

A Case Study of Chronic Wound Management

by

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This case study presents a 66 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 Heart Disease and Scoliosis with HTN, DM II, CKD, PAD, PVD with uncontrolled, chronic, pitting edema with neuropathy in both lower legs. She also has Charcot Foot in both feet with severe deformities. She was a smoker at the beginning of this episode with a 30 pack-year history. She depends on a wheelchair for mobility due to chronic pain, Scoliosis and other back conditions. Her diet and nutritional intake were poor and less than normal body requirements, for someone without wounds. She did not eat fruits or vegetables every day. Protein sources were limited to only one per day. She did not take any type of vitamin and mineral supplement nor any nutritional supplement.

Evaluation

On admission, the wounds were present for over 9 years. She received wound care from several local wound centers in the area as well as being treated at a lymphedema clinic for many months. She has been seen by over 20 physicians affiliated with the local hospital systems practicing in wound care, infectious disease, vascular surgery, podiatry and more. She has been hospitalized over 10 times during the last decade for her non-healing wounds and related issues. She tells me how her wounds were, “always marveled over and talked about how bad they were,” and then just covered up and left without proper management, time after time. After almost a decade of treatment, she had not been evaluated for arterial insufficiency nor venous reflux disease, which has been a finding all too often in my 11+ years as a wound consultant.

Treatment Plan

Her wounds took a total of 166 days and 44 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 honey to lower the ph in the wounds to a more normal level. Fibracol Plus was used as a primary dressing then backed with a Hydrophilic Foam dressing finally covered with an alginate to manage the large amount of drainage. Once the edema was controlled, the diameter of the legs reduced and her drainage decreased, Polymem foam was the primary dressing used 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.

Smoking cessation education was given and by the end of her treatment, she was a non-smoker and continues now for more than 2 years.

Lastly, 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. Being wheelchair bound, learning about pitting edema helped her to understand why she needed to 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.

After all her hard work, for the first time in over 10 years, she no longer has a dressing, nor a compression wrap on either leg, ankle or foot.



09/05/2014 Evaluation Start of Treatment



09/15/2014 10 Days - Dressing Change # 3



10/14/2014 39 Days - Dressing Change # 11



12/04/2014 90 Days - # 25



02/18/2015 166 Days - # 44



Summary

This lady overcame so many impediments throughout this, her last round of treatment for her chronic wounds. Being 66 years old and having Heart Disease with HTN, DM II, CKD, PAD, PVD and a 30 year smoker, all odds say she should have died from her wounds. Wound management is unlike any other area of medicine. How can what this lady went through be the normal of wound care. She is even wheelchair bound and cannot stand without aids. Yet through my holistic approach to each individual, patients heal. Patients do not want to have wounds. They will often do whatever they can to make them go away.

Wound care practitioners need to focus on education, making their patients healthy and healing them, not trying to heal their holes. Educate your patients!

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

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