

# WOUND BED PREPARATION IN ACTION WITH FLAMINAL®

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## Introduction

The importance of wound bed preparation (WBP) has come to the fore in recent years as a wound management tool to accelerate healing, or to facilitate the effectiveness of other therapeutic measures to achieve healing.<sup>1</sup> The acronym T.I.M.E (Tissue, Inflammation/Infection, Moisture balance, Wound Edge) introduced in 2002 and revised in 2012,<sup>2</sup> has been an important tool for clinicians in wound management helping to identify the barriers to healing enabling a plan of care to be developed.

This communication reports on the case of Joan, a 54 year old female with a complex mental health history, including personality disorder; she was nutritionally deficient and had iron deficiency anaemia. Joan had been admitted to hospital with recurrent abscesses to both thighs, which resulted in extreme pain (including neuropathic pain), for which she had been prescribed opioids and anticonvulsants. She underwent incision and drainage of a large abscess to her right thigh, initially managed with negative pressure wound therapy (NPWT), which was discontinued after 4 weeks due to poor concordance from Joan. This was followed by a hydrofiber primary dressing secured with a silicone foam adhesive, but the wound was recalcitrant to healing despite several courses of IV antibiotics, the use of antibacterial irrigation, nutritional supplements and support from the mental health team; Joan was referred 2 days post op to Tissue Viability (TV) by the surgical team.

## Method

On examination the static exuding thigh wound measured 8cm x 7cm and 0.5cms deep, it contained 20% slough with 80% granulation tissue (which in parts looked unhealthy), with no advancement of the wound edges. As per general consensus the TVN considered that with its non-healing status, recurring inflammation/infection and exudate that the presence of biofilms was highly likely.<sup>3</sup>

The area was redressed with Flaminal® Forte (Flen Health) with a high alginate content, to aid autolytic debridement whilst controlling the exudate and reducing the wound bioburden. This was covered with adhesive foam and renewed initially every two days, reducing after one week to every three days.

## Results

Joan was happy with the new dressing regimen as there was no pain at dressing change with a noticeable decrease in exudate within one week, thus reducing the frequency of dressing renewal. After 8 weeks of treatment the wound measured 4cm x 3cm with the presence of minimal slough and exudate, healthy granulation tissue and evidence of improved healing from the wound edges. At this point the management of Joan's wound was transferred to the Practice Nurses.

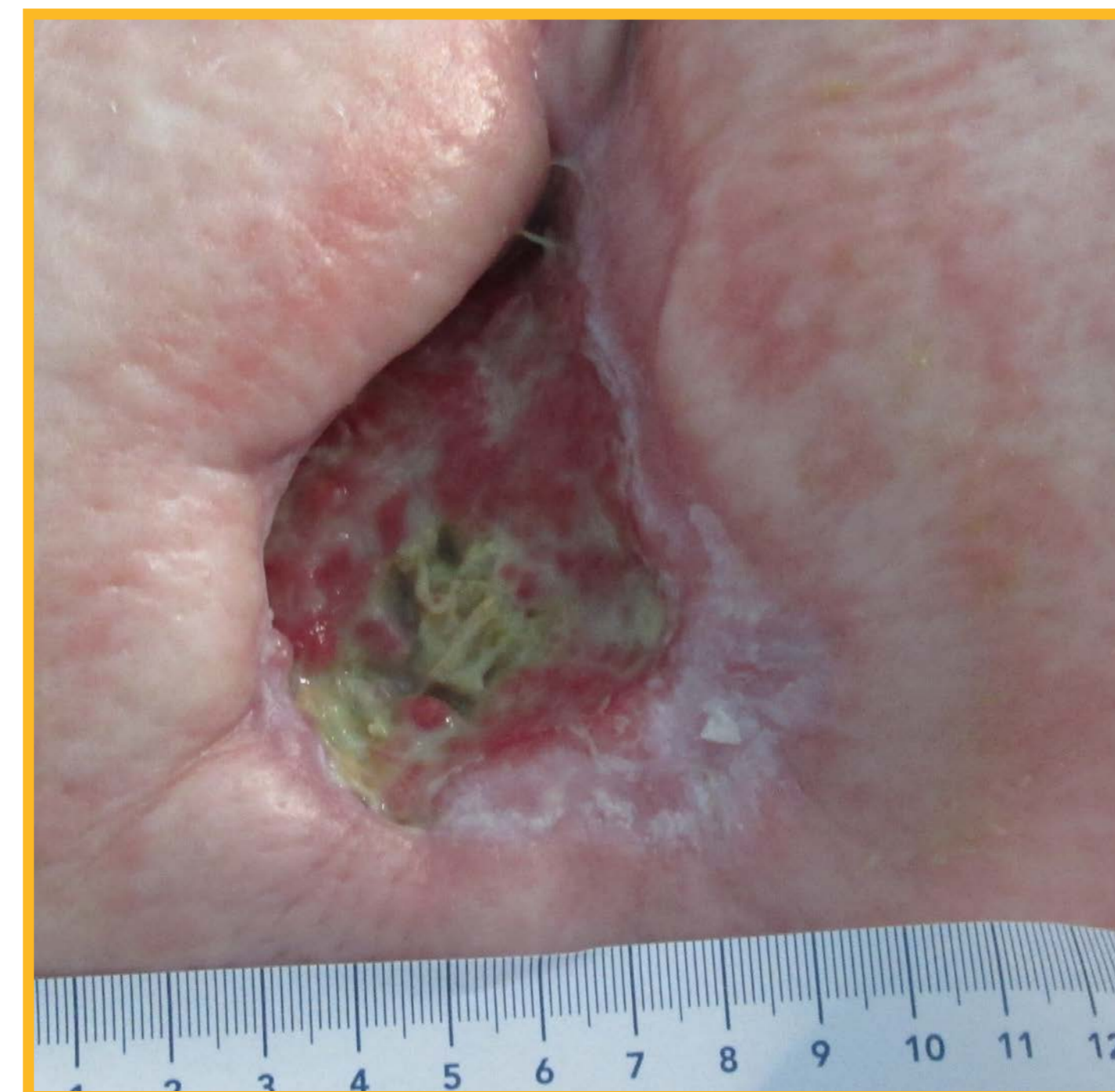
Day 1



2 weeks



3 weeks



8 weeks



## Discussion

WBP provided TV with a framework to help identify the barriers to healing Joan's wound, thus enabling the development of a plan of care. Debridement is pivotal in the management of chronic wounds since it helps to reduce the bacterial burden within a wound through the removal of devitalised tissue, thus controlling inflammation and odour whilst encouraging the formation of granulation tissue.

Flaminal®, an antimicrobial Enzyme Alginogel® (glucose oxidase and lactoperoxidase), combines the benefits of hydrogels and alginates with an antimicrobial to help reduce bacterial load and debride necrotic tissue through hydration and autolysis.<sup>4</sup> Flaminal® has a proven broad-spectrum antibacterial activity<sup>5</sup> thereby helping to control bioburden, whilst the gel helps to soothe and relieve pain conforming and contouring to all areas.

Flaminal® provided antimicrobial activity to eliminate bacteria as well as autolytically debriding the wound and inhibiting biofilm formation.<sup>6</sup> The importance of removing devitalised tissue is well documented in the literature<sup>7</sup> with its expeditious removal helping to stimulate healing as it removes a focus for infection which exacerbates the inflammatory response.<sup>8</sup>

## Conclusion

Flaminal's triple mode of action avoided the need for multiple products since it has the capability of absorbing exudate whilst remaining in a gelled state, promoting autolytic debridement and controlling bioburden which in turn reduced exudate. The treatment regimen was easy and importantly acceptable to the patient with an improved outcome.

### References

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