

Evaluation of a hydrophilic foam dressing with soft silicone wound contact layer versus a traditional hydrophilic foam dressing in the management of arterial wound site pain

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Problem statement

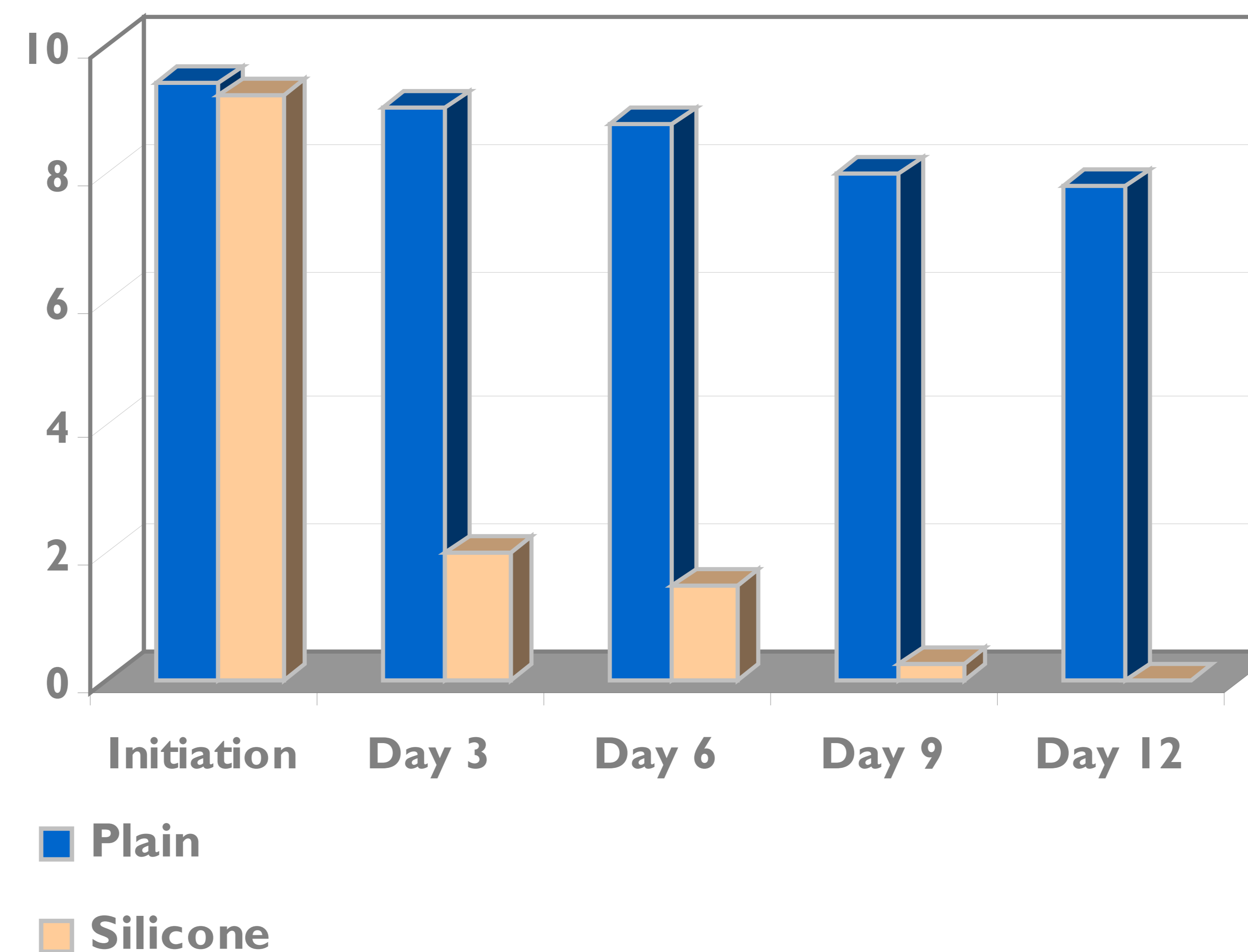
Arterial wounds, although very small, tend to be very painful. Claudication of the artery provides a huge hurdle for pain management and dressing removal, because the wound tends to be very dry, can be extremely painful. Dressings may stick and even with “soaking” can still provide an extremely uncomfortable experience making the patient dread the next dressing change. This study examines the use of a hydrophilic foam dressing with soft silicone wound contact layer and its role with localized pain management versus a traditional hydrophilic foam dressing.

Study overview and execution

Ten clients were chosen. All had arterial insufficient ankle ulcers. All ten were alert and oriented and able to rate their pain on a scale of 1-10 with 10 being the worst imaginable pain. All had experienced pain with their dressing changes in spite of pre-medication with opiates prior to dressing removal at a level of 8 or above.

Five clients were enrolled in the plain hydrophilic foam group and five in to the hydrophilic foam dressing with soft silicone wound contact layer. All wounds were cleansed with normal saline solution and all clients were orally pre-medicated with an opiate derived medication one hour prior to dressing change to ensure optimum comfort. The dressings were changed every three days for a period of twelve days.

Reported pain average 1-10



Findings

For the group enrolled with the plain hydrophilic foam, by day twelve, three reported a seven on a scale of one to ten for pain (ten being the worst), one an eight and one a ten.

For the group enrolled in the hydrophilic foam dressing with soft silicone wound contact layer, by day twelve four clients reported a zero for pain. One client ceased to breathe by evaluation day six but reported a four on pain prior to death.

Conclusion

Pain at dressing change is proved to be significantly reduced by using a hydrophilic foam dressing with a silicone contact layer compared to a plain hydrophilic foam dressing.

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