

Jan Jester Letter

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Mrs. G. was seen in the Radiation Therapy Department for full thickness skin loss in a 6" square area just above the Rectum. She had been receiving Radiation Therapy and still had 5 weeks therapy to continue. When I saw her she was very uncomfortable and sitting was very difficult. It was also an area that was hard to keep dressings on.

I cleaned the area well and applied CaraKlenz soaks for 15 min. then applied a thin coat of Carrington Gel and an 3x8 pad of Elastogel. I secured this dressing with Mefix tape. I changed it at 24 hr. and she had a lot of drainage this first 24 hr. This was a Friday so we left it 2 days and her sister changed it on Sun. I saw her Monday A.M. and there had been a tremendous change in the open area, both in size and appearance. The real irritated, sore looking appearance had "calmed down" as she put it. She was very comfortable in this Elastogel and was able to sit and walk around. Since she was an out-patient, I wanted something that would be easy management, but still work well. We changed her q 2 days that week and then went to q 3 day the next week. At the end of three weeks she was totally healed and ready to go back on her Therapy which was resumed the next week.

She was very pleased with the Dressing, and also the Doctors in the Radiation Therapy Department were also very pleased. Dr. Hart saw her almost everytime she was in for dressing change.

Her slides demonstrate very well the progress with each dressing change.

Mr. U. was a recent patient for Coronary Artery Bypass Surgery at Bethany Medical Center. Several days post-op he had a 20 lb. weight gain of fluid which is where his problem began. He had an incision the total length of his Right leg on the upper-inner aspect of the leg, and an 8 inch incision on the Left lower leg where veins were removed for the grafts. His legs had steri-strips with dressings over them on both of these incisions. When he picked up the rapid fluid, the legs swelled, and every area that had a steri-strip had the skin stripped off. I saw him the day before dismissal after the fluid problem was resolved and the wounds were small and ranged from stage 2 to stage 4. The stage 4 was a much larger area at the very distal end of the incision on the R. leg. I started him on Elastogel dressing covering all of these areas after cleaning them well with CaraKlenz. He was dismissed the following day. I had wrapped his legs with Kurlex the first day and this did not hold well. I saw him two days after dismissal at his home and there was good improvement in many of the wounds already. I changed all the dressings and this time since the fluid in his legs was minimal, I secured the dressing with Mefix tape and this time was able to leave them for 3 days. I wanted to see what progress was going on at this time. They were healing well, so after cleaning with CaraKlenz I applied just the Elastogel dressing and secured with Mefix tape and left them for 7 days. At the end of this time they looked excellent and we were able to reduce some small areas of the dressings. One week later we were able to completely take the dressings off except for 4 small areas. This was at 2 1/2 weeks after starting the dressings. I saw him for the last time this week and removed the last dressing which was over the larger open area on the right leg, and this was almost totally healed at this time. He used Carrington gel on all the areas for 3-4 days after dressings were removed and then stopped all treatments. His slides show very well the progress he has made and how rapidly we say improvement with the dressing. He was very comfortable and they stayed secured with the Mefix for 7 days.

11-9-88

Mr. Ed Stout
Southwest Technologies
Kansas City, Mo.

Hello,

Just a note to let you know how pleased I have been to work with the Elastogel dressing. I have used it on a variety of patients as listed:

- Radiation Irritation
- Pressure Ulcers
- Stasis/Venus Ulcers
- Skin Breakdown from fluid retention in otherwise healthy skin
- Perineal Ulcers and excoriation
- Around Gastrostomy Tubes

I have used it both just as the primary dressing without anything else and also with Carrington Gel under it. I have had good results with both of these applications. I have found the best way to secure it has been to use one of the following tapes:

- Mefix
- Cover Roll
- Hypofix

I have been able to keep the dressing in place 5-7 days with this type of tape if I use Skin Prep under it. I have had no irritation under the dressing or under the tape.

I would highly recommend this dressing to other health care professionals. The patients have felt that it was soothing and comfortable. The fact that it stays in place well, but does not "stick" to the skin has been a real help for many of the patients. It has been very easy to remove when we have done dressing changes. The absorbancy has been moderate. I have not used it on areas with large amounts of drainage so I can not speak to this.

I would like to tell you about two patients that have been on the dressing and will be glad to share the slides from both of these patients for you to use.

Sincerely,

Jan Jester RN,ET

Jan Jester RN,ET
Bethany Medical Center
Kansas City, Kansas