

Case Study regarding effective use of Eclypse® and Silflex® dressings

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Introduction

Mrs JG is an 88 year old lady with few health problems other than age related macular degeneration. She has a history of intermittent leg ulceration since 2006 with the most recent episode starting in January 2011. She has circumferential ulceration of both lower limbs with the left leg significantly worse than the right.

Doppler assessment of blood flow is satisfactory and therefore the ulcers are deemed to be venous in origin although there is some doubt regarding aetiology as the pain associated with the ulceration is significantly worse than would normally be expected with venous ulceration, and Mrs JG feels that there was an element of skin reaction to emollient involved in the early stages.



After approximately 10 months of various dressings being tried, staff decided that a factor in non improvement was the wound remaining very wet, requiring daily dressing to control the exudate (see fig: 1). It was decided to trial the use of Eclypse® to benefit from the improved absorbency and subsequent improvement in excessive

wetness of the wound bed in tandem with Eclypse®, Silflex® was used as the primary dressing to add the additional cost saving and assess whether its low adherence was superior to Mepitel.

Method

Mrs JG was having daily dressings to her left leg and alternate day dressing to her right leg, the primary dressing used was changed to Silflex® over Flamazine cream to sloughy areas and secondary dressing was changed to Eclypse® on both legs. The dressing was secured with cotton wool and crepe type bandaging as at the time Mrs JG was unable to tolerate compression bandaging.

On removal of the dressing at the next change the Eclypse® had absorbed all exudate with no strike through and resulted



in us being able to reduce frequency of dressing change on the left leg to alternate days, the same as the right leg. Ease of removal of the primary Silflex® dressing was as good as with Mepitel and staff felt that, should it be required, it would be easier to irrigate the wound through the Silflex® due to larger mesh.

This benefited Mrs JG immediately, as she was finding the dressing changes very painful and changing on alternate days was much better for her.

Over the next two weeks there was an improvement in the appearance of the wound bed with the overall wound size slightly reduced and the pain, throughout the day and at dressing change reduced for Mrs JG (see fig: 2 and 3).

Conclusion

As no other dressing changes were made during this period the improvement can be attributed to the improved wound environment due to better exudate control using Eclypse® dressing and reduced trauma to the wound bed by using Silflex®. Although Silflex® and Mepitel were equally beneficial to the wound bed there is a significant cost benefit to using Silflex® rather than Mepitel.

The benefits of using these dressings are threefold firstly and most importantly in my opinion, the reduction in discomfort, frequency of dressings and wound progress for the patient, secondly the saving in district nurse visits and thirdly the reduced cost of the actual dressings themselves.