

## Successful management of a venous leg ulcer using Durafiber dressings

This case was included as part of a 10-patient clinical evaluation series to evaluate the acceptability of Durafiber™ (Smith & Nephew)<sup>[1]</sup>, a new highly absorbent dressing for medium-to-heavily exuding wounds. Clinicians from three centres in the UK were involved in the initial work, which showed that the dressing has the capability to contain high levels of exudate and was comfortable for patients during wear, and on removal, as a result of its unique gelled structure and ability to remain intact<sup>[1]</sup>. The case described here provides a detailed evaluation illustrating the use of Durafiber dressings as part of the treatment regimen for a patient with a venous leg ulcer of 18 months' duration.

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### References

1. Barrett S, Callaghan R, Ivins N, Stephen-Haynes J (2012) Case evaluation: the use of Durafiber on exuding wounds. *Wounds UK* 8(3): 104–13.

### CASE STUDY

This 69-year-old male presented to the Wound Healing Research Clinic, Cardiff on 14 June, 2012 with a venous leg ulcer on the left medial malleolus of 18 months' duration [Figure 1]. The patient's previous medical history included varicose vein stripping, deep vein thrombosis in 2007 and a previous leg ulcer to the same site in 2008. Over the past 18 months, the leg ulcer had been treated with various dressings underneath compression. The patient complained of slight pain on standing for long periods. The patient was unsure of how the ulcer occurred, but remembered injuring his ankle at the time of the first leg ulcer occurrence in 2008.

The photo at baseline [Figure 1] shows that the ulcer measured 1.7cm by 1.8cm and was 0.1cm deep. The exudate levels were low and the wound bed demonstrated some evidence of epithelialisation and 50% granulation tissue. The patient had varicose eczema and the surrounding skin was flaky and inflamed.

### DURAFIBER

Durafiber is a highly absorbent, non-woven, gelling fibre dressing composed of a blend of cellulose-based fibres. It is indicated for use in a variety of wounds including shallow granulating wounds<sup>[1]</sup>. It was felt that the Durafiber dressing would promote moist wound healing and, therefore, stimulate granulation tissue formation. The patient consented to treatment and was entered into the clinical evaluation series.

### EVALUATION

After seven days of treatment with Durafiber

and compression, the wound appeared to be improving. It had reduced in length to 1.6cm with little change to the width, while the depth had increased to 1.8cm. The dressing was handling the exudate well. The dressing had remained intact and was easy to remove. The patient also found the dressing comfortable to wear. In view of the improvement, and the moderate levels of serous exudate, the plan was to continue with Durafiber and compression for a further seven days.

On 28 June, two weeks after the start of treatment, the wound continued to improve and demonstrated increased areas of epithelialisation. There were now two much smaller ulcers — one measuring 0.8cm in length and 0.3cm deep; the other measuring 0.7cm in length and 0.2cm deep. In view of the progress, the plan was to continue with Durafiber and compression for a further seven days. By the next visit, the exudate levels were minimal and the ulcer had nearly healed. The plan was then to continue with a low-adherent simple dressing and compression. The photo at week four shows the positive results obtained for this patient [Figure 2].

### CONCLUSION

The evaluation showed that Durafiber was rated as either 'very good' or 'excellent' for exudate management, conformability and ease of application. The ulcer healed well and in the future it would be interesting to look at the cost of this dressing compared to alternatives.

### AUTHOR DETAILS

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Figure 1. Venous leg ulcer of 18 months' duration.



Figure 2. Wound at week four.