CLINICAL CASE STUDIES DEMONSTRATING EFFECTIVE HEALING OF A VARIETY OF UNIQUE SCALP WOUNDS UTILIZING A GLYCERINE-BASED HYDROGEL SHEET

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To educate Wound Care Clinicians on successful treatments for difficult to heal wounds with a product that is bacteriostatic, cost effective and has fast, easy application.

Objectives: *After viewing this poster presentation, the participant will be able to:*

1. Develop a plan in the treatment of difficult scalp wounds with challenging dressing management.
2. Describe an alternate method of preparation for a wound requiring a series of debridements.
3. Identifiy a comfortable, flexible dressing for a painful scalp wound.

Abstract:

CASE #1: 69 year old patient with blunt force traumatic injury on left parietal scalp, 3 weeks non-healing, Patient presented with 100% thick eschar. Glycerine hydrogel placed to prepare the wound for series of debridements. Healed in 28 days.

CASE #2: 70 year old patient with a history of scleroderma, presented with a grotesque scalp wound which had been ineffectively treated by physicians over a period of five years. Treatment included initial debridement of nonviable tissue followed by placement of a glycerine hydrogel sheet for residual slough requiring further debridement. Healed in 27 days.

CASE #3: 58 year old patient presents with eschar and slough covered wound of initial unknown orgin. Assessment revealed etiology reflective of an insect bite. Treated with a glycerine hydrogel sheet. Healed in 41 days.

RATIONAL: Glycerine hydrogel sheet selected for the following: * Dehydration of black eschar, softening of slough *Conformability *Comfort *Prevention of infection *Maintenance of optimal healing environment *Ease of dressing changes.

CONCLUSION: Difficult to manage scalp wounds had been worrisome for the patients and their families prior to their wound clinic appointments. By treating each wound with a glycerine hydrogel sheet, the wounds were treated effectively, efficiently and the treatment was comfortable for the patients. The glycerine hydrogel sheet prevented infection during treatment by providing a bacteriostatic base and provided an optimal healing environment for granulation and epithelialization of the wounds.

References

Bryant, Ruth A. (RN, M.S. CWOCN), Nix, Denise P. (RN, MS, CWOCN) Acute and Chronic Wounds: Current Management Concepts, Third Edition, Mosby, 2007 pp. 64-65,72-77, 152,410-411

DiCosmo, Frank (PhD), Advances in Skin and Wound Care, "The Edge Effect; "The Role of Collagen in Wound Healing", Volume 22, #1, January 2009, pp. 13-16

Sibbald, Gary R. (BSc, MD. FRCPC, FAPWCA, Med), Orsted, Heather L (RN, BN, ET, MSc), Coutts, Patricia (CRN, IIWCC), Keat, David (MSc, MD, FCFB), Advances in Skin and Wound Care; "Best Practice Recommendations for Preparing the Wound Bed: Update 2006; Volume 30 #7, July 2007, pp. 390-405

Sussman, Carrie (PT, DPT), Bates-Jensen, Barbara (PhD, RN, CWOCN) Wound Care: A Collaborative Practice Manual for Health Professionals. Third Edition, 2007, pp. 260, 331-332

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Case #1:

Photo #1 (3-2-2012):
69 year old patient with blunt force traumatic injury on left parietal scalp. Three weeks non-healing. Presents with scalp wound related to falling down stairs. Undermining 0.5cm - 0.6cm @12:00, 3:00 & 9:00cm. Wound was 100% eschar measuring 2.0cmL x 1.7cmW. 80% eschar debrided. Remaining eschar adhered at base.

Photo #1 (3-2-2012)

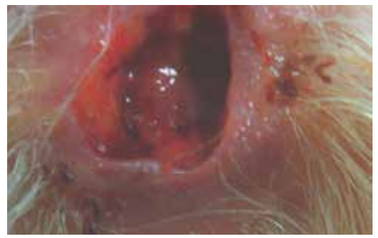
Photo #2 (3-5-2012)


Photo #3 (3-26-2012)

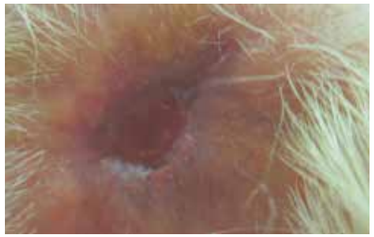
Photo #4 (4-2-2012)

Treatment:
Anti-bacterial ointment, calcium alginate and a glycerine hydrogel sheet

Photo #2 (3-5-2012):
Patient was seen three days after initial visit. Wound measured 1.5cmL x 2.0cmW with depth 0.8cm. Wound appears beefy, red. Previous undermining at 3:00 & 9:00 now healed. 12:00 undermining 0.2 cm. Comfortable, easy to wear, 4x4 glycerine hydrogel sheet. Secured with tubigrip. Cost effective as patient could re-use dressing.

Photo #3 (3-26-2012):
10 days later. Depth decreased from 0.8cm to 0.2cm. Wound measured 1.4cmL x 1.2cmW. Goal of treatment: to stimulate cells. Collagen glycerine sheet initiated and placed over wound. Covered with gauze.

Photo #4 (4-2-2012):
6 days later, wound measured 0.7cmL x 0.7cmW, shallow. Hydrolyzed collagen powder sprinkled onto bed of wound, covered with glycerine hydrogel sheet, secured with tubigrip.

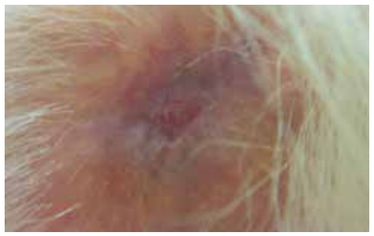
Photo #5 (4-9-2012)

Photo #5 (4-9-2012): *7 days later, scalp wound was healed. Patient very happy with treatment as wound healed in 27 days.*

Case #2:

70 year old patient presented with scalp wound. History of scleroderma. Non-healing for 5 years. Wound appears grotesque and foul smelling.


Photo #1 (7-11-2012) before


Photo #1 (7-11-2012) after


Photo #2 (7-19-2012)

Photo #1 (7-11-2012):
Scalp wound covered with drainage caked hair. Debrided. Wound measured 9.0cmL x 6.7cmW. Treated with enzymatic debrider, topical antibiotic and glycerine based hydrogel sheet. Tubigrip to secure.

Photo #2 (7-19-2012):
7 days later, patient presented to wound clinic with measurement of 4.7cmL x 2.2cmW. Patient was pleased as wound no longer caused pain or odor. Base of wound pink, Starting to granulate. Drainage decreased. Treatment was the same with the glycerine hydrogel sheet offering the most comfort and ease of use.


Photo #3 (7-30-12):

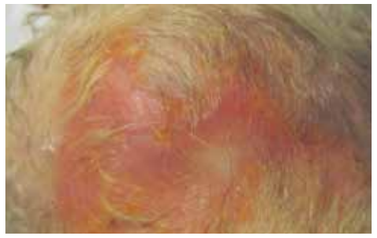
Photo #4 (8-7-2012):

Photo #3 (7-30-12):
Eleven days later, wound presents with remaining open area measuring 0.26cmL x 0.2cmW. Caregivers were pleased with treatment to allow usage of same glycerine hydrogel sheet all week.

Photo #4 (8-7-2012):
Wound healed. Healed in 27 days. Patient had been treated for 5 years prior to this treatment. Follow up to cleanse with baby shampoo – allowed to go to hair dressers

Case #3:

Photo #1 (7-16-2012):
Right Scalp wound. 100% eschar covered prior to sharp debridement. Wound measured 1.1cmL x 3.4cmW. 50% adhered eschar after debridement. Treatment was glycerine hydrogel sheet with tubigrip to secure.

Photo #1 (7-16-2012)

Photo #2 (7-23-2012):
7 days later, wound measures 0.8cmL x 3.5cmW. Wound bed prepared per glycerine hydrogel sheet – for sharp debridement. Able to debride all of slough, eschar.

Photo #2 (7-23-2012)

Treatment:
enzymatic ointment, antibacterial ointment and glycerine hydrogel sheet.

Photo #3 (8-7-2012):
14 days later, wound measures 0.6cmL x 2.0cmW. 20% slough, sharp debridement. Granulating; re-epithelialization. Patient comfortable with dressing of glycerine hydrogel sheet.

Photo #3 (8-7-2012)


Photo #4 (8-21-2012)

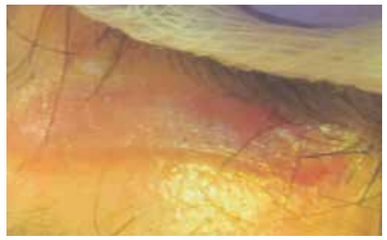
Photo #5

Photo #4 (8-21-2012):
14 days later, wound measures 0.1lcmL x 0.5cmW. No complications, no infection. Treatment was easy to perform by elderly mother. Patient has history of MS.

Photo #5:
Wound healed in 41 days. Glycerine hydrogel sheet very conducive to scalp wounds due to it's conformability.

Products used in Case Studies:

- *Santyl ™*
- *Bactroban™*
- *Silvasorb Gel ™*
- *Kaltostat ™*
- *AMD Gauge*
- *Silvadene*
- *Elasto-Gel ™ Glycerine Wound Dressing*