CLINICAL CASE STUDIES DEMONSTRATING IMPRESSIVE HEALING OF A POST-OPERATIVE WOUND, PRESSURE ULCER, TRAUMATIC WOUND AND VENOUS STASIS ULCER UTILIZING COLLAGEN PRODUCTS

Clinicians: Ruth Anderson, RN, CWS and Char Wilkening, RN, CWS
Boone County Hospital, Boone, Iowa

ABSTRACT

Five Cases of diverse wounds are presented:

Case #1: Morbidly obese diabetic with non healing traumatic wound complicated by venous insufficiency. Wound cleansed daily, covered with collagen glycerine gel sheet* and covered with a non-adherent dressing. Healed in seventy one days.

Case #2: Non healing partial thickness 95% slough covered wound medial lower leg. Cleansed weekly and wound filled with collagen powder**. Four layer compression wraps applied. Healed in sixty-four days.

Case #3: Diabetic with intravenous extravasation with full thickness wound of finger with tendon exposed. Daily cleansing, wound covered with collagen glycerine sheet*. Healed in seventy days.

Case #4: Diabetic quadriplegic with Stage IV pressure ulcer of lateral foot with tendon exposed. Daily cleansing, wound covered with collagen glycerine sheet*. Healed in seventy-eight days.

Case #5: Post-operative triple by-pass with non healing donor site. Wound cleansed daily, filled with collagen glycerine gel***, covered with foam. Healed in twenty days.

Conclusion - The collagen products were effective in stimulating rapid granulation of these non healing wounds.

Objectives - After viewing this poster presentation the participant will be able to formulate a treatment plan utilizing an easy to use collagen or collagen glycerine product.

Rationale - The collagen product was selected after wounds failed to heal with previous treatment plans.

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measured L1.2cm x W3.0cm.

Protocol - The wound was cleansed daily and covered with a collagen glycerine sheet* and secured with Kling®.

Photo 3: 12/30/04

Photo #3: - (12/30/04) After six weeks of treatment the wound measured L0.5cm x W0.5cm and the tendon was covered and granulation tissue was present. The collagen glycerine gel sheet* was continued with healing occurring in seventy-eight days with no infection or surgical closure required.

Case #5:

A forty-seven year old post-op triple by-pass patient with a non healing donor site.

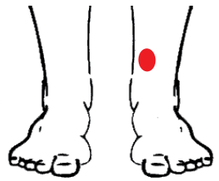

Photo #1: - (09/23/04) The patient presented with a non healing post-op wound of the lower leg following triple by-pass surgery. The previous treatment had been packing the wound with gauze dressing. On admission the wound measured L0.7cm x Wl.0cm and revealed 50% slough.

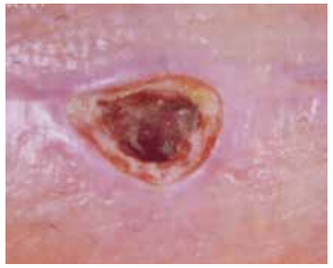

Photo 1: 09/23/04

Protocol - The original treatment was continued for six weeks as ordered by the physician. The wound continued to be non healing.

Photo #2: - (11/04/04) At this clinic visit the wound measured L0.5cm x W0.6cm with a depth of 0.6cm with minimal improvement and an order for collagen glycerine gel*** was obtained.

Photo 2: 11/04/04

Protocol - The wound was cleansed daily with shower, applied collagen glycerine gel*** to the wound bed and covered with foam.

Photo 3: 11/11/04

Photo #3: - (11/11/04) One week after initiating treatment with the collagen glycerine gel*** the wound measured L0.lcm x W0.lcm with a depth of 0.lcm.

Protocol - Continue collagen glycerine gel*** and cover with foam.

Photo 4: 11/23/04

Photo #4: (11/23/04) - Twenty days after initiating the collagen glycerine gel*** the wound was completely healed.

References

Baranoski, Sharon (MSN, RN, CWOCN, APN, FAAN), Ayello, Elizabeth A. (PhD, RN, APRN, BC, CWOCN, FAAN), Wound Care Essentials, Lippincott Williams & Wilkins, 2003

Bryant, Ruth (RN, MC, CWOCN), Acute Chronic Wounds, Nursing Management, USA: Mosby Inc., 2000

Habit, Thomas P., Cambell Jr. James, L., Quitadamo, Mark J., Zug, Kathryn A., Skin Disease (Diagnosis and Treatment), USA: Mosby Inc., 2001

Thomas Hess, Cathy (RN, BSN, CWOCN) "Care Tips for Chronic Wounds: Pressure Ulcers", Skin & Wound Care, The Journal For Prevention and Healing, vol. 17, page 477-478, November 2004

Products used:

* Stimulen™ Gel Sheet
** Stimulen™ Collagen Powder
*** Stimulen™ Collagen Amorphous Gel
**** Elasto-Gel™ Glycerine Gel Sheet

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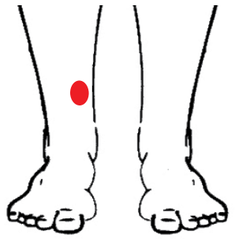
Case #1:



A thirty-eight year old morbidly obese diabetic female with a one month non healing traumatic wound of the right lower leg complicated by venous insufficiency.

Photo #1: - (12/30/04) The patient presented to clinic with a one month duration partial thickness wound due to trauma. The diabetic patient's weight was 460 pounds. Previous history revealed a non healing lower leg wound requiring three months to heal. Initial assessment of the wound revealed a 75% slough filled wound measuring L1.0cm x W1.7cm with a depth of 0.1cm.

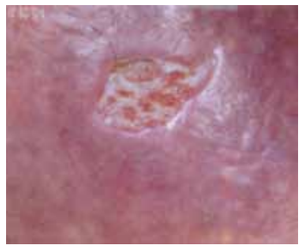


Photo 1: 12/30/04

Protocol - The wound was cleansed daily with a shower, then collagen glycerine sheet* was used to cover the wound bed and covered with a non-adherent dressing. The patient was instructed to wear knee high compression stockings.

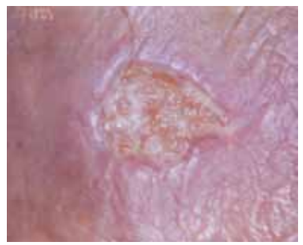


Photo 2: 01/13/05

Photo #2: - (01/13/05) Two weeks later the slough had decreased to 10%. The wound measured L0.9cm x Wl.2cm and no depth. At five weeks into treatment the wound measured L0.5cm x W0.8cm.

Photo 3: 02/24/05

Photo #3: - (02/24/05) At six weeks into the collagen glycerine gel sheet* treatment the wound measured L0.4cm x W0.5cm.

Photo 4: 03/10/05

Photo #4: - (03/10/05) Seventy-one days after initiating treatment the wound was healed with no signs of infection.

Case #2:

A seventy-one year old male post-op coronary by-pass with a 95% slough filled non healing wound of the graft site.

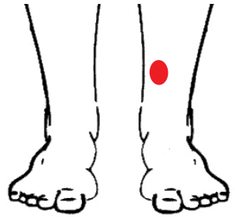


Photo #1: - (10/28/04) The patient presented to the clinic with a non healing 95% slough covered partial thickness post-op wound of the left lower leg with a ABI (ankle brachial index) of 1.13cm. The wound measured L2.4cm x W0.7cm with a depth of 0.6cm. Heavy serosanguinous drainage was present.

Photo 1: 10/28/04

Protocol - The wound was cleansed weekly and the wound bed was covered with silver-sulfadiazine cream and collagen powder** sprinkled over to fill the wound bed and the leg was then wrapped with a four part compression wrap.

Photo 2: 11/04/04

Photo #2: - (11/04/04) One week later the slough was decreased to 50% and measured L2.2cm x W0.4cm with a 1.0cm depth.

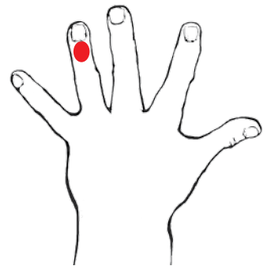
Photo 3: 11/18/04

Photo #3: - (11/18/04) At three weeks into treatment the wound measured L2.0cm x W0.3cm with a depth of 0.3cm with minimal slough and 95% vascularized.

Photo 4: 12/30/04

Photo #4: - (12/30/04) After sixty-four days of treatment the wound was healed.

Case #3:



A forty-eight year old diabetic with a 100% eschar covered fourth digit due to an intravenous infiltration with resulting extravasation.

Photo # 1: - (08/05/04) The patient presented to clinic with a 100% eschar covered fourth digit. The wound measured L6.0cm x W4.0cm. No viable tissue was visible.

Photo 1: 08/05/04

Protocol - The wound was cleansed daily and a glycerine hydrogel sheet**** was applied. This treatment continued with weekly debridement and clinic visit for four weeks.

Photo 2: 09/08/04

Photo #2: - (09/08/04) After four weeks of treatment the wound was slough free but with tendon exposed. The wound measured L4.5cm X Wl.2cm. The protocol was changed to daily cleansing and covered with a collagen glycerine sheet* and secured with gauze and Kling®.

Photo 3: 10/28/04

Photo #3: - (10/28/04) The wound showed no signs of infection and continued to progress well. Six weeks after initiating the collagen glycerine sheet* the wound measured L1.5cm x W0.5cm and the tendon was completely covered and the wound bed was 100% vascularized.

Photo 4: 11/11/04

Photo #4: - (11/11/04) After seventy days of treatment the wound was completely healed with no infection and minimal scarring.

Case #4:

A forty-eight year old diabetic quadriplegic with a Stage IV pressure ulcer of the lateral foot with tendon exposed.

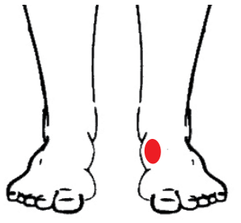


Photo #1: - (09/28/04) Initial visit on 9/28/04. The patient presented with a L1.2cm x W2.4cm eschar covered pressure ulcer of the lateral foot.

Photo 1: 09/28/04

Protocol - The wound was cleansed daily and covered with a glycerine gel sheet**** to soften the eschar which was accomplished within two weeks of treatment and was continued for one month to further debride the wound.

Photo 2: 11/11/04

Photo #2: - (11/11/04) Following seven weeks of utilizing the glycerine gel sheet****, exposed tendon was vascularized. The wound

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