

IMPROVING PATIENT OUTCOMES BY ENCOURAGING SUPPORTED SELF-MANAGEMENT WOUND CARE USING A UNIQUE PRIMARY DRESSING

A CASE SERIES COLLECTION OF 10 PATIENTS WITH A VARIETY OF COMPLEX WOUNDS TO ASSESS THE EFFECTIVENESS OF FLAMINAL® AS A PRIMARY DRESSING THAT CAN IMPROVE PATIENT OUTCOMES AND QUALITY OF LIFE

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INTRODUCTION

Wound management is one of the biggest costs to the NHS amounting to £8.3 billion per year, with 81% being in a community setting (Guest et al, 2020). One of the biggest contributions to this cost is community nursing visits which equates to £1.6 billion for an unhealed wound and £8.25 million for a healed wound (Guest et al, 2020). With limited resources and appointments available, sharing responsibility of dressing changes between patients and clinicians is becoming more of a focus within the NHS (Parfitt et al, 2021).

Alongside dressing changes, self-management of chronic wounds also involves wound cleansing and inspection (Kapp et al, 2017). With non-concordance of treatment regimes frequently highlighted as a challenge, involving patients in measuring and recording outcomes can improve the patient's motivation and can help to encourage concordance and adherence to the given treatment (Anderson, 2012). Increasing patient motivation can lead to increased empowerment, whilst also contributing to reduced nursing time and workload.

Flaminal® is a unique primary wound dressing that encapsulates a simple solution for mixed skillsets through its ease of use and versatility. Its combination of absorbing properties, debriding action and antimicrobial enzyme system within a gel formulation makes it an ideal choice for patient self-care due to its ability to be used on any wound shape or size through multiple methods of application.

METHOD

This case series focuses on a collection of 10 patients in 4-week time period in an acute setting before being discharged to the community, utilising Flaminal® as the primary dressing. The wound aetiologies varied, and included wounds such as Diabetic foot ulcer, Pyoderma gangrenosum, MASD, pressure ulcer and post-surgical, representing a variety of challenging wounds that clinicians treat day-to-day within nursing. Enabling supported self-care in all 10 situations through using Flaminal® to optimise patient outcomes and quality of life was the main aim of the case collection. Details of wound progression and treatments were captured on internal forms provided by Flen Health that included information on wound assessment, pain scores and patient and HCP expectations and feedback.

RESULTS

Of the 10 patients included in the series, there were a mixture of wound aetiologies, (fig1). On average the wounds had been present for 14.7 days before Flaminal® was introduced into the treatment plan.

Pain

Reduction of pain was a primary objective for 40% of patients (n=4), however, all patients scored themselves to be in pain on presentation. The average starting VAS pain score was 9.1/10 (n=10) which reduced by average of 7.1 over 4 weeks. 100% of patients reported that Flaminal® helped to support a reduction on pain.

Debridement

Promoting autolytic debridement was a primary objective for 80% of patients (n=8). The author reported that in 100% of wounds, Flaminal® improved the removal of slough and necrosis.

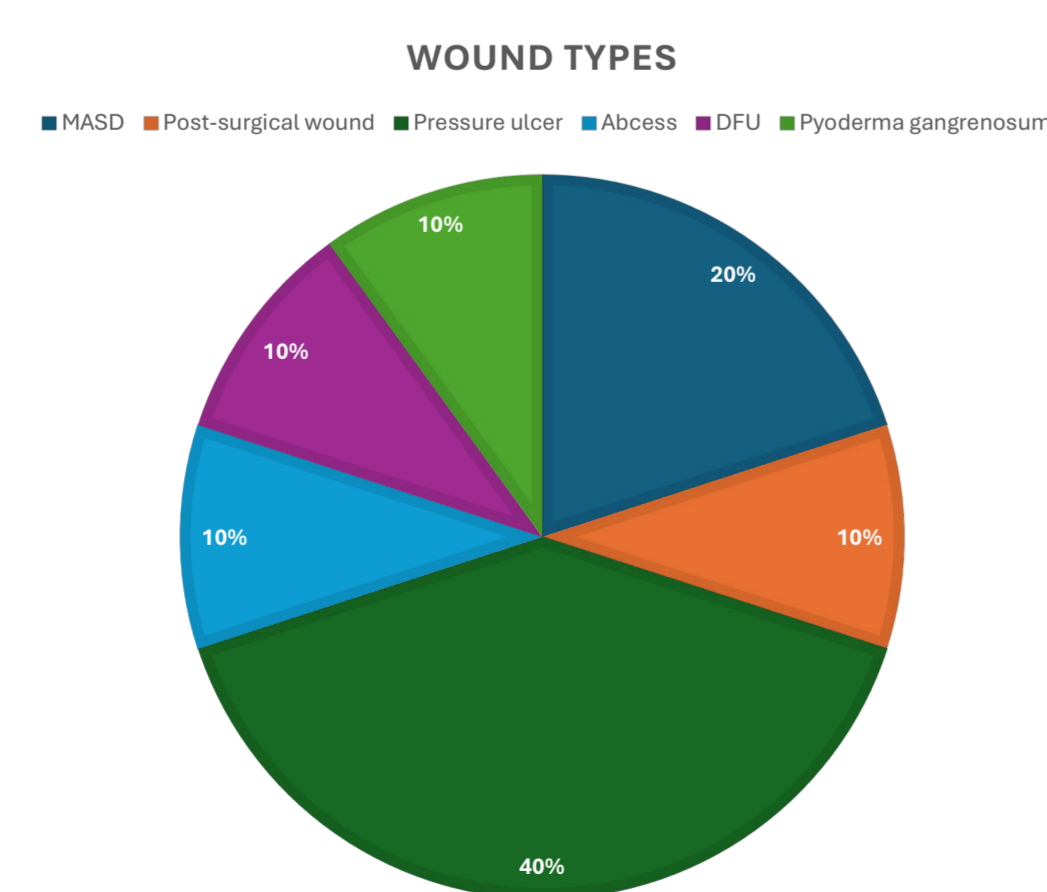


Fig 1. Wound types includes in series (n=10)

Bioburden

80% of wounds (n=8) were classified as deteriorating, with the remaining 20% (n=2) reported as stagnant. Infection was suspected in 70% of wounds (n=7) and therefore reduction in bioburden was a primary aim for these patients. Malodour was present in 71% of those wounds suspected of infection (n=5). The author reported that in 100% of these 7 wounds, there was a reduction in signs of infection and a reduction in malodour after Flaminal® dressing was initiated their treatment plan.

Exudate management

On presentation, 30% of wounds had high levels of exudate (n=3), 40% of wounds had moderate levels of exudate (n=4) and 30% had low levels of exudate(n=3). The author reported that Flaminal® managed moisture well in 100% of wounds in this cohort. In 80% of patients, there was a reduction in dressing changes (n=8).

PATIENT CASES

Fig 2-4. Patient D- MASD with fungal infection



Fig 5-7. Patient J – Pressure ulcer to the heel



Fig 8-9. Patient C – Pyoderma gangrenosum



Fig 10-11. Patient H- DFU & amputation site



DISCUSSION

The introduction of Flaminal® into the treatment plan of these patients facilitated an improvement in pain, wound bed condition, signs of infection and moisture levels. These factors contribute to successful wound progression throughout various stages of healing. The versatility of where and how this primary dressing can be used is a benefit to a healthcare professional and patient, giving simplicity and peace of mind.

Enabling supported self care was a primary objective of the author for these patients to enable them to be discharged from the acute setting into community care. Patient motivation can often be influenced by the attitude of the HCP and how the patient feels supported. This support can reduce the fear of the wound deteriorating (Parfitt et al, 2021). Alongside HCP support and education, this case series highlights that Flaminal® as primary wound dressing can empower patients to take control of their treatment through supported self-management; to improve their quality of life, allowing a return to work and family life commitments.

Patients in this series were receptive to the use of Flaminal® with many reporting to reduce pain and improve sleep, this also led to improved mobility, ability to undertake physiotherapy and rehabilitation and allowed them to return to work or normal daily activities.

CONCLUSION

Flaminal® is a simple solution that can support wound healing. It is an easy-to-use primary dressing that both healthcare professionals and patients can apply to any shape or sized wound. This promotes better outcomes for patients which can enhance their quality of life.

REFERENCES

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