

Elasto-Gel™
"Treating the world well"



Clinicians:

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Effective Home Health

Purpose of healing

Problematic Wound #1

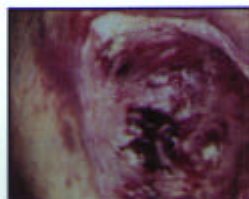
Coccyx wound on a 45 y.o. male paraplegic with a history of alcoholism and drug abuse who tested positive for Hepatitis C. Other history includes bilateral pneumonia, chronic UTI, tranquilizer overdose, and anorexia. What started as a small abrasion from falling out of bed while inebriated developed into a 12 cm x 12 cm x 2.1 cm deep Stage IV ulcer with visible bone involvement on the coccyx. The caregiver situation was unstable.

Elasto-Gel™ hydrogel dressing sheet was selected for 1) ease of use; 2) its cushioning effect; and 3) for the moist environment it creates. The wound was rinsed daily with a preserved saline solution containing a mild non-ionic surfactant and covered with the Elasto-Gel™ dressing. Because of its bacteriostatic properties, each day the Elasto-Gel™ was wiped clean of any debris and reapplied to the wound. Each gel sheet lasted approximately one week.

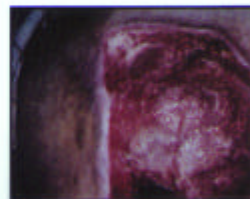
Results: In 21 days, a skin graft was applied to the budding fibroblastic wound bed created underneath the Elasto-Gel™ sheet. To protect the healing graft and soften the taut skin, Xeroform Petrolatum Dressing (Sherwood Medical) was applied and the Elasto-Gel™ used as a secondary dressing to cushion the site and maintain moisture. The Xeroform was changed daily after cleansing the wound with mild soap and water. The gel sheet was wiped with clear water and reused for a period of one week. The wound healed completely 111 days after first treatment with Elasto-Gel™ alone was initiated.



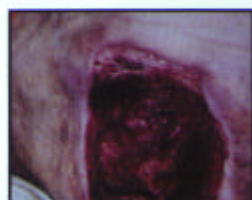
8/21/94



9/7/94



9/29/94



10/5/94



11/4/94



11/18/94



1/6/95



1/17/95

Problematic Wound #2

Heel ulcer measuring 2 cm x 1.5 cm, covered with black eschar on an elderly female. Complicating factors include CVA, hypertension, diabetes, and Alzheimer's disease. She resided at home with an elderly husband caregiver.

The wound was rinsed daily with a preserved saline solution containing a mild non-ionic surfactant and covered with Elasto-Gel™ dressing. Every third day the Elasto-Gel™ sheet was lifted off to observe the process autolytic debridement (softening the eschar). The caregiver was instructed to keep the heel elevated off the bed whenever possible.

Management of Problematic Wound Care Using a Hydrogel Dressing

Purpose: To demonstrate the efficacy of a hydrogel dressing showing the healing of various types of wounds treated in the home care setting.

Results: The eschar became softened and was removed in stages from the outside edges. In 41 days all eschar was removed and the area underneath was pink intact skin with no scar.



3/29/95



4/3/95



4/11/95



5/9/95

Problematic Wound #3

Second degree thermal burn measuring 2.6 cm x 1.9 cm on a male injured on the job. The treatment goals were to 1) reduce pain and 2) keep the wound clean and covered while allowing functional status and as much mobility as possible. Elasto-Gel™ hydrogel sheet was cut to fit the size of the wound and then secured with a soft roll gauze wrap. This dressing was selected because of its ability to decrease pain in burns and other tender wounds, to decrease scarring, and provide cushioning of the site. The wound was rinsed daily with a preserved saline solution containing a mild non-ionic surfactant then Silver Sulfadiazine cream, a broad spectrum antibacterial, was applied. An Elasto-Gel™ sheet covered the wound and was held in place with a roll gauze wrap. The patient removed the gel sheet each day to shower and then reapplied the cream and the same gel sheet each evening.

Results: In 22 days the wound completely healed with minimal scarring.



2/21/95



2/28/95



3/2/95



3/7/95



3/15/95

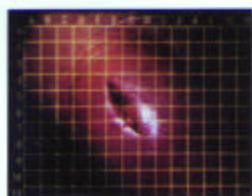
Wounds in Dressing Sheet

Dressing Sheet in
Setting

Problematic Wound #4

Full thickness infected wound resulting from a drained knee bursa measuring 3.6 cm x 8 cm x 1.5 cm deep on an elderly male. The wound resulted from a contaminated needle following a cortisone injection for arthritis in the knee. Patient was receiving I.V. antibiotics at home. He lived alone so daily dressing changes were performed by the home care nurse. Initially, the wound was draining heavily. The wound was rinsed with a preserved saline solution containing a non-ionic surfactant. Topical treatment consisted of an alginate dressing to pack the cavity and manage exudate and Elasto-Gel™ as a secondary dressing to help control the drainage.

Results: After 14 days the alginate was discontinued and Elasto-Gel™ alone was used to cover and cushion the wound and provide a moist environment to facilitate healing. The wound healed completely in 37 days.



12/2/94



12/7/94



12/16/94



1/9/95

Discussion

Elasto-Gel™ provides a moist healing environment, absorbs exudate, and acts as a soft tissue cushion/simulator. It may be used with a combination of other products, such as an alginate to enhance exudate management or Silver Sulvadiazene to provide additional antimicrobial protection. The wounds of the four patients described here all healed using the Elasto-Gel™ dressing as an integral component of the treatment plan. The benefits derived include:

- reduced pain minimal/no scarring
- debridement of eschar
- management of exudate
- providing moist wound environment
- total epithelialization
- preparation for graft
- healing of graft site.

References:

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