

# NO 7 SORBACT<sup>®</sup> CLINICAL CASE

Pressure ulcer on the heel

## WOUND TYPE

Pressure ulcer on the heel

## PRODUCT

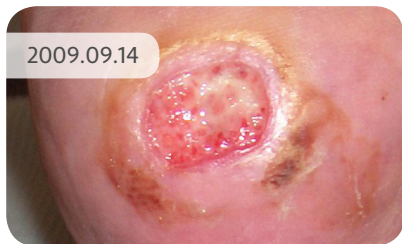
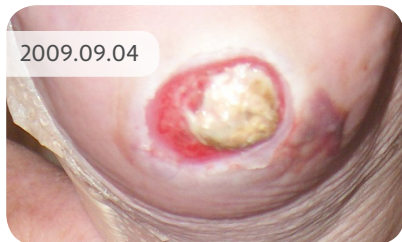
Sorbact<sup>®</sup> Gel Dressing

## CONTRY/LOCATION

DK - Jammerbugt Municipality

## TREATMENT PERIOD

4 September – 14 October, 2009



## THE PATIENT

A 72 year old male sustained a pressure ulcer to his left heel following a prolonged period of immobility. The patient's co-morbidities included Rheumatoid arthritis, atrial fibrillation and multiple lower limb joint replacements. Contributing to the pressure ulcer formation was the long term steroid (prednisolone) and warfarin use.

The pressure ulcer to the left heel measured 1.5 cm in diameter and was initially managed using an absorption dressing with little effect. A silver based product was then commenced, zinc ointment for the wound edges and pressure offloading, all with little impact. Pressure offloading continued to be the mainstay of treatment. After 1 month of management the wound remained odour free, however the presence of necrotic tissue within the wound persisted.

## THE TREATMENT

**4 September, 2009** Treatment with Sorbact<sup>®</sup> Gel Dressing is initiated. No ointment used on the edges of the wound – the wound and the surrounding area is only washed with tap water. Fixed with a dry dressing and gauze roll. Continued changing 3 times per week.

**14 September, 2009** Evidence of necrotic tissue breakdown. Wound size remains unchanged and no change to management plan.

**21 September, 2009** Continued autolytic debridement of the necrotic tissue by the Sorbact Gel dressing. Management is continued unchanged.

**14 October, 2009** The necrotic tissue is completely removed and the wound base is covered with healthy granulation tissue. The wound size continued to decrease in area and depth with minimal secretion. The management is changed to Sorbact foam fixed with angel skin. Frequency of dressing change 2 x week.