

NO 15 SORBACT® CLINICAL CASE

Breast cancer wound post mastectomy

WOUND TYPE

Breast cancer post surgical wound

PRODUCT

Sorbact® Compress
Sorbact® Gel Dressing

COUNTRY/LOCATION

DK - Sorø Municipality

TREATMENT PERIOD

5 February – 23 April, 2010

THE PATIENT

An elderly woman.

THE TREATMENT

5 February, 2010 A wound to the post mastectomy site (right breast) presented a management problem due to large amounts of wound exudate and a wound fungal infection. Prior to commencing management using Sorbact®, attempts were made using different ointments and anti-fungal creams. The Sorbact® Compress dressing was used as a primary wound contact layer with a simple absorption gauze as a secondary. Daily dressing changes were required due to high wound exudate levels.

11 February, 2010 Exudate level reducing, daily dressing change continued.

12 February, 2010 Peri-wound tissue greatly improved. Signs of fungal infection eliminated. Clinical staff reported the Sorbact® Compress was gentle to the skin and easy to remove.

7 April, 2010 Dressing change reduced to 3 times per week. With minimal exudate present, Sorbact® Gel was introduced to add moisture and prevent the dressing sticking to the wound.

23 April, 2010 The wounds almost healed and further managed with Sorbact® Compress under a film dressing. Both the patient and clinical staff very satisfied with the wound care outcome.

