

Case study demonstrating the effectiveness of the Eclypse® dressing

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Introduction

Mr AC is a 72 year old man with diabetes and has a mixed arteriovenous circumferential left leg ulcer.

He has a long history of intermittent bilateral leg ulceration since 2005. He had left iliac stenting in 2010 resulting in a healed left leg ulcer but was considered to be too high risk for bypass surgery to improve right leg ulceration and was treated conservatively.

In 2011 he required a right above knee amputation and left iliac angioplasty for bilateral leg ulcers. His amputation site healed and the left leg ulcer markedly improved only requiring weekly dressings. However 3 months ago the left leg began to deteriorate. The ulcer increased in size and copious amounts of exudate led to community based nurses reviewing Mr AC on a daily basis to renew dressings.

Method

Mr AC was admitted to hospital for further investigation and evaluation of his arteriovenous leg ulcer (see fig: 1). I was asked to provide advice regarding wound management as the outcome was to treat conservatively with no surgical intervention. Mr AC also informed me he was embarrassed by the strike through while in the bay with other patients and found the wet bandages extremely uncomfortable. Ward nurses were dressing the ulcer up to twice daily as a result of the high levels of exudate.



At my first inspection the ulcer was circumferential and the surrounding skin was extremely macerated. The primary dressing remained unchanged. I immediately changed the secondary dressing to Eclypse® which allowed the primary dressing to remain in place for 3 days with no strike through present and 3 layer compression therapy to be applied under close supervision (see fig: 2).

Conclusion

On removal, the Eclypse® had absorbed most of the exudate and had left no indentation in the skin unlike some



foam dressings I had used in the past under compression bandaging.

In my opinion the Eclypse® allowed improved absorption resulting in less frequent dressing changes and the application of compression therapy which led to a decrease in patient embarrassment and increased patient comfort.