



# USE OF A NON-ADHESIVE SILVER ABSORBENT FOAM DRESSING UNDERNEATH AN UNNA BOOT

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## Purpose

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Unna boots have been used for over 150 years to treat venous ulcer disease. Whether to use a dressing under the Unna boot to cover the ulcer and the amount of exudate is dependent on the size of the ulcer. This is a case series of seven patients undergoing weekly Unna boots, with the application of a silver absorbent foam dressing\* placed over the ulcer at the time of Unna boot change. The current protocol at this institution is to use a foam dressing over the ulcer. However, the foam often will get saturated and an odor will be present before the weekly change date. This is a clinical evaluation of a non-adhesive silver absorbent foam dressing on seven patients with venous ulcers undergoing weekly Unna boot therapy.

## Methodology

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- The placement of the non-adhesive silver absorbent foam dressing on the venous ulcer was done in the clinic at the time of the application of the Unna boot.
- Patients were seen in the clinic one week later for an Unna boot change, at which time the non-adhesive silver absorbent foam dressing was removed and another one was placed.
- Patients were followed for at least four weeks or until complete healing of the venous ulcer.
- Descriptive statistics were used to analyze the data.

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\* Product used was Restore Non-Adhesive Foam Dressing, Silver with TRIACT Technology by Hollister Wound Care LLC.

## Results

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- Seven patients (four males, three females) undergoing Unna boot therapy
- Age range 20 to 85 years
  - Mean: 65 years
- Location of Ulcer
  - 5 left leg
  - 2 right leg
- Five of the patients had the wounds heal over during the study period, while the two remaining patients had the wounds decrease in size.
- The non-adhesive silver absorbent foam dressing was as absorbent as the current product, but the odor present at Unna boot change was much less, which increased compliance with the Unna boot therapy.
- Patients were not cutting the Unna boot off because of increased foul-smelling drainage, so the compression was consistently maintained.

## Case Study 1:

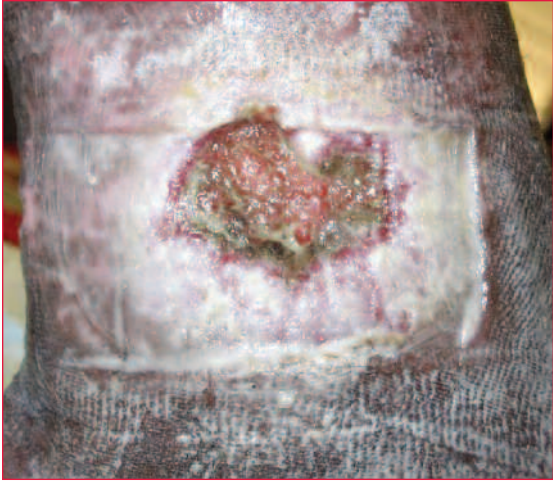
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22-year-old female with a medical history of diabetes, obesity and venous ulcer disease treated with Unna boot therapy on her left leg.



### Case Study 2:

69-year-old male with history of diabetes, hypertension, hyperlipidemia and venous ulcer disease of right leg.



### Case Study 3:

66-year-old male with history of coronary artery disease, peripheral vascular disease, diabetes and hypertension. Medical history is significant for guillotine amputation of the right leg with an opening of the amputation site. Significant edema over the posterior skin flap will need to be advanced to give patient adequate padding for fitting of the prosthesis. In the meantime, a split thickness skin graft was done. Unna boot with foam was placed weekly to control edema and wound exudate until the flap could be advanced.



## Conclusion

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There are a multitude of products used to cover venous ulcers undergoing Unna boot therapy with very little research to substantiate their use. This clinical observation of seven patients indicated that a non-adhesive silver absorbent foam dressing is a good option for covering venous ulcers.

See Instructions for Use for important information regarding the use of this product at [www.hollisterwoundcare.com/products/ifus.html](http://www.hollisterwoundcare.com/products/ifus.html).

\* **Caution:** Federal law restricts this device to sale or on the order of a physician or licensed healthcare professional.

### FINANCIAL ASSISTANCE/DISCLOSURE

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