



CASE STUDY 1: VENO4® 4-LAYER BANDAGE KIT

Presentation

Irene, a 77-year-old woman, presented with areas of superficial skin ulceration and oedema in both lower legs. She also has intermittent discomfort in both legs, which is generally relieved with elevation.

Medical and social history

Irene has never smoked, and worked as a shopkeeper and factory floor worker until retirement. She had bilateral total knee reconstructions 10 years ago.

Over the past seven years Irene has had several venous leg ulcers, most recently one year ago. The ulcers have been treated at various times with anti-inflammatories, antibiotics and painkillers. Previous dressings included Cutifilm, Coban, Iodosorb, Melolin, Replicare, Steripaste and Bactigras.

Wound and leg profile

An area of extremely superficial skin ulceration was visible on the gaiter area of both lower legs. There was evidence of atrophy blanche and scarring from previous ulcerations. The legs had the classic inverted champagne bottle appearance.

Capillary return was normal, foot pulses good, legs warm.

Pre-treatment ankle circumference: 28 cm (both legs)

Management

Atrauman® Ag was used as a protective wound contact layer and Veno4® compression bandaging was applied in order to improve venous return. The dressing of the superficial ulcer is only part of treatment: in the case of venous disease, compression bandaging is the key element in wound healing. The Veno4® compression bandage system was left in place for seven days.

One week later

Bandages remained intact; had slipped approximately 2 cm from their original position.

Ankle circumference after one week: 24 cm (both legs)

Superficial skin ulceration: 90% resolved

Why Veno4®?

Most clinicians in wound care have used a four-layer bandage system with good results. The Veno4® system performed very well and the patient remained relatively comfortable during the week of sustained compression. Irene's ankle circumference was reduced after seven days, indicating efficacy in oedema management.

This case study is courtesy of Jan Rice, Manager Education & Clinical Service, Wound Foundation of Australia, Monash University, VIC.

"The Veno4® system performed very well and the patient remained relatively comfortable during the week of sustained compression"



A) Prior to treatment ankle circumference 28cm



B) Following sustained compression with Veno4® for seven days ankle circumference reduced to 24cm

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VENO4®: SUSTAINED, EFFECTIVE COMPRESSION THERAPY

Compression therapy is the mainstay of venous ulcer treatment. It reduces oedema, promotes wound healing, reduces pain and improves calf muscle pump function.^{1,2,3}

What is Veno4®?

Veno4® is a latex-free, four-layer compression bandaging system. Veno4® consists of four latex-free bandages that, when applied correctly, provide graduated and sustained compression for up to seven days.

What can Veno4® be used for?

Veno4® is indicated for the management of oedema associated chronic venous insufficiency. It reduces oedema by increasing the local hydrostatic pressure and decreasing the superficial venous pressure.¹ Veno4® is especially suitable for patients with ankle circumferences between 18–25cm. A suitable wound contact layer should be used when using Veno4® for the management of venous leg ulcers.



Veno4® components

- **Layer 1: padding bandage:** absorbs exudate and redistributes pressure around the bony prominences of the ankle (medial and lateral malleoli).
- **Layer 2: cotton crepe bandage:** increases absorbency and smoothes the padding bandage.
- **Layer 3: light elastic compression bandage:** conforms to the leg contours and provides effective compression.
- **Layer 4: cohesive bandage:** adds to the compression effect and helps keep the bandages in place for up to seven days.

Before considering compression therapy, it is essential to check for the presence of arterial disease. Arterial insufficiency is a contraindication to compression treatment.¹

Benefits of Veno4®:

- Latex-free, four-layer compression system
- Effective for lower leg oedema and associated ulcers
- May be left in place for up to seven days
- Can be used in conjunction with a wound contact layer
- Provides effective, graduated and sustained compression

References

1. Hunter S, Langemo D, Hanson D, et al. Compression therapy for venous ulcers. *Adv Skin Wound Care*. 2005;18:404,407–8.
2. Trent JT, Falabella A, Eaglstein WH, Kirsner RS. Venous ulcers: pathophysiology and treatment options. *Ostomy Wound Manage*. 2005;51:38–54.
3. Charles H, Moore C, Varrow S. Cohesive short stretch bandages in the treatment of venous leg ulceration. *Br J Community Nurs*. 2003;Mar:17–22.



CASE STUDY 1: TENDERWET® ACTIVE

Presentation

MOLLY, an 83-year-old nursing home resident was admitted to hospital with dehydration secondary to reduced fluid intake. On admission a grade IV pressure ulcer was noted on her left hip. She is fully dependent for ADLs.

Medical history

Molly has a history of hypertension, epilepsy and dementia. She was diagnosed with breast cancer eight years ago and underwent a mastectomy.

Current medications: metoprolol, sodium valproate, cephalexin, clindamycin. Oral antibiotic therapy for two weeks prior to admission. Molly's pressure ulcer was being treated daily with a calcium alginate dressing. Calcium alginate dressings are primarily designed as a haemostatic and exudate management dressing for moderately to highly exuding wounds. As the wound was neither bleeding nor exudative, another dressing would be more suitable.

Wound profile

Wound bed:	100% covered with boggy necrotic tissue
Grade:	Grade IV pressure ulcer
Wound measurements:	5.9 cm x 8.8 cm
Wound depth:	Not obtainable at initial assessment
Peri-wound skin:	Erythematous, bruising, fragile
Wound exudate:	Purulent
Wound odour:	Offensive

Management

Molly was not suitable for surgical debridement, so conservative debridement was commenced with TenderWet® 24 Active. The aim of treatment with TenderWet® 24 Active is to soften the necrotic tissue and facilitate debridement. Dressings were changed daily, and after four days the necrotic tissue had softened and wound exudate increased. Sharp debridement was then initiated in conjunction with the TenderWet® 24 Active dressings. TenderWet® 24 Active had achieved the desired outcome and dressings were changed to calcium alginate wound packing to manage the exudate.

Two weeks after admission the majority of the necrotic tissue was easily debrided off and the wound bed was 80 per cent clean. The wound area remained unchanged and wound depth measured 2.5 cm. Exudate was moderate to high but no longer purulent.

Molly was transferred back to the nursing home with a wound management regimen and a protocol for review of pressure relieving devices.

Why TenderWet® 24 Active?

TenderWet® 24 Active is an ideal dressing choice when your goal of care is to prepare the wound bed for healing by the removal of necrotic or devitalised tissue. It is easy for the nursing staff to apply and remove and, in my experience, it achieved the desired outcome of softening the necrotic tissue to facilitate sharp debridement within a short timeframe.

This case study is courtesy of Fleur Trezise, Clinical Nurse Consultant Surgery/Wound Management.

"The aim of treatment with TenderWet® 24 Active is to soften the necrotic tissue and facilitate debridement."



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TENDERWET® ACTIVE: OPTIMISING WOUND DEBRIDEMENT AND HEALING

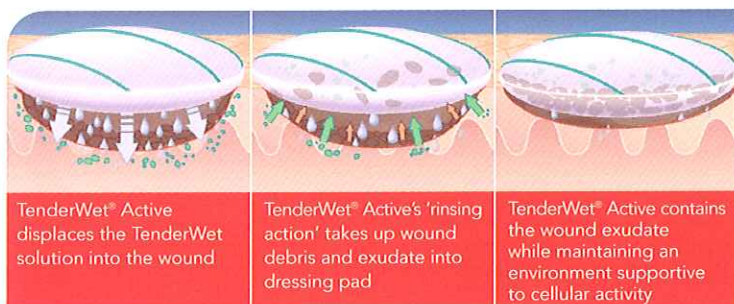
The use of moisture-retentive dressings has been shown to provide the ideal environment for wound healing, accelerating the healing process and promoting tissue growth. TenderWet® Active is an effective dressing that provides moist wound debridement with the added advantage of cleansing the wound to optimise the healing process.

What is TenderWet® Active?

TenderWet® Active is a ready-to-use, highly absorbent, multi-layered debriding dressing. The dressing combines hydration therapy with a unique absorption pad that continually rinses and debrides the wound.

How does TenderWet® Active work?

TenderWet® Active dressings are pre-activated with Ringer's solution. The dressing's super-absorbent core absorbs wound exudate and bacterial toxins on the wound surface, which causes release of the Ringer's solution into the wound. This provides a constant rinsing of the wound, leading to effective debridement.



TenderWet® 24 Active dressings are also covered with a hydrophobic layer that conforms effectively to the wound surface without sticking to the wound bed, allowing wound fluid to pass through freely.

What are the indications for using TenderWet® Active dressings?

TenderWet® Active can be used in any situation in which wound debridement is required. TenderWet® Active is an effective dressing for wounds covered with hard necrotic tissue, chronic wounds such as leg and pressure ulcers, infected wounds and wounds associated with diabetes.

How are TenderWet® Active dressings applied to wounds?

TenderWet® dressings are easy to apply. They are already hydrated and no calculations of fluid volumes are required. Once the appropriate sized dressing has been

selected, place the dressing over the wound, making sure it covers the area well and stays securely in place. The dressing will do the rest.

How often should TenderWet® 24 Active dressings be changed?

The cleansing action of TenderWet® dressings last for 24 hours, so daily assessment of debridement and re-dressing is required.

Practical tips for using TenderWet® Active

TenderWet® Active is a pre-moistened dressing which makes its application very simple. An important consideration when using TenderWet® is to ensure that wound measurements are part of your routine wound assessment to enable the most suitable dressing size to be applied.

TenderWet® Active should be covered with a simple absorbent dressing, then secured in place with either a bandage or tape. The method of securing TenderWet® Active will depend on the anatomical location and individual patient considerations. The use of polyurethane films as a secondary dressing is not recommended by the manufacturer.

TenderWet® Active products

Two TenderWet® Active products are available in a range of sizes:

- **TenderWet® 24 Active:** suitable for wound cleansing of shallow wounds and as a secondary dressing for deeper wounds
- **TenderWet® Active Cavity:** packing suitable for deeper wounds; can be used together with TenderWet® 24 Active.

Benefits of TenderWet® Active

- Pre-moistened, ready-to-use dressing
- Softens and detaches necrotic tissue
- Absorbs exudate and removes debris
- Continuous rinsing of the wound, leading to effective debridement



Presentation

ROGER, an 80-year-old man, was admitted to casualty with right hip pain following a fall at home five days earlier. He lives at home with his wife.

Medical history

Dementia, history of falls, hypertension, recent UTI, CABG five years ago. Roger's wife reports one episode of fever since his fall. Current medications: Ramipril, Coloxyl, aspirin, paracetamol.

Examination

Delirium secondary to sepsis, mild dehydration, constipation. No hip fracture on X-ray.

WCC:	13.6 on admission	ESR:	127
CRP:	280	Albumin:	30
Protein:	70		

Wound profile

Multiple pressure sores over right hip with surrounding cellulitis.

Wound swab:	Mixed growth + coliform, ++ skin flora
Wound bed:	Necrotic
Grade:	Grade IV pressure ulcer (ascertained post debridement)
Wound measurement:	8 cm x 7 cm
Wound depth:	Not obtainable at initial assessment
Peri-wound skin:	Cellulitis, erythematous
Wound exudate:	Nil
Wound odour:	Offensive

Management

The wound was not suitable for surgical intervention, so conservative management with TenderWet® 24 Active was commenced. We chose to use TenderWet® 24 Active because we wanted rapid cleansing and debridement of the wound, and it's an ideal dressing for these situations. The patient was also treated with IV flucloxacillin, dietary supplementation and oral multivitamins.

The TenderWet® 24 Active dressing was changed daily, and after seven days the necrotic tissue has completely softened. Sharp debridement was attended and the wound exudate was subsequently managed with a hydrofibre dressing.

Once medically stable, the patient was transferred to a local nursing home with a wound plan and pressure management program in place. Oral metronidazole, amoxycillin and multivitamins were continued following discharge.

Why TenderWet® 24 Active?

TenderWet® 24 Active was chosen for this patient not only for its rapid cleansing and debriding action, but because it was so simple for the nursing staff to use on a daily basis. TenderWet® 24 Active was covered with a combine dressing and secured in place with Hypafix tape. Each dressing remained in place for 24 hours and nursing staff commented on its ease of use.

This case study is courtesy of Fleur Trezise, Clinical Nurse Consultant Surgery/Wound Management.

"We chose to use TenderWet® 24 Active because we wanted rapid cleansing and debridement of the wound."



A) Prior to treatment necrotic burden evident.



B) After treatment with TenderWet® 24 Active for seven days necrotic tissue completely softened.

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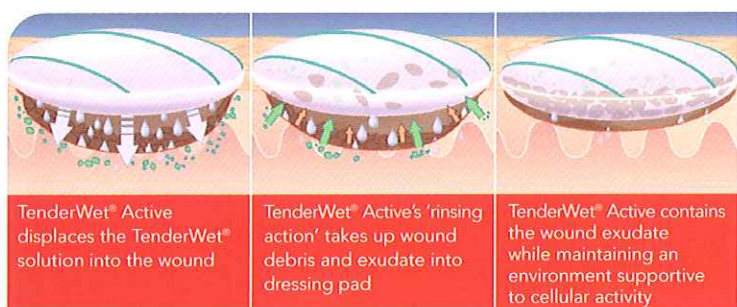
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