Experience of the NOSF absorbent lipido-colloid dressings* in the local management of pressure ulcers

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INTRODUCTION

Every year, we see around a hundred patients (predominantly neurological) with pressure ulcers in our healing unit, sent for a surgical opinion with respect to potential reconstructive surgery. Only 10% of these patients are eligible for surgery and the other patients are followed-up as controlled healing cases.

PATIENTS AND WOUNDS

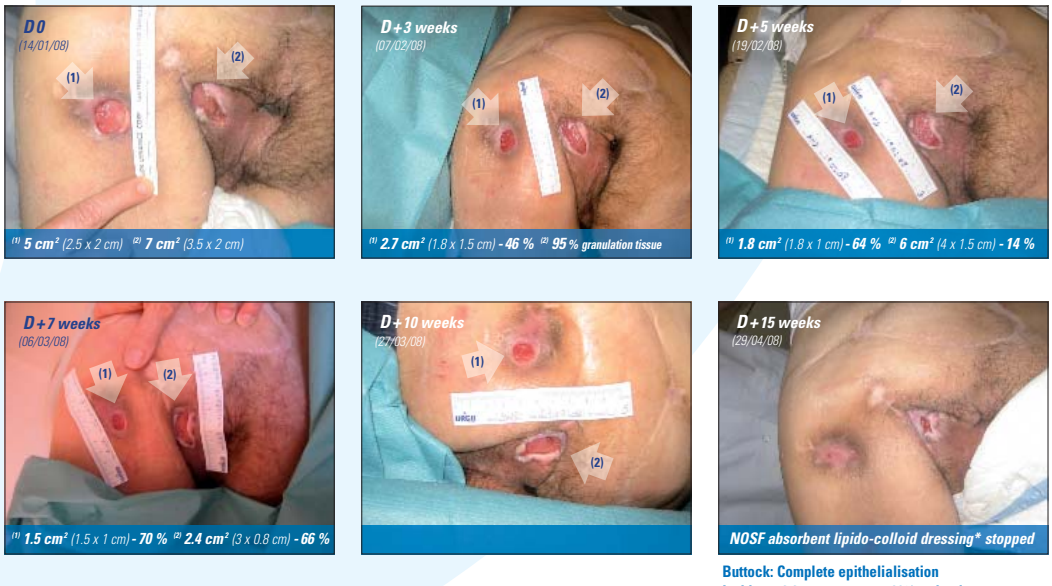
It is in this context that we tested the metalloproteinase-inhibiting dressing, the **new NOSF absorbent lipido-colloid dressing***, on 7 patients with 8 pressure ulcers (5 ischial, 2 sacral, 1 other), with an average age of 54.3 years. 7 patients out of 8 had a neurological history or suffered from a neurological disease. The average length of time the pressure ulcers had been present was 17.3 months (5-60), they were judged to be "moderately improving" in 3 cases and "stagnant" in 5 cases. Previous treatment had been surgical in 2 cases (gluteus maximus flaps), with recurrence of a pressure ulcer treated with an average of 1.6 dressings. The average wound surface area was initially 9 cm^2 (1-31.5) with an average depth of 1.3 cm (0.5-3).

RESULTS

The **new NOSF absorbent lipido-colloid dressing*** was used for an average of 90.3 days. In the 6 cases in which the wound size (> 1 cm^2) allowed correct application of the dressing, the average reduction was 67.3%, with one pressure ulcer completely epithelialised. The dressing's tolerance was good throughout treatment.

CLINICAL CASE STUDY 1

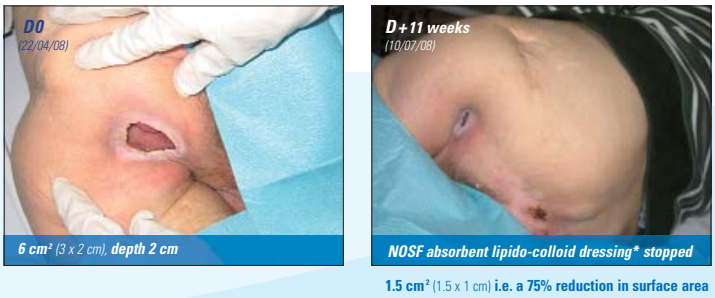
41 year-old male patient with syringomyelia, spinal arthrodesis in 1998, sacral pressure ulcer closed in 2007 by a flap (gluteus maximus).
In January 2008, 2 pressure ulcers – one on the left buttock and the other at the left ischium – not healing for 1 year despite an attempt at direct closure followed by controlled healing.
*At D0 of treatment with the **NOSF absorbent lipido-colloid dressing*** *(14/01/08), the left buttock pressure ulcer (1) measured 5 cm^2 (2.5 x 2 cm) and the left ischial pressure ulcer (2) 7 cm^2 (3.5 x 2 cm). The 2 pressure ulcers had a depth of 0.5 cm.*
3 weeks later (07/02/08), the buttock pressure ulcer had filled in and its surface area had reduced by 46% (2.7 cm^2, 1.8 x 1.5 cm), the ischial pressure ulcer presented 95% granulation tissue.
After 5 weeks (19/02/08), the buttock pressure ulcer measured 1.8 cm^2 (1.8 x 1 cm) i.e. – 64%, and the ischial pressure ulcer 6 cm^2 (4 x 1.5 cm) i.e. – 14% in surface area and – 20% in depth (0.4 cm).
*After 7 weeks (06/03/08), the wound on the buttock only measured 1.5 cm^2 (1.5 x 1 cm) i.e. – 70%, the ischial wound had filled in and measured 2.4 cm^2 (3 x 0.8 cm), i.e. – 66%. After 15 weeks (29/04/08), treatment with the **NOSF absorbent lipido-colloid dressing*** was stopped because the pressure ulcer on the buttock had completely epithelialised. The ischial pressure ulcer only measured 2.2 cm^2 (2 x 1.1 cm), i.e. a surface area reduction of 69%, but presented clinical signs of significant bacterial colonisation. The **NOSF absorbent lipido-colloid dressing*** was stopped and treatment was continued with a dressing containing silver.*



Buttock: Complete epithelialisation
Ischium : 2.2 cm^2 (2 x 1.1 cm) **69% reduction**

CLINICAL CASE STUDY 2

*40 year-old male patient, tetraplegic (D4) since 1991, with a left ischial pressure ulcer for 1 year. At D0 of treatment with the **NOSF absorbent lipido-colloid dressing*** *(22/04/08) the pressure ulcer measured 6 cm^2 (3 x 2 cm) and was 2 cm deep. 1 month later (22/05/08), the surface area was unchanged but the depth had decreased by 50% (1 cm). After 7 and a half weeks, the surface area was 2 cm^2 (2 x1 cm) i.e. - 67%. The **NOSF absorbent lipido-colloid dressing*** *was stopped after 11 weeks (10/07/08), with the pressure ulcer only measuring 1.5 cm^2 (1.5 x 1 cm) i.e. a 75% reduction in surface area and a 50% reduction in depth. Treatment was then continued using a hydrofibre wick dressing due to the small size of the wound and the high exudate level.*



1.5 cm^2 (1.5 x 1 cm) **i.e. a 75% reduction in surface area and a 50% reduction in depth**

CONCLUSION

In these patients (predominantly neurological) with pressure ulcers sent for a surgical opinion but rejected for reparative surgery, in whom other treatments had generally failed, the **new NOSF absorbent lipido-colloid dressing*** proved to be very useful in terms of re-triggering the healing process and reducing the surface area.

*** Brand name: The NOSF absorbent lipido-colloid dressing* is UrgoCell® START (Cellostart) from Laboratoires URGO.**