

The use of Appeel® Sterile sachet to treat a very old and a very young patient

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The World Union of Wound Healing Societies (WUWHS) consensus document on minimising pain during dressing-related procedures recommends that wound-related pain should be assessed at all stages, before, during and after each dressing change (WUWHS, 2004). The highest levels of pain are generally associated with skin and wound damage occurring during dressing changes (Gerritsen et al, 1994; Dykes, 2007).

While many healthcare professionals are aware of issues surrounding wound pain, all too often nurses fail to manage pain effectively when changing dressings (Hollinworth and Collier, 2002). The first step in treating pain is to recognise that pain exists and is unique to each individual, before ascertaining when it occurs and what is the cause.

Repeated application and removal of adhesive dressings and tapes results in stripping of the skin in both the wound and the periwound areas. This not only causes pain, but can also increase wound dimensions, delay healing, induce an inflammatory response and increase the risk of infection. Adhesive removers are designed to facilitate easy, pain-free and non-traumatic removal of adhesive dressings.

This article presents two case reports where a silicone-based medical adhesive remover, the new sterile sachet format of Appeel® 'no-sting' medical adhesive remover (CliniMed), helped in removing dressings without causing pain or trauma to both a very old and very young patient. As with other products in the Appeel range, once the silicone liquid comes into



Figure 1. Mepilex Border in place.



Figure 2. Edge of Mepilex Border having Appeel Sterile sachet applied.

contact with the dressing it changes the surface energy of the skin, making the adhesive temporarily inert.

The sterile presentation of Appeel Sterile sachet means that it can be used on broken skin.

Case report 1

This 95-year-old female was admitted to a care of the elderly ward from her sheltered housing unit following

deterioration in her overall condition. On assessment she had a urinary tract infection which had caused her to become confused and 'go off her legs'. She also had a history of hypertension and anaemia. She was immediately started on antibiotics for her urinary tract infection.

She was an exceptionally pleasant and 'chatty' lady who was quite happy to be in hospital, as she had been feeling

poorly for some time. Her skin was friable and 'paper tissue thin', due to the natural thinning of the epidermis and reduction in elastin. The skin of the elderly is easily traumatised and, in this case, the patient presented with lower limb trauma resulting in a skin flap to her left tibial area.

Due to her age and the friable nature of her skin, the staff were concerned that whichever dressing they used, by the very nature of her skin integrity, it might cause further trauma. They decided to refer the lady to the tissue viability department for advice and support on how to manage the wound.

On assessment at the tissue viability department she presented with a skin flap measuring 6x0.5cm. An extensive area of skin had been sheared up and rolled in on itself. This was unrolled to provide full tissue coverage. There had been a build-up of serous exudate on the wound bed caused by the body's natural reaction to trauma. To prevent this from affecting the 'take' of the skin flap, the skin flap was meshed using a scalpel to allow the exudate to drain through. As there was no sign of infection and the skin had provided full tissue coverage, the dressing selected was Mepilex® Border (Mölnlycke Health Care). To help manage and reduce the oedema that she had in both legs, a regimen of blue line Tubifast, then Soffban and another layer of blue line Tubifast were applied toe-to-knee.

At review seven days later, the dressing had remained intact (Figure 1). Due to the friable nature of the patient's skin, it was decided to use Appeel® Sterile sachet (CliniMed) to aid dressing removal (Figure 2). The dressing literally 'peeled' back on itself, aiding removal. The patient reported 'no pain at all', which she was surprised by as she had 'expected the dressing removal to be painful'. There was no trauma to either

the friable skin flap or periwound skin (Figure 3). Due to the nature of the skin, it was felt that the wound should be dressed with the Mepilex Border for a further week.

She was reviewed a further seven days later when, again, the dressing had been left in place for the full week. Appeel Sterile sachet was used to aid removal of the dressing (Figure 4). Figure 5 clearly demonstrates that Appeel Sterile sachet, which changes the surface energy of the adhesive by making it inert when removing the dressing, results in no pulling or stretching of the skin at dressing changes. The dressing was completely removed, revealing a complete take of the skin flap with no wound or periwound trauma (Figure 6).

Conclusion

The use of an adhesive dressing on friable, elderly skin which has already sustained trauma is always a risk. The removal of an adhesive dressing can stretch the skin, causing extreme pain and further trauma/stripping of not only the periwound skin, but also the wound itself. Appeel Sterile sachet not only ensured that dressing removal was entirely pain-free for the patient, but also prevented any further trauma to already identified friable tissue.

Case report 2

A 16-day-old female baby with a history of epilepsy presented with a chemical burn to the back of her left hand. This had been caused by phenytoin leaking into interstitial tissue when it was being administered via a cannula to her hand.

On assessment by the tissue viability department, the wound measured 0.5x0.5cm. The wound was intact with 100% yellow tissue and a purple/dark red edge. There was low exudate and low viscosity with no clinical signs of infection.



Figure 3. Dressing removed.



Figure 4. Appeel Sterile sachet aiding dressing removal.

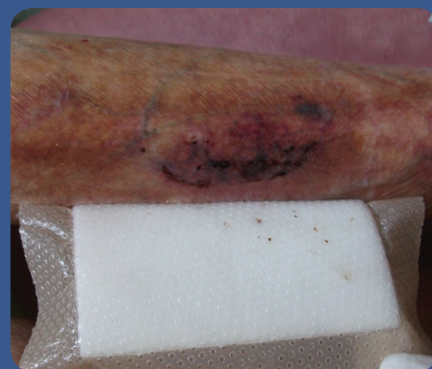


Figure 5. Dressing 'falling off'.



Figure 6. Dressing completely removed.

She initially presented with no dressings. Following assessment, ActiForm Cool® (Activa Healthcare) was applied to the wound, secured by Tegaderm™ dressings (3M™ Health Care) to her hand.

She was reviewed seven days later and the dressing was removed using Appeel® Sterile sachet (CliniMed) (Figure 7). There was no adherence of the film or hydrogel sheet dressings on removal. The baby did however cry. As this was the first dressing change, it was uncertain if this was due to wound trauma or the need to be fed. Thereafter, the baby was fed before dressing changes.

The parents were advised to change the dressing every 2–3 days and they were supplied with Appeel Sterile sachets to assist with dressing removal at home. She was reviewed in clinic a week later (Figure 8), and the parents were keen to keep using Appeel Sterile sachet to facilitate dressing removal, as they felt it significantly helped to reduce pain and trauma. The slough in the wound bed was slowly beginning to debride and the dressing regimen was continued. The baby was reviewed a further seven days later (Figure 9) and, again, the parents were positive about the use of Appeel Sterile sachet on the child's wound. They felt that this enabled fast dressing changes, with limited pain and trauma to their child.

Conclusion

Appeel Sterile sachet assisted in the removal of dressings in a very young baby. This liquid was used at each dressing change for three weeks. There were no clinical signs of skin trauma at dressing removal, assessment and re-application. The baby's parents and nurses were happy with the ease of dressing removal using Appeel Sterile sachet. The parents were able and willing to undertake dressing changes at home, as they were comfortable with the knowledge that the dressing change would be quick and efficient.

Summary

In both these cases, the use of a medical adhesive remover enabled healthcare professionals to remove dressings on both old and young patients in an easy, pain-free and non-traumatic way, with no stripping of the wound or periwound area. The patients or their carers reported positive feedback. **WUK**

References

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Figure 7. Dressing removed using Appeel Sterile sachet.

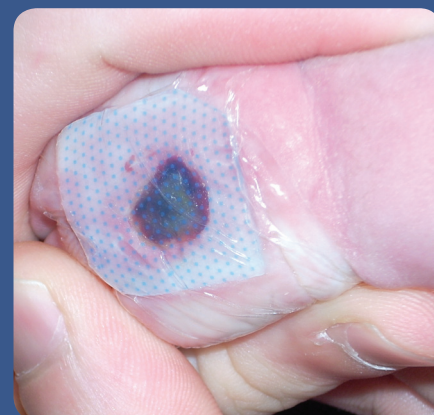


Figure 8. Film and hydrogel sheet dressing before removal using Appeel Sterile sachet.



Figure 9. Film and hydrogel sheet being removed using Appeel Sterile sachet.