FLAMINAL® IN THE MANAGEMENT OF A MEDICAL DEVICE-RELATED PRESSURE ULCER

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Introduction

Pressure ulcers related to the use of medical devices are areas of localized injury to the skin or underlying tissue as a result of sustained pressure from a device. In 2016, the NPUAP defined a medical device–related pressure ulcer as arising "from the use of devices designed and applied for diagnostic or therapeutic purposes". [1]

This case study describes the management of John (pseudonym), a 78-year-old gentleman who was transferred to a long-term care centre following 60 days in the local general hospital. Whilst in hospital, he developed a category IV medical device related pressure ulcer to his penis caused by an indwelling urinary catheter. Due to the extent of the injury John was scheduled for insertion of a supra pubic catheter but a date had not yet been set for the procedure. A referral was made to the wound care team for assessment and management advice.

Method

On initial assessment by the wound care team, John had a painful, malodourous wound measuring 4cm x 1cm which was covered with 100% necrotic tissue (fig 1). Whilst waiting for the insertion of the supra pubic catheter, treatment was commenced with Flaminal® Hydro (Flen Health) and covered with a paraffin impregnated gauze to hold the Flaminal® in place. Dressings were changed twice daily. Flaminal® was selected to aid autolytic debridement of the necrotic tissue and to reduce the bioburden in the wound and associated malodour.

Results

John found the dressing regimen very comfortable and within 2 days reported less pain. At this point softening of the necrotic tissue was also evident. Signs of local infection and malodour reduced after a further 2 days of treatment(fig 2).

Flaminal® was continued for 6 weeks, at which point the wound was fully healed (fig 3) without the need for oral antibiotics or sharp debridement, which had been considered. Also, as the wound had healed, the planned insertion of a supra pubic catheter was able to be cancelled.

Fig 1

Fig 2

Fig 3

Discussion

In spite of progress in wound care products, support surfaces, and prevention methods, occurrences of pressure ulcers persist.[2] They can cause pain, loss of function, infection, extended hospital stays, and increased costs. Bennett et al. (2004) estimated that the cost of pressure ulcers to the UK health and social care system is between £1.4 and £2.1 billion per year (4% of total NHS expenditure)[3] and the mean cost per patient of treatment for a category IV pressure ulcer was calculated to be £10,551 a year.

Indwelling urinary catheters have been described as a cause of urethral erosion. In men, the resultant partial-thickness or full-thickness wound can involve a small area of the glans penis or cleave the glans or penile shaft, requiring reconstructive surgery or urinary diversion.[4]

Necrotic tissue and slough are ideal breeding grounds for any bacteria so fast removal is of paramount importance. Flaminal®, an antimicrobial Enzyme Alginogel®, combines the benefits of hydrogels and alginates with an antibacterial enzyme system to create and maintain a moist wound-healing environment. Flaminal® has the capability to balance moisture, promote debridement and control wound bioburden.

Flaminal® is available in two formulations; Flaminal® Forte is indicated for moderate to heavily exuding wounds whilst Flaminal® Hydro is indicated for light to moderately exuding wounds.

Conclusion

In this patient, the use of Flaminal® Hydro facilitated healing in a relatively short time and thus avoided the need for insertion of a supra pubic catheter. The health care professionals found Flaminal® easy to apply in this difficult to dress area. It aided debridement, reduced pain and malodour, and kept John's wound free of infection until healing.

References

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3. Bennett G., Dealey C. & Posnett J. (2004) The cost of pressure ulcers in the UK. Age and Ageing 33(3), 230–2354.
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