

A CLINICAL EVALUATION OF AQUACEL® AG EXTRA™ DRESSINGS IN THE MANAGEMENT OF PATIENTS WITH INFECTED DIABETIC FOOT ULCERATION.

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Introduction:

The aim of this poster is to illustrate effective anti-microbial and exudate management, in Diabetic Foot Ulceration (DFU) by the use of AQUACEL® Ag Extra™ dressings as part of the management plan.

Methodology:

Following assessment, 4 patients were identified who had Diabetic Foot Ulceration (DFU) and whose wounds displayed either clinical signs of infection or behaved in a manner suggesting infection. A clinical decision was made to dress their wounds with AQUACEL® Ag Extra™ dressing. Sharp debridement and pressure relief were also implemented and oral antibiotic therapy was used where required.

AQUACEL® Ag Extra™ dressing was applied as a single layer, packed or folded and applied as multiple layers, depending on amount of exudate and size of wound. A secondary foam dressing was applied.

Dressings were changed in accordance with clinical need, on average 2 - 4 times per week. For the purpose of the study each wound was followed up for 20 dressing changes or for a 4-week period, whichever was complete first. Formal treatment reviews were undertaken throughout the treatment and a decision made on each occasion whether to continue with a topical antimicrobial dressing, in accordance with national guidance¹.

Results:

In all cases

- The bio-burden affecting the wounds resolved fully
- The dressing controlled exudate levels successfully
- The macerated condition of peri wound skin improved
- Comfort whilst the dressing was in-situ, was reported as excellent or good, in all but one patient; who had neuropathy
- Patient comfort on dressing removal was reported as excellent or good, in all but one patient; who had neuropathy
- Foot ulcerations progressed towards healing
- Frequency of dressing changes reduced in all but one case. In this case they stayed the same, but with a marked improvement in peri wound skin

Discussion:

Healing wounds in patients with diabetes can be a challenge due to the number of complications that can affect the healing process².

DFU infections are common and often difficult to identify with neuropathy and ischaemia masking the classical signs of infection³. Additional potential signs have been identified as increased discharge, delayed healing, wound breakdown, pocketing at base of wound, epithelial bridging, unexpected pain/tenderness, friable granulation tissue, discoloration of wound bed, abscess formation and malodour⁴.

DFU infection plays a major role in wound healing impairment, and often leads to hospitalisation, high mortality rates and incidence of lower extremity amputation⁵. Hence prompt diagnosis of infection and treatment are imperative.

Therefore the use of AQUACEL® Ag Extra™ dressing essentially needed to be effective at managing infection and improve patient outcomes as a result.

It needed to reduce bio-burden, control exudate, facilitate healing, prevent maceration to the peri-wound area and potentially reduce the frequency of dressing changes.

AQUACEL® Ag Extra™ dressing achieved positive outcomes in all of these areas.

Conclusion:

AQUACEL® Ag Extra™ dressing in conjunction with addressing the other clinical challenges identified; was deemed to be effective and beneficial for managing DFU with infection.

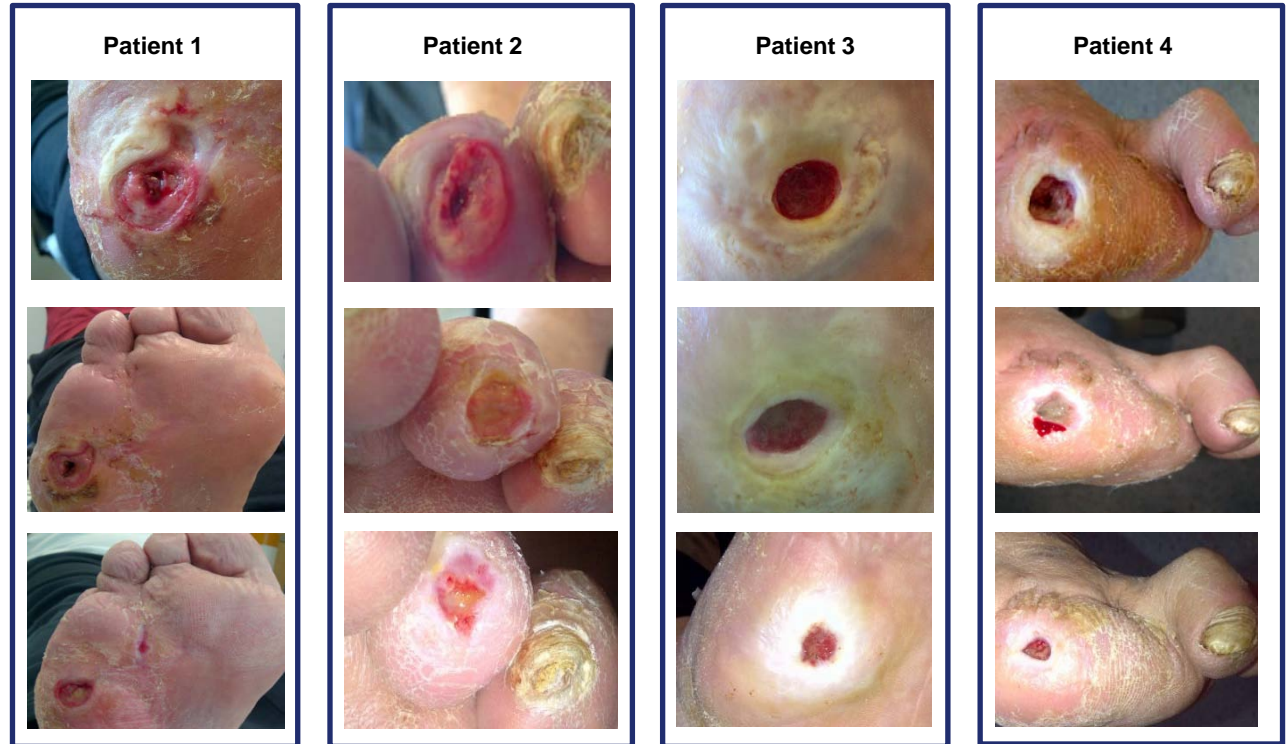
The use of AQUACEL® Ag Extra™ dressing had a positive impact on this area of clinical practice and as a result produced positive patient related outcomes.

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AQUACEL® Ag Extra™ Dressings were provided to the author free of charge for the purpose of this evaluation.

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