

Case Study B

Sorbion® application not delayed by wound bed debridement


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The objective of this case study was to show that there is no need to wait for the wound bed to be debrided before Sorbion® is applied. The suggested application of Sorbion® Sachet S and the ability to cope with high levels of serosanguineous exudate is demonstrated.

History	12/02/2016										
<ul style="list-style-type: none"> 88-year-old frail female patient presenting with an unstageable pressure injury on her left buttock. NPUAP Guidelines as a staging tool.¹ The patient has been bedridden for the past two years 											
Co-morbidities	Application of Sorbion® Sachet S										
<ul style="list-style-type: none"> Cardiomyopathy. Osteoarthritis. Macular degeneration. Chronic renal failure and incontinence 											
Wound description	<p>Picture frame with tape. No exudate leakage onto nappy. Sorbion® Sachet S dressing is dry on the outside.</p>										
Dime model Sibbald et al. ²											
<table border="0"> <tr> <td>Type of wound</td> <td>Chronic healable</td> </tr> <tr> <td>Position</td> <td>Left buttock</td> </tr> <tr> <td>Appearance</td> <td>Yellow / brown sloughy 30 mm x 50 mm on surface Undermining</td> </tr> <tr> <td>Peri-wound area</td> <td>Painful erythema</td> </tr> <tr> <td>Exudate</td> <td>Copious amounts (3+) of very offensive purulent drainage</td> </tr> </table>	Type of wound	Chronic healable	Position	Left buttock	Appearance	Yellow / brown sloughy 30 mm x 50 mm on surface Undermining	Peri-wound area	Painful erythema	Exudate	Copious amounts (3+) of very offensive purulent drainage	
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Treatment Plan	23/02/2016										
<ul style="list-style-type: none"> Autolytic debridement with antimicrobial honey ointment. The honey ointment addressed the bacterial burden even though there were no clinical signs of infection. Nerds and Stonees as per Sibbald et al.³ Daily dressing changes until debridement completed. Moisture management with Sorbion® Sachet S. Pain management as prescribed. Keep wound area pressure-free. Nurse on sides only. Change position two-hourly to prevent further complications. Maintain optimal nutritional status. Ensure dry diapers at all times to prevent further skin loss/damage due to incontinence-associated moisture. 											
	<p>Peri-wound skin is dry and intact. No maceration of edges or irritation of skin due to high exudate levels</p>										
	11/04/2016										
											
	<p>Wound closure almost complete.</p>										

Conclusion

Sorbion® does not only manage copious exudate levels effectively but it also assists with debridement and stimulates granulation.

References

1. NPUAP-EPUAP. Staging/Classifications Definitions.
2. Sibbald R, Woo K, Ayello E. Wound bed preparation: DIM before DIME. Wound Healing South Africa. 2008; 1(1): p29–34.
3. Woo K, Sibbald R. A cross-sectional validation study using Nerds and Stonees to assess bacterial burden. Ostomy Wound Manage. 2009 August; (55):p.40–8.