EVALUATION OF THE PERFORMANCE OF A CARBOXYMETHYL CELLULOSE DRESSING FOR THE TREATMENT OF CHRONIC SACRAL PRESSURE ULCERS

Linda Naisbitt – Community Staff Nurse, Northumbria Healthcare. Linda.naisbitt@sky.com

Introduction

Pressure ulcer prevention and management are fundamental aspects of nursing, with pressure ulcers generally considered to be preventable. Pressure ulcers have frequently been reported to cause emotional distress to patients often affecting patient quality of life. In this case study, a carboxymethyl cellulose gelling fibre dressing (KerraCel™, Crawford Healthcare) highlights the positive clinical and patient outcomes experienced upon the management of chronic sacral pressure ulcers.

KerraCel™ dressings were evaluated on a 64-year-old male, diagnosed with Multiple Sclerosis (June 1999) and type 2 diabetes (May 2016). The patient is fully dependent, lives with his wife and has assisted mobility via an electronic wheelchair (which he no longer able to operate himself). The patient can move his head and is capable of verbal communication (although he also has Possum Communication system in place). The patient had not previously been visited as no nursing intervention was required until a toe injury required attention. It was on this visit that the sacral pressure ulcers were discovered.

Upon medical intervention (May 2016) the patient presented with pressure ulcers grade 3 on both left and right buttocks. Wound size on right buttock was 5cm x 4cm with a depth of 3.5cm, wound size on the left buttock was 4cm x 4cm with a depth of 3cm. Both wounds exhibited signs of infection, were necrotic, sloughy, highly exuding and had a significant malodour. The patient was then subject to bed rest in a profiling bed.

Method

A selection of wound dressings and wound cleansers had previously been used to manage the wound which had unfortunately proved unsuccessful in managing and progressing the wounds positively. Wound treatment regime was changed in October 2016 to KerraCel™ (Crawford Healthcare), Sorbaderm No Sting Barrier Film (Aspen Medical) and Allevyn Life (Smith and Nephew) as a secondary dressing. The dressing regime was changed due to the fact that the wounds had become static. The wounds were carefully monitored and initially dressings were changed daily, however upon introduction of KerraCel™, dressing changes reduced from daily to 3 times weekly as significant wound progression was observed for both wounds.

The aim of the treatment was to debride the wounds, reduce inflammation, manage wound exudate resulting in wound closure.

Results

Wound closure was achieved after application of KerraCel™ dressings in February 2017. Both patient and clinician were pleased with the wound progression to healing after such a short time due to the application of KerraCel™ dressings. Wound images were taken during the treatment period to help visualise the improvements in the wound tissue and size (see below – images reproduced with patient permission).

Discussion

These findings provide a good example of how a Carboxymethyl cellulose gelling fibre dressing KerraCel™ can effectively manage sacral pressure ulcers which have previously been dressed with other wound dressings yet the wound had become static. The positive wound outcomes and feedback from clinician and patient are effect the clinical outcome of chronic wounds. The change to primary dressing significantly improved the rate of healing for wounds. This helped improve the patient’s quality of life by enabling wound closure for both wounds enabling the patient to have mobility in his wheelchair.

Conclusion

The aim of this treatment was to adequately manage wound exudate, debride the wounds and progress the wounds to closure. This has successfully been achieved with the application of KerraCel™ dressings. These findings show a positive clinical performance and suggest a potential financial advantage when using KerraCel™ dressings. These findings also suggest that KerraCel™ dressings have the potential to reduce the number of dressing changes and clinical contact between appointments reducing nursing time and ultimately providing a clinically and cost-effective product.

References