

# “Simplifying the dressing management of complex chronic leg ulcers”

An independent evaluation of a new dressing.

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## Introduction

Chronic leg ulcers present a challenge in effectively managing exudate, odour and surrounding skin damage. Whilst it is accepted that a moist environment is essential for wound healing, and exudate is a natural process in the inflammatory phase of wound healing, excessive exudate is destructive, and negatively affects quality of life for patients. (1) (2) Large leg wounds challenge the clinician in their application of dressings, and applying the dressings to the appropriate area can be time consuming and difficult.

## Study

Use of an atraumatic hypoallergenic exudate management dressing (\*) was evaluated with a small number of patients.

## Method

Case study method to evaluate the efficacy of the dressing to manage exudate, and improve the condition of the ulcer. Case studies are supported by photographs.

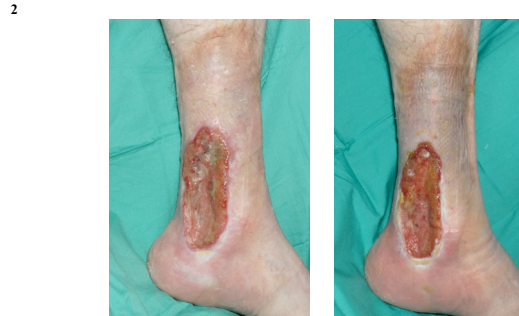
## Results

All ulcers improved with use of the dressing. Application of the dressing was simple and peri wound area improved. Reducing the need for zinc oxide protection.

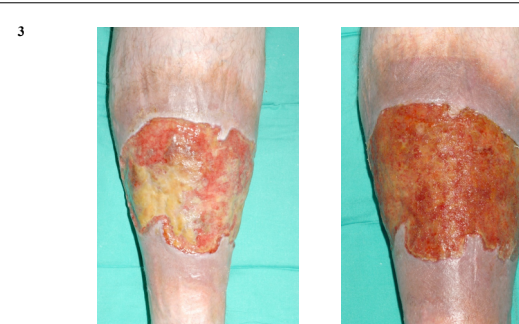


65 yr old lady. Rheumatoid arthritis. Ulceration of right leg Aug 08 which rapidly deteriorated. Left leg ulcerated with same deterioration Oct 08. Treated with silver then honey products. Not always kept within wound causing further tissue damage. Sorbion applied to wound and peri wound area.

\* Sorbion S and Sorbion Sana



51 yr old man. DVT at 11 yrs old. Recurrent ulceration. Present ulcer 6 yr duration. Time between pictures, 4 weeks. Gentleman self caring for 2 of these – dressing and applying K2 bandage.



43 yr old previous I V drug user. Prior to Sorbion regularly prescribed antibiotics, and anti microbial dressings. 3 wks between photo's.

## References

- (1) Cutting K, White RJ. (2002) Maceration of the skin and wound bed. 1: Its nature and causes. *Journal of Wound Care* 11;275-278
- (2) Martin Tadej (2009) *British Journal of Nursing, (Tissue Viability Supplement)* Vol 18, No 15
- (3) Cameron J. (2006) Allergic Reactions to Treatment. *Trauma and Pain in Wound Care* p.100 -111.



75 year old man who has bilateral stasis eczema with superficial erosions caused by heavy exudate. 3 erosions have healed after 10 weeks. Skin no longer macerated. Some dry skin now forming.

## EFFECT OF EXCESSIVE EXUDATE.

- ❖ Maceration - white discoloration due to over hydration of skin cells.
- ❖ Pain- burning and stinging
- ❖ Trauma leading to erosions.
- ❖ Irritant dermatitis ( 3 )with /without secondary infection
- ❖ Delayed healing due to excessive levels of proteases

## CAUSES OF MACERATION

- ❖ Use of inappropriate dressings.
- ❖ Infrequent dressing change. Often foams holding large quantities of exudate against the skin can cause local irritation leading to dermatitis.
- ❖ Proteases within exudate damage epidermis and dermis.

## Discussion & Conclusion

Treating chronic leg ulcers can lead to complex wound regimes. Dressing changes can be time consuming, and inappropriate application of dressings can result in ineffective wound care or further damage to surrounding tissue. If the dressing regime can be simplified, the care is more likely to be effective. This dressing proved to be effective with a small number of patients. Improvement was noted in the ulcers and the surrounding skin. Application of the dressing was simple and the patients involved were happy with the treatment. Despite these ulcers being chronic, and covering a large area, there was no requirement for antimicrobial dressings or antibiotics.

The authors are aware that there are products that appear similar, and intend to evaluate these further, to ensure both the best treatment and cost effective outcomes.