

MANAGEMENT OF PRESSURE ULCERS WITH FLAMINAL®

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Pressure ulcers

Pressure ulcers are areas of localised damage to the skin and underlying tissues, usually caused by pressure, shear or friction. They are graded 1 to 4 depending on severity, with 4 being the most severe and where risk of infection is highest. Treatment is specific to the patient, grade, type and location of the pressure ulcer as well as presence of infection.

The ideal dressing

Turner's ideal dressing criteria still hold true today (Table 1).

Table 1. Criteria for an ideal dressing (Turner, 1985)
Ability to maintain a moist wound surface

- Provide thermal insulation
- Be highly absorptive
- Be impermeable to bacteria
- Be free of contaminants
- Be non-adherent
- Be non-toxic

However, when choosing a dressing the following considerations must be made:

- Is the dressing efficient?
- Is the dressing effective?
- Is the dressing economic?

Of the many products currently available, few effectively address both the management of exudate and control of infection. Flaminal® (distributed by Flen Pharma) is a new hydroactive alginate gel dressing that both manages exudate and restores the microbial balance in wounds. Flaminal® has a unique, naturally occurring enzyme system that specifically targets bacterial cells, leaving human cells unharmed (White, 2006). This poster aims to describe how Flaminal® provides a precise match of product to patient and wound, whilst considering the criteria identified for the ideal wound dressing.

Flaminal® for a grade 3 pressure ulcer

Grade 3 pressure ulcer: full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through underlying fascia.



An 84 year old female patient presented with an MRSA positive grade 3 pressure ulcer on left foot, measuring 2.3x1.8cm and involving the joint below. A wound management system was required that:

- addressed the increase in bacterial load
- was absorbent
- was easy and pain free to apply

Flaminal® was applied, covered by a foam dressing, wool padding and bandage. Dressing changes were made every 3 days. Amoxicillin 500mg orally three times daily was given for 8 days.



2 weeks of ulcer management with Flaminal®

- Peri-wound skin much improved
- Areas of necrosis present in the wound bed
- Good granulation tissue evident



6 weeks of ulcer management with Flaminal®

- Wound edges contracting well
- Tissue looks slightly oedematous
- Peri-wound skin appears clean and healthy with no maceration
- No slough or necrosis
- Small areas of haemorrhage

Patient's general health deteriorating



8 weeks of ulcer management with Flaminal®

- Wound continued to improve, measuring 1.5x1.9cm
- Wound edges contracting well
- Peri-wound skin appears in good condition with no maceration
- No slough or necrosis
- No sign of infection

Patient's general health continued to deteriorate and she passed away a short while later

Flaminal® for a grade 4 pressure ulcer

Grade 4 pressure ulcer: extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures with or without full thickness skin loss.



A 62 year old female, presented with a very painful grade 4 pressure ulcer to her sacral region, measuring 6x2.8cm with 4cm undermining, along with numerous skin breaks around the area. A wound management system was required that:

- addressed the increase in bacterial load
- was absorbent
- was easy and pain free to apply

Flaminal® was applied, covered by a non-adhesive foam dressing, held in place with a film dressing. Dressing changes were daily



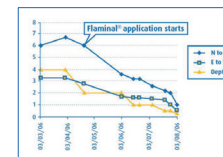
5 weeks of ulcer management with Flaminal®

- 99% granulation and 1% necrosis
- Contraction to 3.2x1.6cm with 1cm depth
- Medium exudation
- Wound margin clear of maceration



11 weeks of ulcer management with Flaminal®

- 100% granulation
- Contraction to 2x1.4cm with 0.5cm depth



Wound contraction over time

An immediate improvement is seen following Flaminal® application compared to previous treatment.

Conclusion

- In both patients, Flaminal® reduced bacterial load, control exudate, reduced pain experienced during dressing changes and facilitated wound contraction over time. It was therefore considered to be efficient, effective and was economical.
- Flaminal® offers an alternative way of controlling bacterial load, thus widening the choice of product type available to the clinician.

References

Turner T.D. (1985) Which dressing and why? In: Westaby S. (ed) Wound Care. London Heinem
White R. Flaminal® - a novel approach to wound bioburden control. Wounds UK 2006; 2(3):64-69.