

CASE STUDY

**Three Malleolus Wounds of Two Years' Duration
Closed in Four Weeks Using PolyMem Silver®**



INITIAL WOUND PRESENTATION



CLOSED AFTER FOUR WEEKS



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CASE STUDY

Three Malleolus Wounds of Two Years' Duration Closed in Four Weeks Using PolyMem Silver

PROBLEM

A 65 year-old female with a history of venous insufficiency presented with wounds of the left lateral and medial malleolus. The patient's history included chronic arthritis, hypertension, hypothyroidism, immobility and left malleolus wounds present for the last 2 years. The patient was hospitalized with a gastrointestinal bleed and severe anemia. A past wound culture showed MRSA in the wounds. Additionally, the patient had possible pseudomonas colonization. A Wound Ostomy Continence nurse was consulted for wound care. The patient lives in a desert environment which can interfere with optimum moist wound healing conditions

DESCRIPTION OF PAST MANAGEMENT

Past wound treatment included conservative debridement, daily wet-to-dry dressings or weekly compression therapy after debridement. All previous treatments were found unsuccessful. The patient had pain with dressing changes.

CURRENT CLINICAL APPROACH

The new plan of treatment included applying high lanolin content skin protectant to the leg, debride as needed, cover with PolyMem Silver dressing and apply four layer bandage system compression therapy. The dressing and compression therapy were changed once per week. The PolyMem Silver dressing selection was based on the wound culture results and the fact that the dressings can be used up to 7 days. PolyMem Silver dressings have been tested and found to be effective against: Staphylococcus Aureus both MRSA and Non-MRSA, Enterococcus Faecalis (VRE), Klebsiella Pneumoniae, Pseudomonas Aeruginosa and Candida Albicans.

PATIENT OUTCOME

These chronic non-healing wounds healed in 4 weeks after initiation of management with PolyMem Silver dressings. Only 5 dressing changes were required in order to achieve wound closure. The patient did not experience any maceration of the wound or periwound area with this management approach.

The wound bed did not need to be cleansed during dressing changes after the PolyMem Silver dressings were initiated. The clinician attributes this to the continuous cleansing that the PolyMem Silver dressing provides during use.

The wound debrided and cleaned up faster and closed sooner than the clinician expected.

The PolyMem Silver dressing is non-adherent which made dressing changes very comfortable for the patient. The patient did not have pain with dressing changes when using the PolyMem Silver dressing.

Lateral Aspect of L Malleolus



MAY 20
Left lateral malleolus wound 6 cm x 4.5 cm depth 0.5 cm, granulation tissue present.

Left medial malleolus wound 4.5 cm x 4 cm depth 0.4 cm.
Left medial posterior malleolus wound 2 cm x 2 cm depth 0.5 cm, 100% yellow slough tissue.

Erythema present to surrounding skin. PolyMem Silver dressings initiated with compression therapy.



Medial Aspect of L Malleolus

Lateral Aspect of L Malleolus



JUNE 2
Left lateral malleolus wound 5 cm x 3 cm, resurfacing present, no odor noted. Scant amount sanguinous drainage and periwound softening callous.

Left medial malleolus wound 3.5 cm x 2.5 cm.
Left medial posterior malleolus wound 2cm x 1.5cm, resurfacing noted.
100% wound granulation.



Medial Aspect of L Malleolus

Lateral Aspect of L Malleolus



JUNE 17
Left lateral and medial malleolus resurfaced.
Wounds closed.



Medial Aspect of L Malleolus

CONCLUSION

PolyMem Silver dressings are an excellent choice to use under compression. PolyMem Silver dressings maintained an ideal moist wound healing environment even in these desert conditions. PolyMem Silver dressings offer quicker wound resolution times than traditional dressings and have been found to help heal wounds that had previously been unsuccessfully treated. PolyMem Silver dressings deliver four aspects of wound care in one formulation (cleanses, fills, absorbs, moistens) which can be used throughout the wound-healing continuum. The dressing eliminates multiple wound products and has been found to be cost-effective. This type of dressing can be used successfully with or without compression therapy.

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OBJECTIVES

1. Discuss problematic issues related to malleolus wounds.
2. Identify PolyMem Silver dressings to help reduce bacterial burden and enhance wound healing throughout the wound healing continuum.
3. Discuss using PolyMem dressings with compression therapy for treatment of venous insufficiency.
4. Identify PolyMem dressings to be a cost-effective choice for wound management.