

Combining Wound Care Modalities: Use of an Active Fluid Management™ Antimicrobial Dressing* with Negative Pressure Wound Therapy (NPWT) to Facilitate Healing

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Clinical Problem

Home care agencies are facing the challenges of managing wound care patients in a cost-effective way due to capitated prospective payment system. Sometimes multiple modalities are combined to achieve desired outcomes (e.g. NPWT and silver dressings). Currently, many home care agencies are in need of an alternative silver antimicrobial dressing compatible with NPWT.

Purpose

To evaluate a new cost-effective silver contact layer dressing in conjunction with NPWT to treat infected wounds.

Methodology

All three patients used AFM™ Ag contact layer dressing in combination with NPWT for 21 days. For deep wounds NPWT was used in conjunction with foam and AFM Ag. For superficial wounds NPWT was used in conjunction with foam and AFM Ag dressing at 125-150 mm Hg for average of 21 days. The AFM Ag contact layer dressing was not fenestrated during the use.

Conclusions

By utilizing an alternative wound care regime of AFM Ag antimicrobial dressing with NPWT, we obtained the following results:

- › Substantial wound closures
- › Drainage management
- › Odor reduction
- › Bacterial bio-burden reduction

Case Study #1 – Deep Wound

A 54 year-old female presented to our home care agency with a postoperative (25 days) dehiscenced surgical wound from a bilateral breast reduction.

Patient's Medical History includes history of chronic back and neck pain, hypertension and depression.



Initial (3/01/06)
4 x 4 x 11cm



3 weeks (3/22/06)
3 x 1 x 6cm

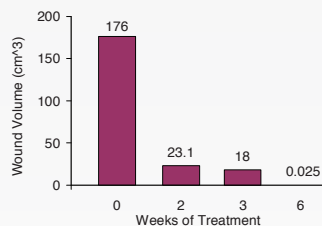


2 weeks (3/14/06)
2.2 x 1.5 x 7cm



6 weeks (4/12/06)
0.5 x 0.5 x 0.1cm

Reduction in Wound Size



Case Study #2 – Superficial Wound

A 52 year-old female was admitted to home health agency from Roper St. Francis Hospital. The wound was producing copious amount of serosanguineous drainage and had undermined within the darkened area. Patient's Medical History includes Abs. hernia repair x 2, HTN, depression



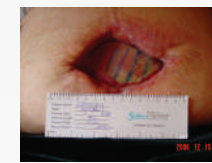
Initial
16cm L x 14.5cm W x 6cm D
3cm x 3cm – darkened area



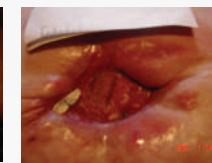
Week 1
11cm L x 14cm W x 6cm D
Began SelectCare as contact layer



Week 2
9cm L x 13cm W x 4.7cm D
2.8 cm x 2.5 cm – darkened area

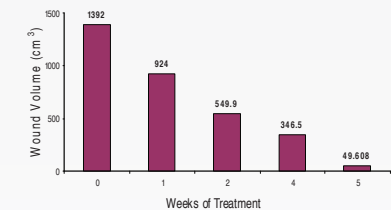


Week 4
9cm L x 11cm W x 3.5 cm D
Darkened area resolved



Week 5
5.3cm L x 7.8cm W x 1.2 cm D
Darkened area resolved

Reduction in Wound Size

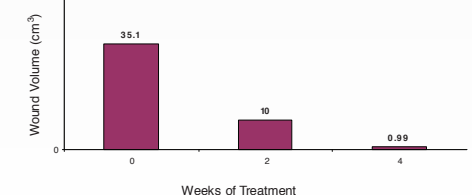


Case Study #3 – Superficial Wound

A 55 year-old female was admitted to home health agency for wound care, and management of coumadin therapy. She was admitted to hospital for her right knee dislocation with patellar instability due to fall. She had popliteal vein injury s/p relocation & ligament reconstruction, capsular repair, and patellar realignment. On 8/26/06, the patient was admitted to hospital for osteomyelitis, removal of hardware, IV antibiotic therapy and anticoagulant therapy. Patient was then discharged to home health agency for dehiscenced surgical infected wound. Patient's Medical History includes obesity, peroneal nerve palsy of right leg, left shoulder surgery for AV malformation, hernia repair, kidney stone w/nephrolithiasis, DM, lupus, sleep apnea, hysterectomy, anemia.

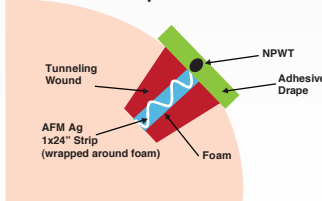


Reduction in Wound Size



Customized Treatment Designs

For Deep Wounds



For Superficial Wounds

