

NO 1 SORBACT[®] CLINICAL CASE

Pressure ulcer

WOUND TYPE

Decubitus nates

PRODUCT

Sorbact[®] Gel Dressing
and Sorbact[®] Compress

COUNTRY/LOCATION

DK - Aalborg Municipality

TREATMENT PERIOD

8 July – 14 August, 2009



THE PATIENT

83 year old female receiving home nursing support developed a sacral pressure ulcer following a prolonged period of immobilisation.

THE TREATMENT

18 April, 2009 A superficial wound of 2x2cm was discovered. It is believed a minor trauma against the commode chair or patient lift was the primary causative factor. This wound was managed using a foam product.

13 May, 2009 The wound is described as over the left buttock demonstrating some leakage and evidence of tissue necrosis.

21 May, 2009 The wound is described as approximately 3 x 3 cm in area, necrotic and malodorous.

24 May, 2009 Issues secondary to necrosis and odour persist. The wound is now managed using a hydrogel and compress dressing in addition to the use of a superabsorbant dry dressing.

27 May, 2009 Wound secretions and odour continue to increase. Wound cultures are sent with antibiotic management commenced given the clinical state and risk of systemic infection. A referral to the wound care clinic is raised.

3 June, 2009 Mechanical debridement achieved at Aalborg Hospital. The wound is now managed using a hydrofibre and dry dressing. The patient is discharged from the wound clinic at Aalborg Hospital.

11 June, 2009 The wound is now described as a large cavity wound, malodorous with purulent discharge. The peri-wound tissue is erythematous. Management is continued using a mix of absorbant and dry dressing. Peri-wound care is achieved using a zinc based ointment.

5 July 2009 No progress of the wound state. Management is changed to a silver based dressing.

TREATMENT WITH SORBACT[®]

8 July, 2009 Management of the wound using Sorbact[®] is initiated. The Sorbact[®] Gel dressing is used as a wound contact layer at the base and areas of necrosis. The remaining cavity is packed using Sorbact[®] Compress, hydrofiber and a dry dressing all fixed with a film. The management is maintained with improvement noted as a continual decrease in wound secretions, odour and evidence of autolytic debridement to the areas of necrosis.

14 August, 2009 The wound is now covered with beautiful red granulation tissue (see photo). We hereby conclude the treatment since the woman will be cared for in another department in Aarhus.