

THE MANAGEMENT OF A CHRONIC VENOUS LEG ULCER, USING PRONTOSAN®

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Introduction

Leg ulcers can impact on many aspects of a patient's life and consume considerable healthcare resources. 1*

A 57-year-old housebound lady was referred to the community wound healing team; she had been suffering with a recalcitrant venous leg ulcer for two years.

Following a careful and comprehensive patient assessment it could be seen that she was suffering severe pain. The wound was heavily exudating and malodorous, which it seemed was negatively affecting her quality of life.

On inspection of the wound it appeared glassy and the slough was sticky and glue like. This appearance and the lack of effect of many concurrent therapies led us to the conclusion that a biofilm was present in the wound.

The ulcers had been unsuccessfully treated with an alginate dressing only, as she was unable to tolerate compression therapy.



Method

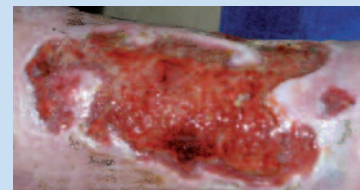
The wound was cleaned using Prontosan® by means of saturating gauze and allowing it to soak onto the wound for 15 minutes, any remaining debris was irrigated using the solution.

The wound was then dressed with a silver based primary dressing and effective exudate management provided.

The dressing was changed three times weekly.

Results

Following 2 weeks of application, the slough had lifted and the biofilm appeared to have been penetrated. There was evidence of granulation and epithelialising edges noted.



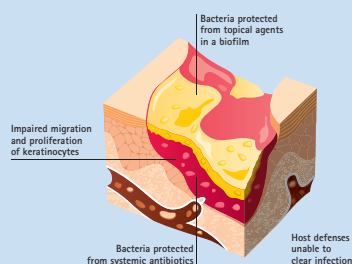
Pain and wound odour had reduced considerably and exudate levels had diminished to a manageable level.

Aim

Biofilms are microbial communities composed of various phenotypes and commonly various genotypes, which encase themselves in a 3 dimensional matrix of extra-cellular polymeric substances. It demonstrates resistance to cellular and chemical attack. 2*

The aim of the case study was to establish if the Prontosan® solution containing an antimicrobial agent PHMB, and betaine, a surface active agent, could help penetrate and breakdown the biofilm, which is a barrier to healing, and stimulate the healing process.

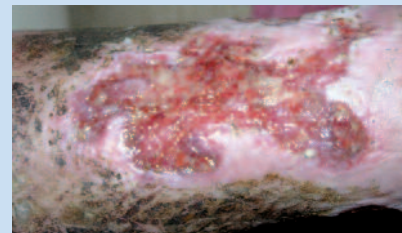
The biofilm was clearly impeding healing and required removal to facilitate wound bed preparation.



Conclusion

With the use of Prontosan® it is believed that the biofilm was penetrated and removed and the reduction in wound pain and odour was evident.

Over the next few months the wound dimensions decreased and the lady was able to see the improvement in her ulcers after only a short time.



Without compression therapy complete healing may not be achievable but her symptoms were now well managed with a measurable reduction in wound pain, odour and exudate levels, thus improving her quality of life dramatically following a long period of misery.

It is possible that with the reduction in pain this lady may now be able to tolerate compression therapy in the near future.

References

- 1* Morrison J, Moffat CJ Et Mosby P F (2007) Leg Ulcers: A Problem Solving Approach (Edited by Moya. Page IX)
- 2* Thomas JG, (2008) Association for the Advancement of Wound Care (AWWC) Advancing Your Practice: Understanding Wound Infection and the Role of Biofilms Article