

Case Study demonstrating the effectiveness of the Eclipse® dressing

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Introduction

Mr AC is a 72year old man with diabetes and has a mixed arteriovenous circumferential left leg ulcer. He has a long history of intermittent bilateral leg ulceration since 2005. He had left iliac stenting in 2010 resulting in a healed left leg ulcer but was considered to be too high risk for bypass surgery to improve right leg ulceration and was treated conservatively.

In 2011 he required a right above knee amputation and left iliac angioplasty for bilateral leg ulcers. His amputation site healed and the left leg ulcer markedly improved only requiring weekly dressings. However 3 months ago the left leg began to deteriorate. The ulcer increased in size and copious amounts of exudate led to community based nurses reviewing Mr AC on a daily basis to renew dressings.

Method

Mr AC was admitted to hospital for further investigation and evaluation of his arteriovenous leg ulcer (see fig: 1). I was asked to provide advice regarding wound management as the outcome was to treat conservatively with no surgical intervention. Mr AC also informed me he was embarrassed



Fig. 1

by the strike through while in the bay with other patients and found the wet bandages extremely uncomfortable. Ward nurses were dressing the ulcer up to twice daily as a result of the high levels of exudate.

At my first inspection the ulcer was circumferential and the surrounding skin was extremely macerated. The primary dressing remained unchanged. I immediately changed the secondary dressing to Eclipse® which allowed the primary dressing to remain in place for 3 days with no strike through present and 3 layer compression therapy to be applied under



Fig. 2

close supervision (see fig: 2).

Conclusion

On removal, the Eclipse® had absorbed most of the exudate and had left no indentation in the skin unlike some foam dressings I had used in the past under compression bandaging.

In my opinion the Eclipse® allowed improved absorption resulting in less frequent dressing changes and the application of compression therapy which led to a decrease in patient embarrassment and increased patient comfort.