

The effective use of Activon® Tulle and Eclipse® on oedematous legs

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Introduction

The following case study highlights the importance of patient comfort and satisfaction when managing wounds that are exuding heavily.

Patient and wound

Mrs B was a 79 year old lady transferred into our unit to await residential care. She was originally admitted with a chest sepsis to an acute hospital. Her medical history included congestive cardiac failure, chronic obstructive pulmonary disease and non-insulin dependant diabetic (tablet controlled).

Mrs B had oedematous legs which were heavily bandaged and very wet. This was causing her to be very upset as she felt as if nurses had enough to do without changing dressings twice daily.

Following consent the bandages were removed to inspect the wounds as per policy. On inspection there was a large sloughy area mid shin with the wound perimeter being macerated. The remainder of the leg was weeping serous fluid from various points.



After irrigating the wound I applied Activon® Tulle (knitted viscose mesh dressing impregnated with 100% Manuka honey) followed by Eclipse® (super absorbent secondary dressing). My reasoning for these choices were that the honey would debride the wound without effecting healthy skin and the Eclipse® dressing was of very high absorbency to contain fluids. This is through previous experience of the effectiveness.



Clinical objectives

To promote healing of the wound whilst containing large amounts of exudate. Also preventing further breakdown/ infection and a review of diuretic therapy (which was increased short term).

Conclusion

Mrs B was ecstatically happy that the dressings were intact and dry the next morning. In fact she could do nothing

but talk of the "magic dressings" to her relatives and other visitors.

Not only had her legs started to improve quickly but her whole outlook had improved. This was evident by her mood, appetite and physical willingness to maintain optimum levels of independence.

In achieving such a result for Mrs B it highlighted the patient rather than the wound which is a very satisfying result.

Mrs B was discharged to a local Residential Home with District Nursing input. Needless to say a supply of both Advancis Medical products were sent with the patient.

