

# A CASE REPORT ON THE USE OF PRONTOSAN® TO CLEAN INDOLENT LOWER EXTREMITY WOUNDS EVALUATION

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## Introduction

It is recognised that chronic wounds especially leg ulcers can be difficult to heal due to a variety of pathological reasons. Recent research has suggested the existence of 'biofilms' over the ulcer bed can inhibit the wound to progress to healing.

Types of dressings are indicated to help with conservative debridement but it is acknowledged that resistant films and slough render use of debriding agents sometimes ineffectual.

Work done with this product by Jane Cadogan (TVN – Swindon NHS PCT) had shown significant improvement in reducing pain levels, infection rates and odour level. Reduced frequency of dressing changes was also noted.

## Methods and Materials

We selected 8 patients who were being managed within the Leg Ulcer Clinic or whose care was being shared with the community nurses. After full nursing assessment using a protocol accepted for our practice, wounds were cleaned with the product and we evaluated the Prontosan® Solution and Gel after a 4 week period.

Wound contours were traced and we recorded area measurements. Details of the wound and other relevant clinical details were also recorded.

No patients were wound swabbed beforehand.

Leg washing, emollient therapy, wound dressings and compression bandaging where appropriate were continued as per standardised care.

All patients received some level of compression.

## Aim

The aim was to investigate the efficacy of the product (Prontosan®) to achieve wound bed preparation and hence to promote wound healing.

The management of the lower extremity wound is constantly complicated by infection, critical colonisation and oedema. The management of infection in chronic wounds is not easy for a variety of reasons but obtaining expert and accurate microbiological information is difficult and relatively expensive. Decisions to treat are therefore often clinically undertaken.

The knowledge base on the effectiveness of antimicrobials though vast, is not clear and there is a lack of level 1 evidence.

In this specialist nurse led community clinic, patients are referred by health care professionals within the Trust boundaries and the treatment decision is evidence based protocol and guideline driven.

Referrals to the Southampton City PCT Leg Ulcer Service have mainly been leg ulceration unresponsive to standardised care, which includes wounds that are static or deteriorating with resulting slough and recurring infections requiring repeated antimicrobial or antibiotic treatments.

## Discussion

This was a case study to observe the effects of Prontosan® on indolent leg ulcers. As stated at the outset no controls were enrolled. All wound areas decreased within the 4 week period. This initial response over 4 weeks on a small number of leg ulcers that had hitherto been indolent is encouraging. While it is likely that Prontosan® cleansing has been helpful in reducing wound slough and wound area, we are aware of the limitations of this study. Other limitations are that the study lacks controls, it is over a brief period and the patient selection was not randomised. It is our aim to plan a randomised controlled study to examine the efficacy of this wound cleansing agent on indolent leg ulcers.

## Results

PT initial assessment date by L.U.S (Gender)	Duration prior to assessment (weeks)	Aetiology of leg ulcer	Date Prontosan started	Largest ulcer dimension (cms)	Largest ulcer dimension (cms) post 4 weeks	% reduction in ulcer size	Comments
MM (M) 6.12.06	40	Mixed Arterial/Venous	13.12.06	8 x 4	3.5 x 2.2 (22.03.07)	75.9%	Healing. 2 week course of Aquacel Ag applied.
EJ (F) 07.07.04	60	Mixed Arterial/Venous	29.12.06	7.8 x 5.2	4.5 x 4.3	52.3%	Pt ill. Healing slowly. Numerous antimicrobials. Low dose prophylactic antibiotic used with effect.
JC (M) 16.04.02	224	Venous	11.10.06	5.9 x 5.2	3.3 x 1.9	79.6%	5 smaller ulcers (not measured) now healed. 1 course of antibiotics. 2 courses of Aquacel Ag. Large identified ulcer granulating.
CS (F) 07.04.04	104	Venous	10.10.06	4.2 x 0.9	0	100%	Healed
MB (F) 10.01.07	12	Venous	19.01.07	2.4 x 3.5	1.7 x 0.9	71.8%	Continues to heal - not epithelialised yet.
HH (M) 06.08.06	4	Venous	19.01.07	R - 2.8 x 5.6 L - 1.7 x 1.3	0	100%	Healed
PB (F) 03.01.07	10	Venous	15.01.07	4.5 x 2.8	2.2 x 1.4	75.6%	Exudate now minimal.
EY (M) 23.11.05	1400	Venous + RA	6.10.06	10 x 5	4 x 2	84%	Prontosan Gel also used in wound.

The ulcers of two patients healed completely. All wounds reduced in size as per table 1

No adverse reaction to use of Prontosan® noted.  
Patient MM was not mapped at the appropriate time and only done on 22.03.07 but data recorded anyway.  
No patients reported any pain on application or irrigation of Prontosan®

## Acknowledgements and Conflict of Interest

This work was completed with the support of Southampton City PCT Leg Ulcer Service. Prontosan® supplies made available by the manufacturers B. Braun.