



Elasto-Gel[™]
WOUND DRESSING

Case Study #1

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Patient – MALE, Age 66 years old

10/7/88 (Surgery Date)

The patient had Triple Bypass surgery. Post-op difficulties developed on the first day, which required him to return to surgery and to be put back on the pump. Thereafter, some third spacing of fluids occurred after being placed back on the pump which resulted in future skin problems on the lower extremities.

10/14/88 (Seven days after surgery)

The patient was seen by the E.T. nurse to assess his lower extremity skin problems, which resulted from the use of "Steri Strips"[™] that were placed during surgery. Because of an accumulation of fluids that he picked up in his tissue and the resulting swelling, the strong adhesive of the steri-strips removed the skin tissue, which resulted in multiple ulcerated areas ranging from stage 1 to stage 3 tissue damage. The patient stated that he experienced pain when anything came in contact with the open wounds. Therefore, because of its protective nature, a decision was made to use ELASTO-GEL[™] WOUND DRESSING. The wounds were not infected and the patient was scheduled to go home the next day. The wounds were cleaned well with Caraklenz[®] and dried, then Elasto-gel dressings were applied to all of the wounds. These dressings were first secured with Kerlix[®] and then additionally with tape.

Many of the areas were still covered with blisters at the initial visit.

10/17/88 (Ten days after surgery, three days after Elasto-gel)

The patient was seen at home by the E.T. nurse and the home health care nurse to assess the wounds and make any necessary changes. When the dressings were removed the wounds showed improvement, however, it was necessary to secure them better. Therefore, the areas were cleaned and the patient was redressed with Elasto-gel dressing, which was secured by Mefix[®] tape.

10/20/88 (Six days after Elasto-gel)

On the sixth day after the initial visit by the E.T. nurse the dressings were again removed for examination, there was significant improvement in the wounds on both legs. The wounds exhibited good granulation at this time and the patient was able to move about freely. It was decided to continue with this treatment plan of Elasto-gel dressings with a weekly evaluation.

10/27/88 *(Thirteen days after Elasto-gel)*

On this day many of the wounds were closed completely and all others showed good granulation. There were no areas showing marginal or no improvement. Elasto-gel therapy was continued with Mefix tape and the patient was permitted to take his usual one mile a day walk along with his normal day-to-day activities.

11/1/88 *(Eighteen days after Elasto-gel)*

The patient continued to show good improvement and the same schedule of dressing changes continued. Thirty-three of the original 35 wounds were completely healed.

11/8/88 *(Twenty-five days after Elasto-gel)*

All of the wounds has totally healed except one small 1 cm area on the lower aspect of the right leg. He was very pleased with the results, especially the new skin tissue, which appeared near "normal". We were impressed with the rates of healing and the healed wound condition. The prescribed treatment at this time was to rub some Carrington gel® over the entire area 3X/day for the next two weeks. Two small pieces of Elasto-gel dressing were left behind for the home health nurse to change and cover the open area, which upon the follow-up visit we were advised that they were healed in one week. This was the last visit to this patient.

Conclusion

We concluded that given the same circumstances we would use Elasto-gel dressing with Mefix tape again, because of the comfort to the patient and the quick recovery that was exhibited. Other dressings tend to be stiff and dry out in these areas and need to be changed more often. Elasto-gel was a good choice because the patient healed well and was very comfortable.

We concluded that the Elasto-gel dressing is an ideal dressing, especially suitable for this type of wound. The Elasto-gel provided comfort, pain relief, and protection to the newly formed tissue. In addition, dressing changes were quick and easy and there was no damage to the wound bed during dressing changes, thus allowing maximum rate of healing. The uniformability and flexibility of the dressing allowed the patient to go about his daily activities in near total comfort.