

# The use of Advazorb Silfix® on a Leg Ulcer

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## Case Study

**Mr W presented with a spontaneous painful leg ulcer, which had been present for 3 months. The ulcer appeared to be superficial in depth but the wound bed had approx 90% dehydrated slough visible which was turning into eschar. The surrounding skin appeared discoloured and fragile.**

On assessment Mr W had a full complement of pulses with an ABPI (Ankle Brachial Pressure Index) of 0.95 with a normal triphasic Doppler tone, indicating no problems with peripheral arterial disease. There were signs of venous insufficiency with mild oedema and visible varicosities. Mr W complained of pain at times especially at dressing change. The ulcer was diagnosed as being venous in origin and he was commenced on 4 layer compression bandaging, to reduce the venous insufficiency and promote healing.



Activon Tulle® dressings were used to rehydrate the slough and eschar, this was topped with Advazorb Silfix® faced adhesive foam dressings, to ensure the wound bed was kept moist but simultaneously coping with any increase in exudate caused by the honey rehydrating the wound bed. Additionally Advazorb Silfix® is designed to minimise pain and trauma on dressing change ensuring that the surrounding fragile skin and newly formed granulation tissue is protected.



Four weeks later the ulcer had significantly reduced in size, the wound bed showed 100% healthy granulation tissue and the surrounding skin appeared healthy. At this stage Activon Tulle® was discontinued and Advazorb Silfix® silicone was used as a primary dressing under compression bandaging. Four weeks later the wound fully healed.

Advazorb Silfix® provides ideal protection of fragile tissue under compression therapy whilst ensuring that moisture levels are maintained at an ideal optimum to promote wound healing.

Patient permission was obtained to be included in this case review.

