

The use of Eclypse® and Activon® Tulle on an infected graft site wound to the leg

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Introduction

Mr Q is a 76 year old gentleman with a past medical history that includes: type 2 diabetes; chronic atrial fibrillation; renal impairment and peripheral vascular disease. Mr Q attended theatre for a tissue aortic valve replacement and coronary artery bypass grafts times two. He later developed post operative complications that included wound breakdown and infection from the graft site; specifically the graft site, his leg wound. The nursing staff in the clinical area managed the patients wounds until post operative day twenty four when they asked for a review by the Tissue Viability Nurse.

Tissue Viability reviewed the wound on post operative day twenty four and on review the wound edges were red and inflamed, the wound bed was 100% sloughy and malodorous. The wound was being dressed initially with Aquacel AG this was then changed to ActiSorb Silver (due to the malodour) the secondary dressing was always Allevyn Adhesive. This dressing required changing constantly throughout the shift, due to this the peri wound (that was previously intact) became more vulnerable due to the regular stripping of the adhesive, the secondary dressing was changed to Allevyn Non Adhesive. The wound was still producing high levels of exudate which started to cause the wound edges and peri wound to become macerated. The secondary dressing had to be reviewed, as what was being used was not cost effective and started to cause problems for the patient and nursing staff. Mr Q's wound infection was preventing him from being discharged home and as a result his mood became low and at times he was non compliant with the dressing regime.

Method

At the review (on post operative day twenty four) Tissue Viability discussed the patients' care with the medical staff, and patients Consultant regarding possible treatment

plans for Mr Q; it was decided that the patient was not well enough to return to theatre for surgical debridement, his wound would have to be treated with conventional dressings. Mr Q was commenced on Intravenous Antibiotics to treat the infection and the leg wound was dressed with Aquacel AG and the secondary dressing was changed to Eclypse®, (a super absorbent). When the secondary dressing was Allevyn, it required changing 3-4 times a shift; the peri-wound was becoming macerated and the patient was becoming non compliant with the treatment plan; Mr Q would constantly strip the dressing down when it became saturated and not inform the nursing staff that he had done this. By changing the secondary dressing over to Eclypse® the number of dressing changes reduced to a daily dressing change, it also meant that the patient was then less distressed due to the number of dressing changes and he became more compliant with the treatment plan- the dressings were kept on. This also allowed a savings to be seen, financially and in nurse time.



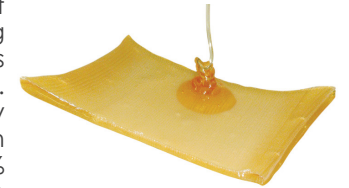
Eclypse® Super absorbent secondary dressing

With the management of the leg wound now decided, after a week and a half of intravenous antibiotics and through the use of an antimicrobial primary dressing and a super absorbent secondary dressing (changed every two days) the exudate levels started to decrease and the super absorbent was no longer required. With the exudate levels now managed, the maceration to the peri wound resolved.

After a two week treatment regime of antibiotics and an antimicrobial the wound bed was still 100% sloughy (the malodour has resolved) and Tissue Viability made the decision to change from using Aquacel AG to a honey product- specifically Activon® Tulle and continue using Allevyn Adhesive.

Conclusion

Following application of Activon® Tulle to the leg wound, the dressing was changed every three days. The wound bed gradually changed from 100% slough to 60% slough and 40% granulation tissue and the patient was then able to be discharged home and his care was transferred over to the community. Under the care of the District Nurses and through using the Activon® Tulle the patients leg wound was healed after three months.



Activon® Tulle Knitted viscose mesh impregnated with 100% Manuka honey