



Wound Care Challenges and Opportunities with Elderly Patients

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Objective:

To discuss the possible clinical benefits of a highly absorbent, broad spectrum bacteriostatic foam for use with the aging population who present with multiple co-morbidities and complicated chronic wounds.

The Challenge:

The aging population and prevalence of multiple co-morbidities complicate the care of patients with chronic wounds. This scenario is further complicated by the microenvironment of the chronic wound. The influx of multiple wound products currently on the market can make it difficult for clinicians to decipher a best choice for this population of patients.

Proposed Solution:

A dressing comprised of highly absorbent polyvinyl (PVA) foam impregnated with Methylene Blue and Gentian Violet* which provides broad spectrum bacteriostatic activity while being compatible with growth factors and chemical debriding agents was evaluated.

This PVA foam dressing was utilized in a series of five patients with chronic wounds where conventional therapies had not proven effective. All wounds were highly colonized and, due to the chronicity of the wounds and co-morbidities of the patients, were assumed at risk of progressing to infection.

Results:

The bacteriostatic foam dressing was extremely effective in managing the wounds studied in this case series. The product worked effectively in conjunction with an enzymatic debriding agent and cadaveric grafts. It was used on several chronic wound etiologies without difficulty. Outcomes included established granulation, reduced wound volume and area, no incidence of infection, improved integrity of periwound tissue, and self-report of diminished pain.

* Hydrofera Blue® foam dressing (distributed by Hollister Wound Care)

Case 1:

70 year old patient with IDDM (Insulin Dependent Diabetes Mellitus) who is bed-to-chair assist only, non ambulatory. Presented with a non healing DFU (Diabetic Foot Ulcer). Wagner grade score was a 3. IV (Intravenous antibiotics) was initiated for 6 weeks.

Day 0:



Wound Dimensions: 4.0 x 2.9 x 2.5 cm

Undermining: 2.4 cm

Location of undermining area:
9 to 11 o'clock

Areas of concern: **Epibole:** Present

Maceration: Present

Pain Level: 5 of 10

Treatment plan of action: (PVA Foam + enzymatic debrider)
daily dressing change

Week 16: 99.4 % Healed



Wound Dimensions: 0.5 x 0.9 x 0.2 cm

Undermining: None

Areas of concern: **Epibole:** None

Maceration: None

Pain Level: 0 of 10

Treatment plan of action: PVA Foam only

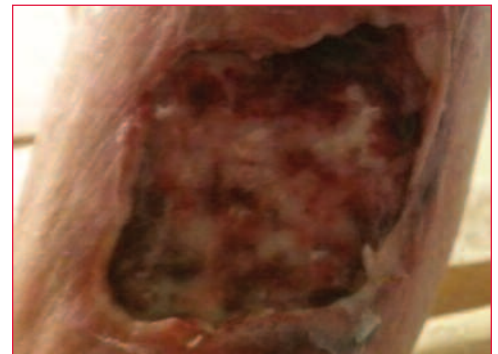
Summary:

This patient was assessed and placed on the PVA foam with enzymatic debrider for daily dressing changes for two weeks only. The wound improved markedly. With the improvement, enzymatic debrider were discontinued and PVA foam was placed for a weekly dressing change until discharge Week 16, which resulted in a significant cost reduction. The patient seemed to benefit greatly from the bacteriostatic properties of the PVA foam product. A reduction in healing time and patient-reported pain were realized in this case, as well as the cost reduction from changing from a daily to a weekly dressing change.

Case 2:

77 year old patient with Parkinson's disease, Lewy body dementia, smoker, Braden score of 15, and severe cachexia. Patient resides in LTC with a wound which resulted from a hematoma following a recent fall. The hematoma was needle aspirated for a volume result of 240 cc serosanguineous fluid and evident clots removed.

Day 0:



Wound Dimensions: 8.2 x 4.2 x 0.3 cm

Undermining: Circumferential around
wound margins to 4.7 cm

Areas of concern: **Epibole:** Present

Maceration: Present

Undermining: Present

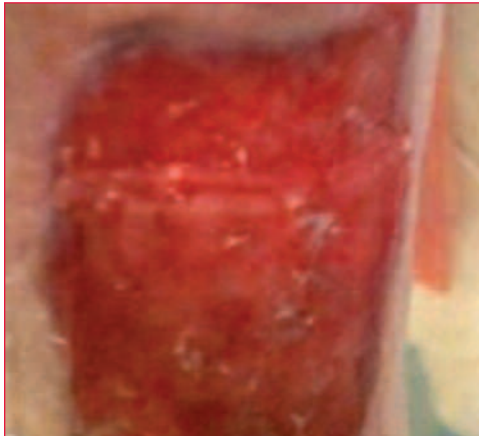
**Slough/Necrotic Tissue
in wound bed:** Present

Necrotic Tissue Presence:
95% of wound bed

Pain Level: 7 of 10

Treatment plan of action: (PVA Foam + enzymatic debrider)
daily dressing change

Week 6: Wound bed cleaned and ready
for cadaveric graft placement



Wound Dimensions: 7 x 4 x 0.4 cm

Undermining: Resolved

Areas of concern: **Epibole:** Resolved

Maceration: Resolved

Undermining: Resolved

**Slough/Necrotic Tissue
in wound bed:** Resolved

Necrotic Tissue Presence: Resolved

Pain Level: 2 of 10

Treatment plan of action: (PVA Foam + enzymatic debrider)
daily dressing change

Week 7: With Graft Placement



Wound Dimensions: 6.5 x 4 x 0.2 cm

Areas of concern: **Pain Level:** 0 of 10

Treatment plan of action: PVA Foam with non adherent
dressing weekly

Week 13: 49.4 % Improved



Wound Dimensions: 4.8 x 2.3 x 0.05 cm

Undermining: None

Areas of concern: **Epibole:** None

Maceration: None

Pain Level: 0 of 10

Treatment plan of action: PVA Foam only

Summary:

Throughout treatment, PVA foam and enzymatic debridement brought the necrotic wound bed to a point which would allow a cadaveric graft placement. The patient's wound continued to progress and the graft sloughed appropriately. The patient was then placed on the PVA foam for progression to total healing. Due to other co-morbidities and deteriorating condition, the patient was placed on Palliative Care with PVA foam as the wound dressing of choice.

Case 3:

92 year old patient who developed a pressure ulcer to medial back during hospitalization for UTI (Urinary Tract Infection). History of mild dementia, bed-to-chair maximum assists only. Current Braden Score 14.

Day 0:

Wound Dimensions: 5.7 x 3.5 cm

Areas of concern: **Epibole:** Present

Maceration: Present

Pain Level: 0 of 10



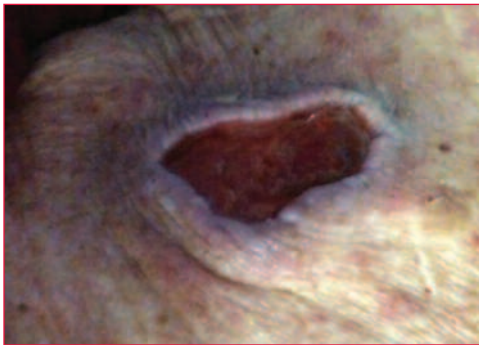
Areas of concern: **Epibole:** None
 Maceration: None
 Pain Level: 0 of 10
Treatment plan of action: PVA Foam only

Summary:

The patient had improvement within 4 weeks in slough removal, undermining and evident wound closure using the PVA foam first with an enzymatic debrider and then the PVA foam alone until discharge from service on Day 25.

Treatment plan of action: (PVA Foam + enzymatic debrider)
 daily dressing change

Day 25: 24.8% Improved



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Wound Dimensions: 5 x 3 x 0.8 cm
Undermining: None

References

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