Global Clinical Case Study Compendium

A Next Generation Foam: AQUACEL™ Foam Dressing
Pressure Ulcer on Heel

PATIENT:
• 83-year-old woman
• Stage 4 pressure ulcer on left heel
  – 2 cm x 1.5 cm
  – Preexisting for 12 weeks
  – Sharp edges
  – High levels of exudate
  – Wound bed: 70% slough, 30% granulation
• Previous management
  – AQUACEL™ Ag dressing

INTERVENTION:
• AQUACEL™ Foam dressing (10 cm x 10 cm)
• Dressing changed 2X/week

Used with kind permission from Wilma Belinders of Surplus Nursing Home in Zevenbergen, The Netherlands.
Pressure Ulcer on Heel

OUTCOME:
• AQUACEL™ Foam dressing effectively managed high levels of exudate
• Patient reported significant pain reduction with dressing use
• By day 31, the wound showed significant progression to healing

Used with kind permission from Wilma Belinders of Surplus Nursing Home in Zevenbergen, The Netherlands.
Stage III Pressure Ulcer on Buttock

PATIENT:
• 68-year-old woman
• Pressure ulcer on buttocck
  – 2 cm x 1.5 cm with a shallow depth
  – Low amounts of exudate
  – Deep tissue injury in center
• Previous management
  – Mepilex™ Foam dressing

INTERVENTION:
• AQUACEL™ Foam Adhesive dressings (10 cm x 10 cm)
• Dressings changed weekly

Used with kind permission from Mary Walker of Asbury Place in Maryville, Tennessee, USA.
Stage III Pressure Ulcer on Buttock

**OUTCOME:**

- With AQUACEL™ Foam dressings 90% of the wound epithelialized
- Incremental improvement was seen over a 21-day period
- Wound dimension was reduced to 0.7 cm x 0.7 cm
- By day 31, significant improvement was reported

*Used with kind permission from Mary Walker of Asbury Place in Maryville, Tennessee, USA.*
Stage III Pressure Ulcer on Coccyx

PATIENT:
• 82-year-old man
• Pressure ulcer on coccyx
  – 1.7 cm x 0.3 cm with 0.1 cm depth
  – Scant exudate
  – Highly macerated periwound skin

INTERVENTION:
• AQUACEL™ Foam sacral dressing (20 cm x 16.9 cm)
  over AQUACEL™ Ag primary dressing
• Dressing changed once every 2–3 days

Used with kind permission from Deanna Shepard of Laughlin Memorial Hospital in Greenville, Tennessee, USA.
Stage III Pressure Ulcer on Coccyx

OUTCOME:

• AQUACEL™ Foam sacral dressing conformed well to the wound area
• Within 3 days of management, the wound had epithelialized from 90% to 100%
• By day 6, the wound had completely healed and the periwound skin condition had significantly improved
Diabetic Foot Ulcer

**PATIENT:**
- 62-year-old woman
- Diabetic ulcer in plantar region of left foot
  - 0.5 cm x 0.5 cm and 0.1 cm in depth
  - Low levels of exudate
  - Some maceration of the periwound skin
- Previous management
  - Iodosorb™ gel and a silver foam dressing

**INTERVENTION:**
- AQUACEL™ Foam Adhesive dressing (10 cm x 10 cm)
- Overlaid with 2-layer Coban™ compression wrap

*Used with kind permission from Susan Kicklighter of Florida Hospital Waterman Wound Center in Taveres, Florida, USA.*
Diabetic Foot Ulcer

OUTCOME:

• AQUACEL™ Foam dressings effectively managed wound healing
• Patient reported dressing was very comfortable and flexible
• After 1 month, 100% epithelialization of the wound was realized

Used with kind permission from Susan Kicklighter of Florida Hospital Waterman Wound Center in Taveres, Florida, USA.
Diabetic Foot Ulcer

PATIENT:
• Male diabetic with Charcot foot deformity
• Neuropathic ulcer on plantar region of left foot
  – 1.5 cm x 1 cm with 0.4 cm depth
  – 20% maceration of the periwound skin
  – Moderate levels of exudate
• Previous management
  – Many different wound care products

INTERVENTION:
• AQUACEL™ Foam Adhesive dressing (10 cm x 10 cm)
• Extensive debridement of hyperkeratosis necessary prior to dressing changes

Used with kind permission from Francois Atung of Cité de la Santé in Laval, Quebec, Canada.
Diabetic Foot Ulcer

OUTCOME:

• AQUACEL™ Foam dressing effectively managed the level of exudate
• Patient reported no pain with dressing change
• By day 10, epithelialization was noted

Used with kind permission from Francois Atung of Cité de la Santé, Laval, Quebec, Canada.
Persistent Arterial Ulcer

PATIENT:
• 85-year-old woman
• Preexisting arterial ulcer on right leg
  – 5.5 cm x 2 cm x 0.1 cm depth
  – Preexisting for 5 years
  – Periwound skin was severely macerated
  – Moderate levels of exudate
• Previous management
  – Many different wound care products

INTERVENTION:
• AQUACEL™ Foam Adhesive dressing (12.5 cm x 12.5 cm)

Used with kind permission from Francois Atung of Centres Locaux de Services Communautaires du Marigot in Vimont, Quebec, Canada.
Persistent Arterial Ulcer

OUTCOME:
• AQUACEL™ Foam dressing effectively managed the exudate
• Patient reported no pain with dressing in place and no pain with dressing removal
• Over 25 days, incremental improvements in the periwound skin were observed

Used with kind permission from Francois Atung of Centres Locaux de Services Communautaires du Marigot in Vimont, Quebec, Canada.
Venous Leg Ulcer

PATIENT:
• 53-year-old man
• Full-thickness ulcer on left medial malleolus
  – 9.0 cm x 5.5 cm with 0.8 cm depth
  – Preexisting for >1 year
  – High levels of exudate and foul odor
  – Wound bed: 30% slough, 70% granulation
• Previous management
  – Lotion, silver ointment, ABD pads, and elastic bandage
  – Dressing changed 2–3 times daily

INTERVENTION:
• AQUACEL™ Foam Adhesive dressing
  (17.5 cm x 17.5 cm)
• Kerlix™ gauze and a Tubigrip™ compression wrap

Used with kind permission from Yvonne Gallegos of Veterans Affairs Healthcare System in Long Beach, California, USA.
Venous Leg Ulcer

OUTCOME:

• AQUACEL™ Foam dressing effectively managed high levels of exudate and odor
• Reduced dressing changes from 2–3 changes daily to 2X weekly
• Increase of 10% new granulation tissue and decrease of periwound skin maceration
• At 4 weeks, there was a marked improvement in the patient’s quality of life

Used with kind permission from Yvonne Gallegos of Veterans Affairs Healthcare System in Long Beach, California, USA.
Venous Leg Ulcer

PATIENT:
• 57-year-old woman
• Venous ulcer on right leg
  – 2 cm x 1.3 cm with 0.3 cm in depth
  – Preexisting for 1 year
  – Painful with moderate exudate
  – Wound bed: 70% slough, 30% granulation
• Previous management
  – Baneocin™ ointment with gauze and Varicex™ S

INTERVENTION:
• AQUACEL™ Foam Adhesive dressing (12.5 cm x 12.5 cm)
• Dressing changed every 4 days for the first 3.5 weeks and then once every 7 days

Used with kind permission from I. Aškienė of Santariskiu Hospital Consulting Center in Vilnius, Lithuania.
Venous Leg Ulcer

OUTCOME:

• AQUACEL™ Foam dressing effectively managed exudate and reduced wound size
• Patient reported reduction of pain with dressing use
• The wound healed completely after 44 days of management

Used with kind permission from I. Ašakienė of Santariskiu Hospital Consulting Center in Vilnius, Lithuania.
Venous Leg Ulcer

PATIENT:
• 78-year-old man
• Venous ulcer on his right leg
  – 8.5 cm x 4 cm
  – Preexisting for 48 weeks
  – Moderate levels of exudate
  – Wound bed: 30% fibrinous tissue and 70% granulated tissue
• Previous management
  – Many different wound care products

INTERVENTION:
• AQUACEL™ Foam Non Adhesive dressing (10 cm x 10 cm)
• Dressing changed once every 4 days

Used with kind permission from Marco Signona of Hospital Macerata in Macerata, Italy.
Venous Leg Ulcer

OUTCOME:

- AQUACEL™ Foam dressings effectively managed levels of exudate
- Patient reported reduced wound pain with dressing use and no discomfort with removal
- By day 30, the wound successfully progressed to healing with reduction in size and new areas of granulation

Used with kind permission from Marco Signona of Hospital Macerata in Macerata, Italy.
Venous Leg Ulcer

**PATIENT:**
- 47-year-old man
- Venous leg ulcer
  - 4.0 cm x 5.5 cm with 0.1 cm depth
  - Preexisting for 8 weeks
  - Moderate levels of exudate
  - Wound bed: 10% slough, 90% granulation

**INTERVENTION:**
- AQUACEL™ Foam Non Adhesive dressings (10 cm x 10 cm)
- Dressings covered by a 2-layer Coban™ compression wrap

*Used with kind permission from Susan Kicklighter of Florida Hospital Waterman Wound Center in Taveres, Florida, USA.*
OUTCOME:

- AQUACEL™ Foam dressings effectively managed the exudate
- After 1 week, the wound bed showed complete granulation and reduction in size
- By day 26, the wound had completely healed

Used with kind permission from Susan Kicklighter of Florida Hospital Waterman Wound Center in Taveres, Florida, USA.
PATIENT:
• 73-year-old man
• Perimalleolar venous ulcer on right leg
  — 4 cm x 3.5 cm with no depth
  — Rounded wound borders
  — Moderate levels of exudate
  — Wound bed solely comprised granulation tissue

INTERVENTION:
• Initial management
  — AQUACEL™ Foam Non Adhesive dressing (15 cm x 15 cm)
• Follow-up management
  — AQUACEL™ Foam Non Adhesive dressing (10 cm x 10 cm)
  — Dressing changed 1X/week
OUTCOME:

• AQUACEL™ Foam dressings provided optimal management of moderate exudate
• Patient reported no pain with the dressing in place or during dressing changes
• By day 47, the wound was completely healed

Used with kind permission from Angela Garruba of Policlinic Hospital Umberto I in Corato (Bari), Italy.
PATIENT:
• 59-year-old man
• Perimalleolar venous ulcer on right leg
  – 4 cm x 3 cm with 1 cm depth
  – Preexisting for 10 days
  – Irregular wound borders, moderate amounts of exudate
  – Wound bed: 70% fibrinous tissue and 30% granulated tissue

INTERVENTION:
• AQUACEL™ Foam Non Adhesive dressing (10 cm x 10 cm)
• Compression wrap applied over the foam dressing
• Dressing changed 1X/week

Used with kind permission from Domenico Benevento of Siena University Hospital in Siena, Italy.
OUTCOME:
• AQUACEL™ Foam dressing provided optimal management of exudate
• Patient reported dressing was easily applied and removed with minimal discomfort
• By day 28, the wound progressed to healing
Abscess on Hip after Surgical Debridement

PATIENT:
• 64-year-old man
• Acutely infected abscess on right hip
  – 9.5 cm x 4.5 cm and 5.8 cm depth
  – Infected with *Staphylococcus aureus*
  – High levels of haemoserous exudate
  – Wound bed: 15% slough, 85% granulation
• Previous management
  – Povidone-iodine gauze and Mepilex™ Border Foam dressing

INTERVENTION:
• Antimicrobial AQUACEL™ Ag dressing
• Secondary AQUACEL™ Foam dressing (17.5 cm x 17.5 cm)
• Dressing changed 3X/day

*Used with kind permission from Sharon Bateman of South Tees Hospitals NHS Foundation Trust in Middlesbrough, UK.*
Abscess on Hip after Surgical Debridement

OUTCOME:

- AQUACEL™ Foam dressing provided excellent management of high levels of exudate
- Patient reported no pain with the dressing in place or upon removal
- Periwound skin condition improved at each evaluation
- The wound progressed toward closure in every dimension during evaluation period

Used with kind permission from Sharon Bateman of South Tees Hospitals NHS Foundation Trust in Middlesbrough, UK.
Sacral Pilonidal Cyst

PATIENT:
• 22-year-old man
• Surgical wound from removal of pilonidal cyst
  – 14.5 cm x 4.5 cm with 3.7 cm depth
  – High levels of exudate
  – Wound bed: 3% slough, 97% granulation
• Previous management
  – AQUACEL™ ribbon covered by Allevyn™ dressing

INTERVENTION:
• AQUACEL™ ribbon covered with AQUACEL™ Foam dressing for 2 weeks
• AQUACEL™ Foam dressing alone from day 14–27
• Dressing changes 1X/day initially, then every 2 days/week 4

Used with kind permission from Christine Espinosa of Cabinet Liberal in Toulouse, France.
Sacral Pilonidal Cyst

OUTCOME:
• Wound size and depth was reduced with AQUACEL™ Foam dressing
• Patient reported no pain with dressing in place, or during application or removal
• By week 3, there was a marked reduction in exudate level
Surgical Wound

PATIENT:
• 71-year-old man
• Surgical wound dehiscence after hip replacement surgery
  – 0.7 cm x 0.5 cm with a depth of 3 cm
  – Profuse serosanguineous drainage
• Previous management
  – Povidone-iodine gauze for 12 weeks

INTERVENTION:
• AQUACEL™ Extra dressing (1 cm x 5 cm)
• AQUACEL™ Foam Adhesive dressing (12.5 cm x 12.5 cm)
• AQUACEL™ Foam dressing (17.5 cm x 17.5 cm)
• Dressing change once every 24–72 hours

Used with kind permission from Angelica Saiz Berzosa of Primary Health Care Center ‘La Marina’ in Santander, Spain.
OUTCOME:

• AQUACEL™ Foam dressing managed exudate well and the deep wound progressed toward closure
• Patient reported the dressing was comfortable, allowing him to lead an active lifestyle
• By day 40, the wound was completely healed

Used with kind permission from Angelica Saiz Berzosa of Primary Health Care Center ‘La Marina’ in Santander, Spain.
**Skin Tear**

**PATIENT:**
- 73-year-old woman
- Skin tear on her arm
  - 3 cm x 2 cm with no depth
  - Low levels of exudate
  - Wound bed comprised granulation tissue
  - Periwound skin was very fragile and dry

**INTERVENTION:**
- AQUACEL™ Foam Adhesive dressing (12.5 cm x 12.5 cm)

*Used with kind permission from Christine Espinosa of Cabinet Liberal in Toulouse, France.*
OUTCOME:

• AQUACEL™ Foam Adhesive dressing effectively managed the wound
• It was well tolerated on the patient’s fragile skin and easy to apply and remove
• The wound was nearly healed by day 5

Used with kind permission from Christine Espinosa of Cabinet Liberal in Toulouse, France.
Clinical experience with AQUACEL™ foam dressing demonstrates:

- Effective exudate management
- Wound healing progression
- Improvement in periwound skin condition
- Conformability to body contours on even difficult to dress areas
- Reduced pain and wound trauma upon dressing removal
- Secure skin friendly adhesion
- Increased wear time and fewer dressing changes