

TREATMENT OF A VENOUS ULCER USING AN ENZYME ALGINOGEL® IN COMBINATION WITH SHORT-STRETCH BANDAGE COMPRESSION

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Introduction

The management of venous leg ulcers is complex and requires a multidisciplinary approach. Apart from local treatment, vascular diagnosis is necessary. Thorough cleansing, the correct choice of dressings and compression therapy are the pillars of local treatment.

Treatment

A 78 year-old-female, having developed a severe cough, dyspnoea and fever was sent to the ER by her general practitioner. She was diagnosed with a venous leg ulcer already present for some months. This ulcer had been treated for more than one month with a silver alginate and a one-week 2-layer compression system without any results. Upon removal of the old dressing, we could see a filthy fibrinous and extremely odourous wound. Venous problems were confirmed after vascular diagnosis. However, there was sufficient arterial flow. As a result, compression therapy could be continued. From day 1, we started to clean the wound thoroughly with daily showers. We applied gauze compresses on the wound soaked with a polyhexanide biguanide solution for a total of 15 minutes. We applied an Enzyme Alginogel® to the wound, firstly to stimulate the debridement of the fibrinous slough, secondly to reduce the odour by supressing bacterial growth and thirdly to stimulate epithelialisation starting from the edges. (photos March 15 2012)

Results

After 4 days (photos March 19 2012), we saw a clean wound showing the first signs of re-epithelialisation combined with short-stretch bandage compression. We noticed a further development of this re-epithelialisation after 11 days. (photos March 26 2012) After 18 days (photos April 2 2012), full re-epithelialisation is achieved.

Conclusions

The Enzyme Alginogel®, in combination with thorough cleansing and compression therapy, promotes fast venous ulcer healing.



15.03.2012- The Enzyme Alginogel® was combined with a paraffin gauze dressing and short-stretch bandages.

T: Fibrin
I: Odour
M: Moderate exudate
E: Irritated edges



19.03.2012

T: Less fibrin
I: Odour is gone
M: Moderate exudate
E: Beginning re-epithelialisation



26.03.2012

T: Further re-epithelialisation
I: No signs of infection nor odour
M: Little exudate
E: Normal edges



02.04.2012

T: Full re-epithelialisation