

Evaluation of a super absorbent dressing in the management of heavily exuding sacral wounds versus a traditional composite pad and hydrofiber

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Problem statement

Sacral and coccyx ulcers can be very hard to treat because of the frequency of incontinence directly in to the area of treatment. Catheters can divert urine, but fecal incontinence can be very hard to control. Fecal containment systems, for skilled care and home care are very costly. Additionally, friction and shear while moving in bed can cause the dressing to dislodge. With fiscal cuts in reimbursement, it is more important than ever to get longevity out of the cover dressings we are choosing. This study focuses on the prevention of maceration to the peri-wound and the longevity of use before having to change the dressing.

Study overview and past treatment and execution

Thirty palliative care and hospice residents were chosen. All had heavily exuding Stage IV sacral ulcers. Ten were chosen to utilize the traditional composite pads and tape as its' cover dressing, ten utilized a traditional hydrofiber and waterproof gauze cover and ten utilized the super absorbent sacral dressing. All wounds were cleansed with normal saline and their respective dressings were applied. They were then observed for 10 days of care. All had a liquid film alcohol free barrier applied to the peri-wound prior to dressing re-application.

Traditional composite pad and tape group: cleansed with normal saline; applied liquid alcohol free barrier to rim; cover with composite pad and tape

Maceration + or - / dressing changes per day

Client:	1	2	3	4	5	6	7	8	9	10
7/9/12	+/3	+/3	+/3	+/3	+/3	+/3	+/3	+/3	+/3	+/3
7/10/12	+/3	+/3	+/3	+/3	+/3	+/3	+/3	+/3	+/3	+/3
7/11/12	+/3	+/3	+/2	+/3	+/3	+/3	+/3	+/3	+/3	+/3
7/12/12	+/3	+/3	+/2	+/3	+/3	+/3	+/3	+/3	+/3	+/3
7/13/12	+/3	+/3	+/2	+/3	+/3	+/3	+/3	+/3	+/3	+/3
7/14/12	+/3	+/3	+/2	+/3	+/3	+/3	+/3	+/3	+/3	+/3
7/15/12	+/3	+/3	+/2	+/3	+/3	+/3	CTB	+/3	+/3	+/3
7/16/12	+/3	+/3	+/2	+/3	+/3	+/3	CTB	+/3	+/2	+/3
7/17/12	+/3	+/3	+/2	+/3	+/3	+/3	CTB	+/3	+/2	+/3
7/18/12	+/3	+/3	+/2	+/3	+/3	+/3	CTB	+/3	+/2	+/3

Hydrofiber and waterproof gauze group: cleansed with normal saline; applied liquid alcohol free barrier to rim; cover with hydrofiber and waterproof gauze

Client:	11	12	13	14	15	16	17	18	19	20
7/9/12	+	+	+	+	+	+	+	+	+	+
7/10/12	+/0	+/1	-/1	-/1	+/1	+/1	+/1	+/1	+/1	-/1
7/11/12	+/2	+/1	-/1	-/1	+/1	+/1	+/1	+/1	+/1	-/1
7/12/12	+/0	+/1	-/1	-/1	+/1	+/1	+/1	+/1	+/1	-/1
7/13/12	+/2	+/1	-/1	-/1	+/1	+/1	+/1	+/1	+/1	-/1
7/14/12	+/0	+/1	-/1	-/1	+/1	+/1	+/1	+/1	+/1	-/1
7/15/12	+/2	+/1	-/1	-/1	+/1	+/1	+/1	+/1	+/1	-/1
7/16/12	+/0	+/1	-/1	-/1	+/1	+/1	+/1	+/1	+/1	-/1
7/17/12	+/2	+/1	-/1	-/1	+/1	+/1	+/1	+/1	+/1	-/1
7/18/12	+/0	+/1	-/1	-/1	+/1	+/1	+/1	+/1	+/1	-/1

High capacity super absorbent group: cleansed with normal saline; applied liquid alcohol free barrier to rim; cover with high capacity super absorbent

Client:	21	22	23	24	25	26	27	28	29	30
7/9/12	+	+/1	+/0	+/1	+/1	+/1	+/1	+/1	+/1	+/1
7/10/12	-/0	-/1	-/0	-/0	-/0	-/0	-/0	-/0	-/0	-/1
7/11/12	-/2	-/1	-/2	-/0	-/2	-/2	-/2	-/2	-/2	-/1
7/12/12	-/0	-/1	-/0	-/3	-/0	-/0	-/0	-/0	-/0	-/1
7/13/12	-/2	-/1	-/2	-/0	-/2	-/2	-/2	-/2	-/2	-/1
7/14/12	-/0	-/1	-/0	-/0	-/0	-/0	-/0	-/0	-/0	-/1
7/15/12	-/2	-/1	-/2	-/3	-/2	-/2	-/2	-/2	-/2	-/1
7/16/12	-/0	-/1	-/0	-/0	-/0	-/0	-/0	-/0	CTB	-/1
7/17/12	-/2	-/1	-/2	-/2	-/2	-/2	-/2	-/2	CTB	-/1
7/18/12	-/0	-/1	-/0	-/0	-/0	-/0	-/0	-/0	CTB	-/1

CTB- ceased to breathe

Findings

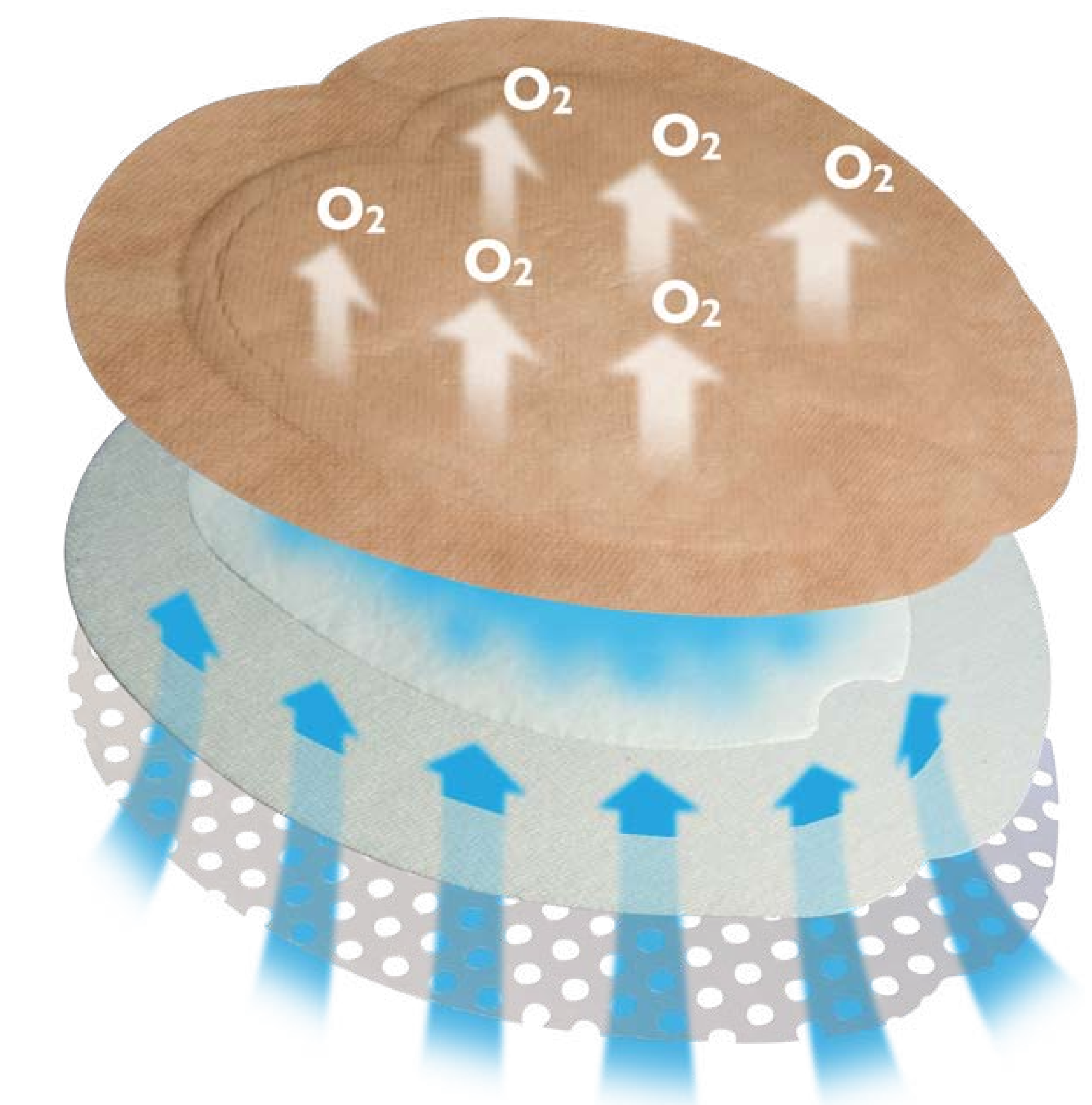
With the use of the traditional composite pad and tape, seven residents had to have their dressing changed three times per day, two had to be changed twice per day, and one client ceased to breathe during the study. All 9 remaining clients showed maceration on the peri-wound area during each dressing change.

With the use of the hydrofiber and waterproof gauze cover, nine clients had to have their dressing changed daily and one client had it changed every two days. Seven of the ten clients showed peri-wound maceration existing during dressing change.

With the use of the super absorbent sacral dressing, two clients had to have their dressing changed daily, six every two days and one every three days. One client ceased to breathe during the study. All nine remaining clients showed no signs of peri-wound maceration.

Conclusion

The use of the super absorbent sacral dressing with its high capacity absorbency and atraumatic silicone contact layer provided increased wear time, minimized dressing changes and also prevented peri-wound maceration when compared to traditional composite pads and hydrofiber dressings.



*Special thanks to Hope Hospice, Mother Theresa Hospice, and Friendship Ridge for participating in this study. Also to Square One Medical for providing the liquid barrier (No-Sting) composite pad (ABD Kendall) and tape, the hydrofiber (Aquacell, Convatec) and waterproof gauze dressing (Kush Medical) and to Advancis Medical for the super absorbent sacral dressing (Eclipse Adherent Sacral®).



Day 1: Super absorbent sacral dressing



Day 10: Super absorbent sacral dressing

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