

The use of Eclipse Adherent® on a chronically ill patient with extensive lower limb ulceration

Background

An elderly lady, Mrs P, 86 years of age was transferred from a DGH to a Vascular Ward with extensive lower limb ulceration. Past medical history included AF, COPD, known peripheral vascular disease with a history of calf claudication. She had suffered with leg ulceration since Feb '06. ABPI were on the Left were 0.47 and on the Right 0.61.



Method

Mrs P was transferred with a view to investigate her arterial disease by femoral arteriogram. When she arrived on the ward she was in a state of collapse and required resuscitation in the form of IV fluids.

Mrs P was found to have, on Chest X-Ray, lower lobe pneumonia. Her care was discussed with the anaesthetist who felt she was not a candidate for escalation and/or HDU. This was discussed with the family who agreed that this was appropriate. This lady was now to be cared for in a palliative way only.

Mrs P's main problem was pain, especially at dressing change. This, unfortunately, was required several times per day due to high levels of exudate. Oromorph was controlling her pain between but even with an extra dose prior to dressing change she was in

some considerable discomfort. The aims of the dressings were not to heal her ulcers but to manage them. Her first dressing choice was autrauman and surgipads with cotton wool and k-lite to secure. These became saturated quite quickly. This treatment continued for 4 days with at least a daily dressing change. On the 5th day a new Eclipse Adherent highly absorbent dressing was applied. This particular dressing did not need to be secured with a retaining bandage and was very quick and simple to apply, Mrs P found this much more comfortable. This dressing remained in situ for 3 days before it required re-application. When it was changed the intact skin was in good condition with no evidence of maceration. At dressing change Mrs P no longer required Oromorph. The second dressings once again were left intact for three days; at this point Mrs P was very ill

but stable and was therefore transferred back to the DGH to be cared for closer to her family.

Conclusion

In conclusion Eclipse Adherent proved to be a very effective dressing in three ways.

- *It managed large amounts of exudate with no evidence of maceration.*
- *It was quick and easy to use without the need to secure in a patient who is immobile.*
- *It did not adhere to the wound bed.*

The combination of these things made Mrs P's last weeks of life much more tolerable.