The Role of a New Compression Bandage with Malodour Control on a Patient with a Chronic Non Healing Leg Ulcer: A Case Study

Introduction
Recent advances in compression therapies have allowed the development of light weight odour controlling multi-layer bandages that aid wound healing without compromising comfort.
Exudate and odour are often cited as major symptoms of leg ulceration.1
This is frequently made worse when patients are working.2, 3
This poster will demonstrate the successful on-going treatment of a non healing chronic ulcer using CoFlex TLC with Malodour Control.
CoFlex TLC is a two-step bandaging system designed to treat venous leg ulcers and other related conditions.

Method
With patient consent the wound was photographed weekly.
Initially the problem with this wound was delayed healing, odour and exudate.
A gelling fibre was applied to the wound bed to aid absorbency and to fill the cavity to skin level.
The CoFlex TLC with Malodour Control was then applied and changed twice a week initially.

Results
Within the first week of using CoFlex TLC with Malodour Control the wound had made a significant improvement. The foam layer of the bandage with cyclodextrin managed the odour which had been this patient’s biggest anxiety.
The depth of the wound reduced significantly in this first week with the bandage well tolerated at full stretch.

Case Study 1
Patient
55 year old lady. Previous Sarcoma to left calf 5 years ago. Treated successfully with surgery and radiotherapy.
Patient left with a chronic wound that had never healed. Patient had been managing the wound herself for a number of years

History
This wound had been previously managed by the patient with foam dressings prescribed by her GP. There was a significant odour present and the lady was very embarrassed about it. This had limited her social interaction with friends and family and has prevented her from returning to work as she was too.
Post assessment of ABPI a standard compression therapy had been applied; this resulted in the lady being unable to apply her own shoe and subsequently had to be provided with prescription footwear, odour remained a problem with both staff and patient aware of this.
This patient required a light, non slip bandage that would promote healing, therefore CoFlex TLC was used.
CoFlex TLC is a two layer compression system that maintains consistent compression, providing 35-40mmHg of pressure at the ankle. Layer one contains cyclodextrins which occur naturally and work optimally in the presence of wound exudate, allowing for effective odour capture and neutralisation, which was one of our main treatment objectives with this lady

Dressing Application
This bandage system was easy to apply as it can be applied at full stretch if tolerated. The initial bandage stayed in place for 4 days and was renewed due to exudate levels.
This was then reduced to weekly, and on each dressing change no slippage of the bandage was noted. Nursing staff reported that CoFlex TLC was easy to apply and conformed to the limb instantly.

Patient Comfort
Prior to wearing this bandage system, a standard compression system was being used. The patient was unable to wear her own footwear which was impacting on her psychological wellbeing as she did not want to go out due to embarrassment.
From first application the patient left clinic with her own footwear on, she reported that CoFlex TLC was very comfortable and helped to relieve pain associated with the wound.

Results
This wound continues to make good progress and is now at a stage of healing where it has never been before.
Healthy granulation tissue became evident in the wound bed within the first week, with the wound dynamics also improving dramatically. The depth of the wound reduced within a week of application of CoFlex TLC and the patient and staff noted a considerable improvement with odour and exudate control.
This wound has continued to improve and the lady has now returned to work. She has been delighted with the results that this CoFlex TLC has obtained.

Discussion
Compared to a standard two layer compression systems normally used within the trust, this bandage system had the advantage that it has the malodour control. The conformability of the bandage system also allowed the patient to wear normal footwear.
The soft foam eradicated the need for viscose stockinette next to the skin, as did the provision of the nylon stocking to prevent the bandage sticking the clothing and bed linen.
No slippage of the bandage was identified throughout the period of the case study.

Conclusion
This case study has demonstrated the progressive successful treatment of a patient with a chronic leg ulcer post removal of a Sarcoma.
The CoFlex TLC with Malodour Control provided a moist wound healing environment that controlled odour allowing the patient to return to work.
Patient comfort was improved with the conformability of the bandage.
In comparison to other multi-layer compression bandages used on the wound previously this system proved more comfortable and practical whilst managing the social problems the lady encountered from this wound particularly odour.
We will continue to evaluate this product on a selection of chronic venous leg wounds in the community.

References