment was changed to a non adherent primary dressing and stocking graduated compression therapy.

Discussion: The use of a Non-Adherent Wound Contact Dressing* reduced the patient's experience of pain leading to better concordance with compression therapy. There is now the real possibility that continued therapy will lead to wound closure.

On discharge Mr P continued to manage his own leg ulcer treatment receiving minimal supervision and reassurance from the Community Nursing Team.

* TEGADERM™