The use of sorbion sachet dressings in the management of a complex diabetic foot ulcer

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Introduction

The aim of wound care is not always to ‘heal’ a wound, often it is about complex wound ‘management’ and preventing deterioration. Podiatrists see highly multifaceted wounds that often require specialist interventions.

The objective of this case study is to demonstrate how Podiatrists can manage diabetic foot ulcers, considering the patient’s comorbidities, lifestyle and wishes.

The appropriate use of wound therapies and dressing regimes can assist professionals to prevent deterioration in cases where surgery is normally the only option.

Case Study

Mrs C was diagnosed with Type 1 diabetes more than 53 years ago. Since then she has developed significant diabetic complications including diabetic retinopathy, peripheral and autonomic neuropathy, hypercholesterolaemia, hypothyroidism and a history of cardiovascular complications. Both feet have severe deformities with a history of diabetic Charcot neuropathy in her right foot. Mrs C suffers from multiple reoccurring ulcers and an X-ray report revealed that her right calcaneum is sclerotic and irregular, consistent with chronic osteomyelitis.

To assist healing, surgery is the preferred treatment; Mrs C was offered surgical debridement of her calcaneum which she refused to consider because of the immobilisation time required for rest, to allow her foot to heal and also the risks of further surgery that may lead to an amputation. Mrs C declined this option because she would be unable to mobilise until her surgical wounds have healed. Mrs C is fearful that surgical intervention may result in amputation and this is not an option to her whilst she is still able to walk and Community Podiatry services are ‘managing’ her foot ulcer.

Mrs C was re-referred to the multi-disciplinary Diabetic Foot Clinic with a deep plantar heel ulceration (Pic 1) with heavy surrounding callus, the wound was deep, heavily exuding and probable to bone. As part of on-going management the following were selected: specialist footwear/ offloading with orthotics/ specialist dressing with antimicrobial properties/ antibiotics as required.

Management regimes

13/09/10 - 02/03/11 - The wounds were sharp debrided, dressed and offloaded with palliative padding. Orthopaedic footwear was currently under review and custom made insoles were being made to offload pressure around ulcerated areas. Orthopaedic footwear has been an ongoing challenge because Mrs C has declined several pairs as she has not been able to tolerate them.

02/03/11 - 31/8/11 - Due to high levels of exudate, foam dressings were replaced with sorbion sachet. Sorbion sachet successfully managed exudate levels, and reduced the maceration (Pic 3 - 27 April 2011).

31/08/11 - 02/11/11 - Mrs C was chosen to trial MIST ultrasound which was used in conjunction with sorbion sachet from 12th September 2011 to 2nd November, following which the wound continued to be treated with sorbion sachet only.

Discussion

Between September 2010 and December 2011 there were many challenges that had a detrimental effect on wound healing; the effects of systemic illnesses such as pneumonia and glycaemic control, non-concordance and levels of activity e.g. playing with grandchildren, going on holidays etc. (Pic 5)

Sorbion sachet EXTRA has high absorbent capacity, is easy to use and can be replaced by the patient’s family in-between appointments. Sorbion sachet EXTRA’s properties of being free from glues and adhesives are perfect for patients like Mrs C who have experienced several skin reactions in the past due to other dressings.

Mrs C’s ongoing complex diabetic foot ulcer required more specialist consideration to achieve the aims and goals set to prevent her foot from deteriorating. As a result of managing the exudate levels, the surrounding skin has improved over time making it less macerated and easier to sharp debride. (Pic 6)

Finally in September 2013, Mrs C was transferred to an alternative surgical appliance department and has been prescribed an alternative pair of specialist shoes which she is gradually ‘wearing in’. Custom made orthotics have been prescribed by the podiatry department and are being worn with success.

Conclusion

This poster demonstrates that although healing the wound would be the perfect goal, it may be an unrealistic expectation in view of the multiple comorbidities, chronicity of the foot ulcer with underlying bone involvement, non-concordance and refusal to accept any surgical intervention. Therefore, management of the wound bed and prevention of deterioration such as infection and any systemic effects are more realistic and achievable.

As a result of being part of several trials (including MIST) and getting to the point of managing her wound with a superabsorbent dressing Mrs C had been able to fulfil her wishes of not facing amputation and fulfilling her hobbies with her dogs and being an active grandmother.

In view of the ever increasing complexities of patients that are now seen in community settings there needs to be greater consideration and access to dressings that are clinically appropriate and compatible with patients.

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