

A Case Study of Chronic Wound Management

by

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This case study presents a 74 year old female patient with multiple chronic wounds on the medial and lateral aspects of both lower legs and ankles. She has a history of Cellulitis, HTN, PAD, PVD with mild, chronic, pitting edema with neuropathy. She uses a walker for mobility due to chronic pain, Osteoporosis and other back conditions. Her diet and nutritional intake were poor and less than normal body requirements. She only ate one meal per day and did not eat fruits or vegetables every day. Protein sources were limited, and she drank very little water everyday along with no vitamin and mineral supplement nor any nutritional supplement.

On admission, the wounds were present for over 15 months. She received wound care from two local wound centers during this time. She also received home health nursing daily for wound care for more than 10 months and had two hospitalizations. In the time since her wounds developed, she had not been evaluated for arterial insufficiency nor venous reflux disease.

Treatment Plan

After completing a holistic evaluation, I was able to provide the PCP with a plan tailored to her needs which allowed her wounds to heal rapidly. Working closely with her PCP, she was referred to a vascular specialist to evaluate for arterial insufficiency and venous reflux disease. She was treated for venous reflux disease in both legs. She was educated on ways to improve her diet and nutritional intake for wound healing by increasing her intake of whole foods and protein daily, using the DASH Diet and Protein recommendations based on normal body requirements for age and weight. She was recommended to start a protein supplement or nutritional shake daily along with a vitamin and mineral supplement daily. Each of which are available in many shopping locations.

Wound Treatment

Her wounds took a total of 80 days and 22 visits to resolve. Compression therapy was the mainstay in her treatment to manage her chronic pitting edema, which is the underline cause of the wounds' failure to heal. The first dressings used were Medihoney to lower the ph in the wounds to a more normal level and assist in the autolytic debridement of the biofilms and slough. Fibracol Plus, a collagen dressing, was used as a primary dressing then backed with a Hydrophilic Foam dressing finally backed with an alginate to manage the excess drainage. Once the edema was controlled, the diameter of the legs reduced and her drainage decreased, the collagen was stopped and Polymem foam was used as the primary dressing for the remainder of the treatment. Both unna boots and conforming roll gauze were used, independently, in the compression therapy with a coban backing. The unna boots were used to treat her dry skin.

She was educated on her disease processes and how they all related to her non-healing wounds. Her lifestyle choices were also a large factor in her care and she quickly made the necessary changes to improve every aspect of her life effecting the non-healing status of her wounds. With decreased mobility from bad knees and chronic pain, learning about pitting edema and ways to manage it as she could tolerate, helped her to understand that she could follow my recommendations to get better. Towards the end of her treatment, she was transitions into compression stockings to continue to manage her chronic edema and prevent further wound development.



06/30/2017 Start of Treatment



07/03/2017 3 Days - # 2 Visit



07/07/2017 7 Days - #3 Visit



07/10/2018 10 Days - # 4 Visit





07/24/2018 24 Days - # 8 Visit

08/04/2017 35 Days - # 11 Visit



08/14/2017 45 Days - # 13 Visit

09/18/2018 80 Days - # 22 Visit

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Summary

When it comes to wound management, “No” or “I Can’t” are not options nor part of any treatment plan that works. Using the Health Belief Model to educate my patients helps them to understand and except that they need to make changes in their lives to get better. With the holistic approach to wound management, I am able to help find ways for my patients to be able to follow my recommendations. I don’t just tell my patients that they need to do better on this or that, I teach them the way, I give them personal, obtainable goals to reach to get better, to heal. I don’t just treat wounds, I transform lives and foster success in the patients that were labeled, “non-compliant.” It’s mostly the practitioners that practice wound care that are the non-compliant ones.

Feed the Body, Feed the Mind and Feed the Soul with a Healing Wound

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