

The use of Advazorb® on a lower leg ulcer

Leanne Cook- Vascular Nurse Specialist, Pinderfields General Hospital.

Case Study

Mr P presented with a non healing ulceration which had been ongoing for 4 months having previously been treated with topical silver dressings there had been little progress so referral was made to specialist leg ulcer clinic.

History and examination revealed palpable peripheral pulses and APBI (Ankle Brachial Pressure Index) of 0.75, which is slightly below recommended guidance for full strength compression therapy. Additionally Mr P suffered from severe rheumatoid arthritis and spinal spondylosis, but the ulcer did not cause him any significant pain.

The ulcer bed showed superficial slough with little evidence of wound edge advancement, exudate levels were moderate to high with mild amounts of lower limb oedema. It was decided to commence Mr P on modified (three layer) compression to reduce the oedema to see if this would promote healing. Silver dressings were discontinued as there was no evidence of problems with increased bacterial loads, Advazorb® non adhesive foam dressings were applied as a primary dressing due to its rapid and highly absorbent properties and its highly conformable nature ideal to fit around difficult areas like the malleolus.

Four weeks later healing was evident, slough had been debrided leaving healthy granulation tissue and there was visible evidence of epithelisation, the ulcer had reduced in size and so had the levels of exudate. Advazorb® non adhesive foam dressing controlled the exudate under compression therapy preventing maceration whilst maintaining moist wound environment allowing healing to occur and permitting pain free dressing renewal.

