

Supported Self-Management of lower limb wounds using The 3 Step Approach by Coloplast

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Background

Hard-to-heal wounds are a major public health problem that incur high economic costs and an overwhelming impact on patients, caregivers and society (Azevedo et al, 2020). Dowsett (2015) also highlighted the issue hard-to-heal wounds present; stating that complications are more likely to occur, patients are more dependent, and costs of care increased due to a need for more health care professional time. Supported Self-Management (SSM) is therefore more important than ever before; particularly in Venous Leg Ulcer (VLU) management where patients can more easily help to manage their care with the move to compression wrap systems or hosiery. SSM has numerous benefits including reduced costs due to fewer healthcare professional visits and released nursing capacity; enabling more time to be spent with patients with more complex needs who cannot engage in self-care (Hallas-Hoyes et al 2021).

Coloplast Wound & Skin Care previously identified the need to develop a simple step-by-step framework to effectively Assess, Prepare, and Treat wounds to optimise wound healing. A recent preliminary report reviewed 60 patients of an ongoing 200 patient evaluation using The 3 Step Approach by Coloplast framework. The average healing time following implementation of The 3 Step Approach was 6.6 weeks. The study also demonstrated that no antibiotics were used during the evaluation period (Atkinson et al 2024).

This poster aims to highlight three case studies and the positive impact of implementing The 3 Step Approach by Coloplast alongside SSM.

Patient 1

A 67-year-old male presented with an 18-month history of a hard to heal left lower limb ulcer. The patient had a past medical history of type 2 diabetes and multiple previous wound infections requiring multiple antibiotic courses. The patient was still working full-time as a mechanic.

The 3 Step Approach by Coloplast was implemented with an initial full holistic assessment to inform a robust individualised healing plan. The wound was assessed as a locally infected, hard-to-heal VLU with suspected high levels of biofilm. A twice weekly wound management regime using Alprep® Pad to prepare the wound by cleansing and debridement, and Biatain® Silicone Ag to treat the wound infection was commenced. Compression therapy was also implemented to manage the underlying aetiology of venous insufficiency. Given the simplified nature of the framework and products, the patient was able to engage with supported self-management delivering his own wound management twice per week and attending clinic for fortnightly reviews. The patient found Alprep Pad easy to use and was astonished by how much devitalised tissue was removed and how clean the wound appeared. After 3 weeks, signs of biofilm and local infection had gone, and the patient was changed to a Biatain® Silicone dressing. The wound was fully healed at week seven.



23.4.24 Pre Alprep Pad 23.4.24 Post Alprep Pad 17.5.24 11.6.24

Patient 2

An 83-year-old female presented with a 7-week history of slow healing lower limb ulcers. The patient was a type 2 diabetic with peripheral vascular disease (PVD), hypertension and COPD. The wounds were initially caused by small scratches from a dog and had shown little to no signs of progression since they occurred. The patient was fully independent with a busy social life and was now finding that the wounds were starting to impact her quality of life with increasing pain causing anxiety and stress. The patient was not keen to travel twice weekly to clinic given her age and the distance needed to travel.



21.5.24 Pre Alprep Pad 21.5.24 Post Alprep Pad 14.6.24

Following holistic wound assessment, it was determined that her wound was static due to significant slough and debris within the wound as well as mixed aetiology vascular disease. The 3 Step Approach by Coloplast was implemented with Alprep Pad to prepare the wound and Biatain Silicone as the primary dressing. Reduced compression liners were used to manage her venous insufficiency given her history of PVD. SSM was discussed following initial assessment with the patient being more than happy to engage with the plan as it meant less travel time and less disruption to her social activities. The patient was able to effectively cleanse, mechanically debride and re-dress the wounds twice weekly with fortnightly reviews at the complex wound clinic. She was very pleased with how quickly the wounds became clean as well as the reduction in pain.

At 3.5 weeks the wound had completely healed. The patient expressed the ease of which wound preparation and treatment was able to be carried out, allowing her to go about her normal life with minimal impact.

References:

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Patient 3

A 49-year-old male presented with an 8-week history of a non-healing right lower limb wound which started as an infected insect bite. He had nil PMH of note and was generally fit and healthy. The patient was a full-time teacher with a busy work and family life. Due to working hours the patient struggled to attend clinic and had been attending his own practice once or twice a week for dressing changes at great inconvenience. Following the initial holistic assessment, it was found that the wound was very painful, with a mix of tenacious slough and friable granulation tissue. The suspected cause for the delay in healing was a significant biofilm colonisation. There were no signs of underlying vascular disease, despite this the patient was still assessed and placed into a full compression hosiery kit as per best practice.



23.2.24 Pre Alprep Pad 23.2.24 Post Alprep Pad 15.3.24 02.4.24

The patient was very happy to engage with SSM as it would significantly help him maintain his normal working day. Alprep Pad was used to prepare the wound twice weekly at dressing changes, with Biatain Silicone Ag to manage the suspected high bioburden. Given the patient's busy schedule, it was agreed that a review would take place 3 weeks post initial assessment. Within a few days of implementing the 3 Step Approach by Coloplast the patient reported that his wound was already showing significant signs of improvement with good reductions in slough, hyper-granulation and pain. By week three the wound was progressing towards healing and the dressing was switched to Biatain Silicone. After a further two and a half weeks the wound had fully healed. The patient was extremely happy with the outcome as he was able to easily perform wound preparation and dressing changes at a time that suited him, so his work life was not interrupted.

Conclusion

The 3 Step Approach by Coloplast provides a highly effective solution to move challenging wounds towards healing. The benefits have been reported to include: a reduction in wound pain, improvement in patients' quality of life and a simplified process and product choice which helps patients engage with supported self-management of their wounds. The appropriate implementation of SSM aided by the 3 Step Approach has the potential to free clinical capacity.

Following extensive use of The 3 Step Approach in clinical practice the author believes that this is an optimum framework to move hard to heal wounds towards healing. The significant advantages to both patients and healthcare providers are yet to be fully quantified though initial outcomes are positive. Work is ongoing to provide further data.

