

Case study demonstrating the effectiveness of the Eclipse® Boot dressings

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Introduction

Mrs CD is an 83 year old lady who has a mixed arteriovenous right leg ulcer. She has a history of intermittent ulceration of the right lateral malleolus since 1997. However this has now developed into a circumferential ulcer of the right lower leg which has now been present for the past 20 months. This ulcer is not expected to heal and Mrs CD is currently having palliative care.

An angiogram in 2006 showed bilateral superficial femoral artery occlusions which would require a right above knee femoro-popliteal bypass with prosthetic graft to improve vascularity to the ulcer. After discussions with Mrs CD she chose not to proceed with surgery and opted for conservative management. Previous treatments with iloprost infusion, hyperbaric oxygen therapy and reduced

compression bandaging has had some success in the past but has now proved to be ineffective. In January of this year she was referred to me for review and wound management advice.

Method

At my first inspection the wound was clinically infected and she had been prescribed oral antibiotics. The wound appeared sloughy and necrosis was present (see fig: 1-4). District Nurses had to attend alternate days to redress due to the high level of exudate and strike through. Mrs CD also complained of severe pain and anxiety especially at dressing changes.

I immediately changed the secondary dressing to Eclipse® Boot which allowed the primary dressing to remain in

place for 3 days with no strike through present. Two weeks on, dressing changes were reduced to twice weekly (see fig: 5-7).

A further 4 weeks saw the dressing changes reduced to weekly with no strike through and definite improvement in the ulcer was noted (see fig: 8-9).

Conclusion

The improvement in my opinion was due to the Eclipse® Boot enabling us to manage wound exudate effectively with no strike through thus allowing the primary dressing to work more effectively. This also had a positive impact for Mrs CD as it resulted in improved pain management and reduced anxiety.



Fig. 1



Fig. 2



Fig. 3



Fig. 4



Fig. 5



Fig. 6



Fig. 7



Fig. 8



Fig. 9