



**Elasto-Gel™**  
"Treating the world well"

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**Case Study:**

## *When underlying problems make total healing an unobtainable goal*

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Posterior view illustrating extent of wounds

**Case Review**

A.V. was born with a rare hereditary skin disorder, Epidermolysis Bullosa (EB). There are three major types of EB and numerous subtypes. A.V. had a very severe form, Herlitz Junctional EB. Most patients with this type of EB do not live past infancy.

The Elasto-Gel™ provided an ideal alternative to a conventional dressing. It was nonadherent and reduced pressure over the wound sites. The wounds were covered with an antibiotic ointment and the Elasto-Gel™ applied. In addition, Elasto-Gel™ was placed on all hard surfaces with which the patient's head came in contact, including the changing table, back of the high chair, infant car seat, and the bed.



Elasto-Gel™ in place on bed while in hospital

**Treatment Plan**

Any friction, pressure, shearing, or use of tape or adhesive caused the epidermis to separate from the dermis with a resulting open wound. From the age of 6 months, Elasto-Gel™ was the dressing of choice for the wounds on the back of her head. To secure the dressing a soft net gauze wrap was used but when the gauze rolled up while the patient was sleeping it created a blister on the forehead.



Elasto-Gel™ in place under patient's head while lying on the changing table

**CONCLUSION:**

The Elasto-Gel™ padding prevented further skin breakdown and covering the wounds with Elasto-Gel™ dressing allowed them to heal without infection or scarring.

## Continuing Education

Most hydrogel wound dressing sheets are water-based products that tend to dry out rapidly when exposed to air. They also have the potential to macerate or soak the wound and surrounding tissue. Hydrogel sheets are usually not indicated for exudating wounds because they are not capable of absorbing wound fluid.

Unlike most gel sheets that can manage very little exudate, Elasto-Gel™ is capable of absorbing up to three times its own weight. The dressing is composed of a mixture of glycerine and water entrapped in a cross-linked polymer matrix. Elasto-Gel's™ high glycerine content does not macerate an open wound or the surrounding tissue. The dressing does not dry out, maintaining a constant level of moisture and providing an environment most conducive to wound healing.

Clinically, Elasto-Gel™ may be used for both exudating and non-exudating wounds. In addition, it may be used in combination with amorphous hydrogels and antibiotic ointments, such as silver sulfadiazine. For example, an amorphous hydrogel may be used underneath the Elasto-Gel™ sheet to increase the moisture content at the wound site for a very dry wound bed. Silver sulfadiazine may be used for patients who are at high risk for wound infection or who demonstrate local symptoms/signs of

infection. If using this combination therapy approach, dressings should be changed once daily.

When Elasto-Gel™ is used alone as the primary dressing it should only be changed as needed. Depending on the wound characteristics, this may range from once daily to once per week. Elasto-Gel™ is particularly effective in protecting the wound or skin susceptible to breakdown from both pressure and friction, as demonstrated by this case study.

Another benefit of the Elasto-Gel™ sheet is its construction. The dressing may be lifted from the wound by its backing without the dressing disintegrating or leaving any residue. This makes wound cleansing easier and eliminates the risk imposed by dressing residue or particles left in the wound. The gel sheet also exhibits bacteriostatic and fungistatic properties, giving it the potential to reduce infection.

Clinically, it is imperative to match the attributes of the dressing to the characteristics of the wound for optimal patient outcomes. Elasto-Gel™ is an important adjunct to any wound care protocol and has been shown to be effective in the treatment of pressure ulcers, skin tears, venous stasis ulcers, diabetic ulcers, burns, and compromised skin.



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