measurement of wound on photo #3
11/07/02 was l 1.9cm x w 0.6cm. measurement on 11/14/02 was l 1.6cm x w 0.4cm.

protocol: remained unchanged throughout the treatment. the wound steadily granulated and was pain free without infection throughout the treatment program and resulted in complete closure with minimal scarring.

photo 4: 11/27/02 wound measurement was l 0.5 cm x w 0.5cm. final visit on 11/27/02 the wound was healed. this wound healed in twenty-eight days.

discussion: this poster demonstrates the general principles of how to use the glycerine based gel sheet dressing in combination with other products and at different stages of wound healing to achieve the most cost effective outcomes, while providing patient comfort, wound protection, prevention of infection, and simplicity of dressing change. in addition, we have also shown the unique ability of this dressing to dehydrate black heel eschar, while retaining an optimal healing environment for the granulation and epithelialization of the wound under the eschar. we use this technique routinely for this type of heel wound as well as, for treatment of hematoma wounds. this procedure allows for protection of the wound by keeping the damaged skin and tissue in tact and protected from bacterial invasion while the new tissue and skin form under this protective cover. when the wound is fully epithelialized this protective cover simply crumbles away (with a little mechanical abrasion) as exemplified in this series of photos. it is often appropriate to change treatment modalities at different time intervals during the healing process, as well as, use combination therapies to have successful, cost-effective wound closure.

conclusion: bacteriostatic glycerine gel sheets were effective for treatment of these wounds due to it’s cushioning, ease of use, moist environment, absorption, and minimal scarring. the bacteriostatic properties of the gel dressing coupled with additional absorption of the alginate allowed for longer wear time and fewer nursing visits, and aiding in cost containment. these varying wounds healed in an average of thirty days.

presentation supported by southwest technologies inc.

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clinical case study demonstrating a variety of wounds effectively healed utilizing a “hydrogel sheet” on a diverse patient population

clinicians: ruth anderson, rn, cars and char wilkening, rn, cars
bone county hospital, bone, iowa

abstract

four cases of diverse patients are presented:

case #1: diabetic construction worker with three month duration of non-healing foot ulcer. the wound was cleansed daily; covered with calcium alginate and covered with a hydrogel sheet.* alginate was discontinued after two weeks. healing occurred without infection in twenty-eight days.

case #2: elderly patient with non-healing burn on foot. wound cleansed daily and covered with hydrogel sheet (week two and three; hydrocolloid sheet used to enhance autolytic debridement). wound healed in fifty-six days without infection and minimal scarring.

case #3: patient with partial thickness non-healing painful post-operative wound of elbow complicated by cellulitis and sepsis. cleansed with shower - filled with hydrophilic powder and covered with hydrogel sheet. healing occurred in twenty-eight days comfortably, infection free and minimal scarring.

case #4: nursing home resident with three week duration eschar covered heel. bi-weekly cleansing and covered with hydrogel sheet. healing occurred in eight days.

* glycerine based hydrogel/elasto-gel®

for all wounds, a hydrogel sheet was selected due to:

• conformability
• bacteriostatic/fungistatic properties
• comfort
• affordability/cost effectiveness

objective: at the end of this presentation the participant will be able to:

• develop a treatment plan utilizing an affordable patient manageable dressing for a variety of wounds.
• describe the potential benefits to a patient’s care when utilizing a hydrogel sheet.

presented at the clinical symposium on advances in skin & wound care
phoenix, az
september 30 - october 3, 2004

references

habif, thomas p., campbell jr. janes, l., quindamo, mark l. zay, kathryn a., skin disease (diagnosis and treatment), usa - mosby inc., 2001
fowler, evonne m. (rn, cns, cwocon), vesely, noreen (mba, rn, cwocon), johnson, vivian (rn, cwcn), harwood, judy (rn, cwocon), tran, jennifer (dpm), and amberry, thomas (dpm), “wound care for persons with diabetes”, home healthcare nurse vol. 21 • no. 8, 531-539

august 2004

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august 2004
Case #1:
A fifty-one year old diabetic construction worker with a three month non-healing wound of the great toe.

The patient presented to the clinic with a partial thickness non-healing wound of the great toe of three month duration. Previous treatment by the attending physician was Betadine® and gauze. Initial assessment of the wound revealed macerated periwound skin and moderate serosanguineous drainage. The wound measured L 1.2 cm x W 2.3 cm and depth 0.5 cm.

Protocol: The wound was cleansed daily with a shower, rinsed thoroughly, and covered with a glycerine sheet. The goal of initial treatment was to prevent infection, control drainage and protect the area to allow the patient to continue to work.

An eighty-four year old man with a two week non-healing thermal burn of the right lateral foot.

Photo #1 - Initial visit to the wound clinic on 1/15/04. The patient presented with a non-healing thermal burn of the lateral foot. Initial assessment of the area revealed a 100% black eschar covered wound measuring L 1.7 cm x W 1.6 cm.

Protocol: The wound was cleaned daily with a shower, rinsed thoroughly, and covered with a glycerine sheet. The goal of initial treatment was to prevent infection, protect the wound from pressure, shearing and friction, and provide drainage.

An eighty-four year old female with a non-healing thermal burn of the lateral foot.

Initial assessment revealed 100% vascular wound with slight creamy exudate measuring from 0.4 cm to 1.2 cm around the wound bed. The depth was 0.2 cm. The goal of initial treatment was to control pain, protect the wound from pressure, shearing and friction, and prevent infection.

Case #3:
A fifty-two year old female with a non-healing partial thickness painful post operative wound.

The patient presented at wound care clinic from Nursing Home with a painful non-healing post-operative wound of the left elbow following dismissal from the hospital on 10/3/02 and four weeks of treatment of the area. Initial assessment revealed 100% vascular wound with slight creamy drainage. The area measured L 3.5 cm x W 0.5 cm with undermining measuring from 0.4 cm to 1.2 cm around the wound bed. The depth was 0.2 cm. The goal of initial treatment was to control pain, protect the wound from pressure, shearing and friction, and prevent infection.

Protocol: To cleanse daily with a shower rinse thoroughly and sprinkle a hydrophilic powder into the wound and cover with a glycerine sheet.

Photo #2 - Second follow up visit on 10/24/02. Measurement of wound was L 2.4 cm x W 0.7 cm with undermining only present in one area measuring 0.3 cm. The depth was unmeasurable.

Protocol: Remained the same.