An evaluation of Eclypse® Contour in the management of highly exuding chronic venous ulcers

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Introduction

Chronic venous leg ulcers are typically highly exuding wounds affecting 1.3 million people in the UK population (UKNHS, 2012) and are associated by poor healing rates, infection and a significant negative impact on quality of life. Excessive wound exudate is detrimental to wound healing, increasing risk of skin damage, infection and patient discomfort. Eclypse® is a highly absorbent, high capacity wound exudate management product.

The Eclypse® Contour dressing provides a completely new and innovative design which will uniquely mould to the body contour, ensuring optimum contact with the wound and effective exudate management. It is designed to reduce nursing time, number of dressing changes and the cost associated with this, and importantly reduce patient trauma associated with a high frequency of change as well as ultimately improving patient outcomes.

Aim

The aim of this study is to evaluate the performance of Eclypse® Contour. This evaluation will assess absorbency, fluid retention, conformability to wound progression, cost effectiveness, number and frequency of dressing changes and patient perspective / quality of life.

Method

The evaluation was conducted by the Vascular Specialist Nursing Team at Pinderfields Hospital, Vascular OP clinic over a 2 month period. Inclusion criteria were that the patients had highly exuding wounds that were not being adequately managed by their current dressing regimen of foam or hydro fibre-based dressings and required daily dressing changes. 6 cases were evaluated. There was evidence of skin maceration and extension of wound sites. Patients were provided with verbal information. Assessment tools such as clinical visual scoring and photography were used to gauge response and clinical outcomes.

Results

In all 6 cases the Eclypse® Contour dressing was effective in absorbing and containing the high levels of exudate. This allowed for increased dressing wear time. As a direct result of the exudate locking into the moisture locking core of the dressing away from the patient's skin, maceration soon started to decrease. The dressings were conformable to the contours of the varying sites of individual patients limb sites and all patients reported the dressing as being comfortable.

Case 1

63yr old male with ulceration for 2 months to the lateral aspect of the garter region, all areas were highly exuding and required daily dressing renewal with non-adherent dressing and gauzes for the previous 4 weeks. Non-adherent management of exudate was resulting in extending ulcer size and increasing distress for the patient. Eclypse® Contour was applied and compression bandaging was commenced. The patient found the dressings comfortable and it contoured well to the limb allowing application of compression without any wrinkling of the dressing. Within 1 week dressings changes were reduced to twice a week. After 2 weeks the dressing changes were further reduced to weekly. At 4 week review, significant improvements were seen. The limb appeared less congested, erythema had resolved and ulceration was improved by 70%. The patient was also noted to have improved mobility, reduced pain and increased mobility. Eclypse® Contour effectively held the exudate away from the wound allow healing to occur.

Conclusion

Properties that should be offered by the ideal dressing choice include:

• Is highly absorbent
• Prevents leakage between dressing changes
• Prevents strike-through
• Provides protection from excoriation / maceration
• Can be used under compression
• Stays intact and can be left in place for long duration
• Comfortable and conformable
• Cost effective (ref: 1)

In this evaluation Eclypse® Contour fulfilled all of the above listed properties required for an ideal dressing choice for the 6 patients included in the study, with positive outcomes in managing the high levels of exudate, reducing maceration / excoriation and promoting healing. Eclypse® Contour is reliable and effective at management of high exudate.

References

3) Dawson C. Where are we now in the provision of venous leg ulcer services? Wounds UK, Vol 10, No 4, Supplement 2, 2014

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