

# Treatment Of A Grade Two Sacral Pressure Ulcer With Activheal® Hydrocolloid Foam Backed Dressings

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## Introduction

**Pressure ulcers results in a major burden of sickness, pain and reduced quality of life for patients and their carers, coupled with substantial financial cost to the NHS<sup>1,2</sup>. A study of 5947 patients in 25 hospitals in 5 European countries reported the pressure ulcer prevalence (grade 1-4) was 18.1% and if grade 1 ulcers were excluded, it was 10.5%. The sacrum and heels were the most effected<sup>3</sup>. Elderly people are particularly susceptible with 70% of pressure ulcers occurring in patients over 70 years of age<sup>4</sup>.**

A significant aspect of wound healing is choosing a wound care product that will address the needs of both the wound and patient. Clinical wound management product choice decisions are based on the amount of exudate, location of the wound, wound bed condition, wound bed size, and underlying cause of the wound. For the patient, ease of application (often in response to physical limitations from aging and disease processes) and level of comfort are important<sup>5</sup>.

ActivHeal® Hydrocolloid Foam Backed dressing consists of an absorbent wound contact layer of hydrocolloid with a dual layer of polyurethane foam and film.

The clinical case study that is being presented illustrates how ActivHeal® Hydrocolloid Foam Backed led to an improvement in wound appearance despite a decline in the patient's general health.

## Medical History

The patient was a 77 year old female, admitted in general poor health with an initial diagnosis of cellulitis of the legs.

Previous history of intermittent claudication, history of bilateral leg ulcers, atrial fibrillation and hypertension. The patient was referred to Tissue Viability with numerous skin breakdowns in the sacral area.

## Treatment Aim

After a full assessment the treatment selected was ActivHeal® Hydrocolloid Foam Backed. The dressing was selected in order to achieve a reduction in size and depth of the pressure ulcer and prevent further deterioration of the wound. The patient was suffering from faecal incontinence and hence the dressing was to be waterproof and remain in situ whilst being wiped clean. The dressing was also required to be comfortable for the patient.

## Wound Progress and Dressing Performance

After just two weeks of treatment with ActivHeal® Hydrocolloid Foam Backed the patient's wound had reduced in size from 3cm in length to 2.5cm. There was visible reduction in wound depth and the presence of slough. ActivHeal® Hydrocolloid Foam Backed dressing remained in place for 3-4 days despite faecal incontinence and patient washing. Unfortunately the patients medical condition declined, including the nutritional and vascular status of the patient. However the dressing continued to be used and the wound continued to show improvement.

## Conclusion

ActivHeal® Hydrocolloid Foam Backed dressing can be found to be useful in the treatment of Grade 2 sacral pressure ulcers and demonstrated that it provided the optimum wound environment whilst aiding autolytic debridement. ActivHeal® Hydrocolloid Foam Backed reduced the amount of visible slough in the wound and resulted in a decrease in both the size and depth of the wound after just two weeks of treatment. The product was easy to apply and was comfortable for the patient.

Cost effectiveness is about achieving the best outcomes for patients whilst considering the budget. It is therefore concluded that ActivHeal® Hydrocolloid Foam Backed dressing is clinically effective and cost effective in the provision of quality wound care.

## References

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08/05/2007  
Sacral pressure sore upon commencement of treatment



16/05/2007  
Sacral pressure sore improvement after 8 days of treatment



22/05/2007  
Marked improvement in wound size and depth after two weeks of treatment

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