

EMPOWERING PATIENTS TO TAKE CONTROL: VERSATILE DRESSINGS AND THEIR ROLE IN WOUND PROGRESSION AND IMPROVING PATIENT QUALITY OF LIFE

A CASE SERIES COLLECTION OF 30 PATIENTS ACROSS AN ACUTE AND COMMUNITY SETTING TO ASSESS THE EFFECTIVENESS OF FLAMINAL® AS A PRIMARY DRESSING THAT EASILY ALLOWS SELF CARE TO EMPOWER PATIENTS WITH A VARIETY OF WOUND TYPES

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INTRODUCTION

Wound treatment goals can vary depending on the type and severity of the wound, as well as the overall health and needs of the patient. Each wound requires a tailored approach based on the patient's specific condition and circumstances. Identifying the treatment aim of a wound, alongside location, size and depth play a significant role in determining appropriate care. The right dressing promotes a conducive environment for healing, prevents complications, and is suited to both the wound type and the patient's overall condition.

Flaminal® is a primary wound dressing that can be used to manage all elements of TIMES wound assessment and can be used on multiple tissue types within a wound. It comes in two formulations; Flaminal® Hydro for slight to moderate exudate and Flaminal® Forte for moderate to high exudate. This case series will explore the versatility of Flaminal® wound dressings in treating various wound types, both in acute and community healthcare settings. The study will examine how Flaminal® dressings perform in different environments and wound types, highlighting adaptability and effectiveness across diverse clinical conditions.

METHOD

A retrospective case load review was completed by the authors with the aim to identify 30 patients who had been treated with Flaminal® Hydro or Forte as a primary wound dressing, and was completed in one acute and one community healthcare setting in the Republic of Ireland. 15 patients in each setting were identified, and the criteria for inclusion was any patient with a wound over the previous year that had been treated with Flaminal® as primary wound dressing. The selected patients had a variety of wound types (fig 1).

100% of patients in the acute setting (n=15) were treated with Flaminal® due to non-healing postoperative wounds, with the primary aim of complete wound closure. Within the community setting (n=15), wounds aetiology varied, including moisture damage, pressure ulcers and leg ulcers. There were 3 wounds where symptom management rather than complete wound closure was the primary objective. Patient age and comorbidities, alongside specific wound aetiology, location, and duration were documented. The primary objectives of wound management were also recorded (fig 2)

Wound outcomes were monitored and assessed over a 12-week period, including

- Improvement in tissue type
- Moisture management
- Time to wound closure & percentage surface area reduction
- Positive changes to quality of life including:
 - o Pain (VAS score)
 - o Supported self-care / independence

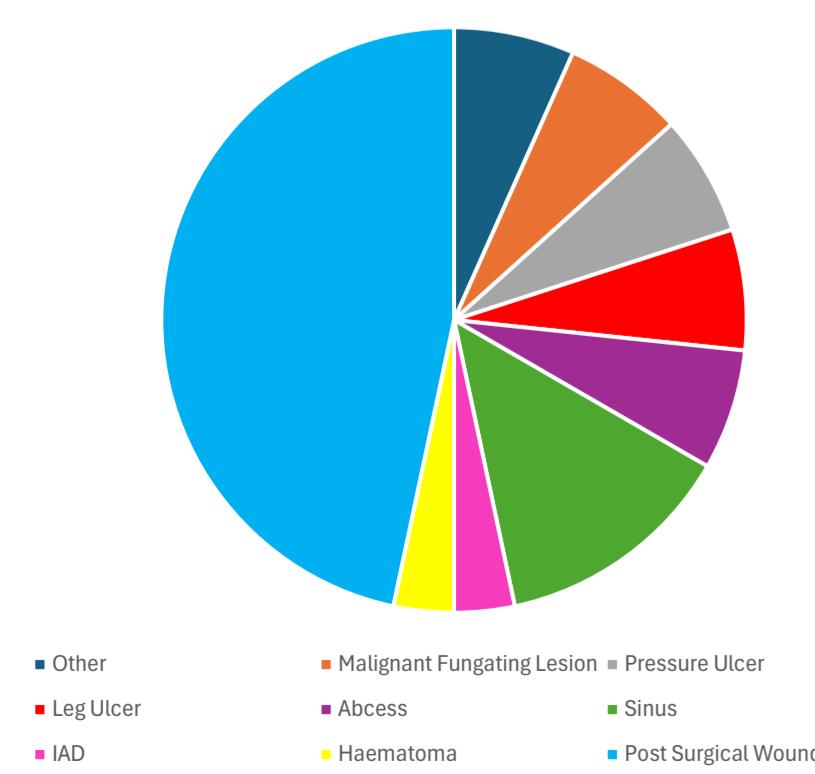


Fig 1 Chart to show wound types

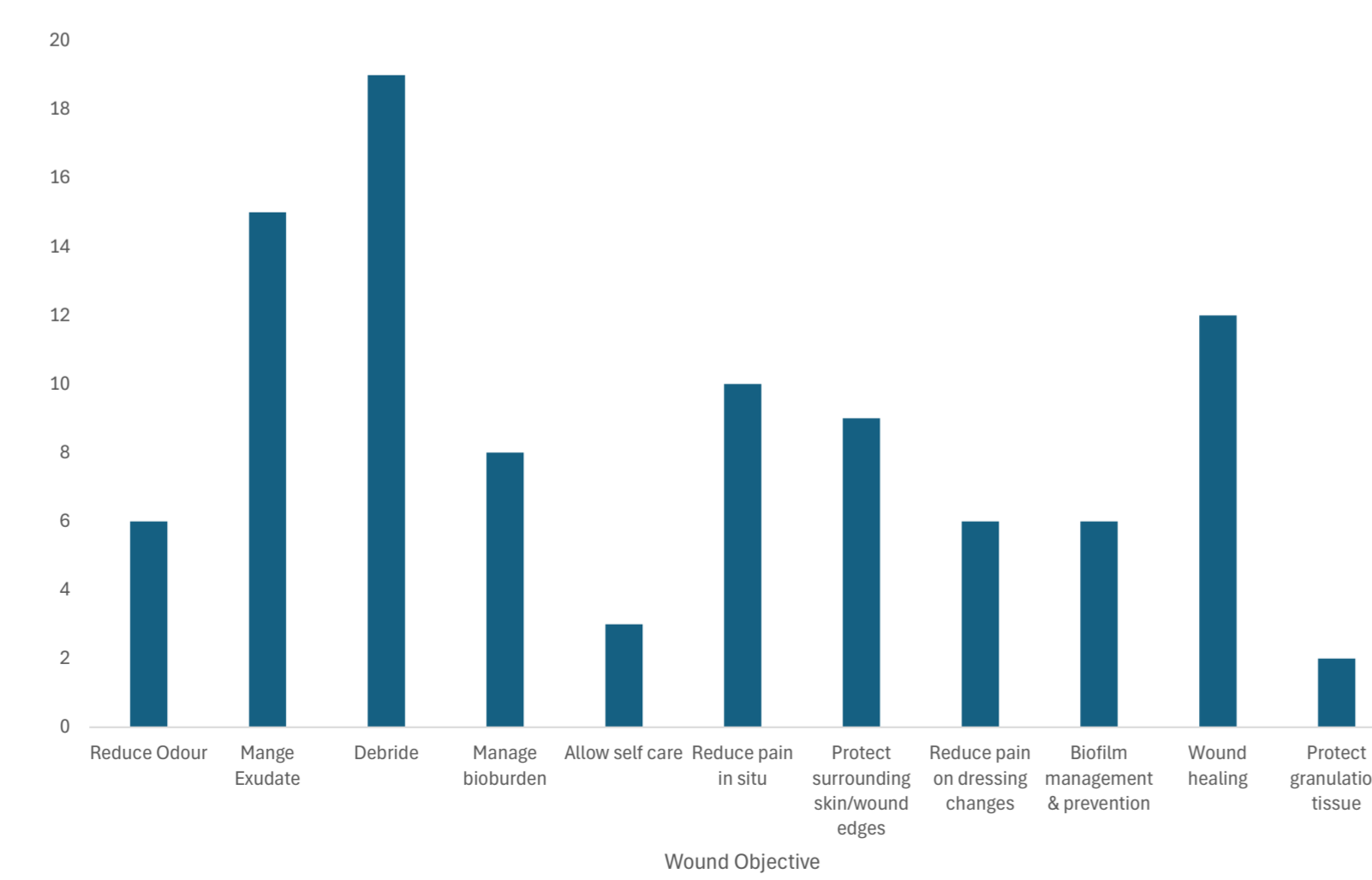


Fig 2 Chart to show wound objectives

RESULTS

Flaminal® in the community setting (n=15). Average wound duration prior to treatment 4.5 weeks:

- 93% (n=14) slough/necrosis improved
- 100% managed moisture well
- 53% (n=8) reached full wound closure by week 12. Of those where wound healing was an objective, the remaining wounds had fully healed by week 24
- 100% experienced a reduction in pain, with the majority showing a marked improvement in VAS score by weeks 2-3

With reduction in pain the greatest recorded impact on quality of life, reduced pain during dressing changes, led to reported increase in independence, self-esteem and mobility.

Example Community Case 1 (figs 3-5):

Female 76, Venous leg ulcer. Present for 8 weeks and previously treated with silver. VAS 10 with malodour present. *Pseudomonas aeruginosa* present. Exudate levels high, Flaminal® Forte applied covered by superabsorbent secondary dressing, changed every 2 days for 3 weeks, then every 3-4 days after week 3. Significant reduction in VAS score after 4 weeks, down to VAS score 1 by week 8 which continued from then on. Having a dressing that does not cause stinging or pain allowed her to tolerate compression bandaging. Full wound closure at 20 weeks.



Fig 3 18th Feb 2024



Fig 4 10th March 2024

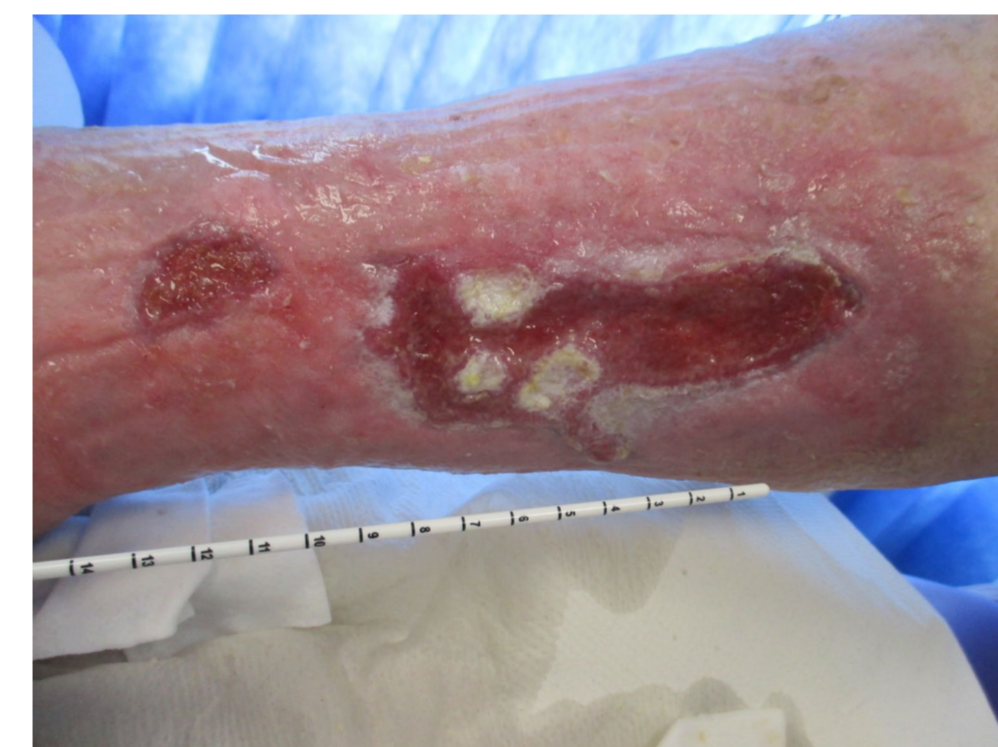


Fig 5 2nd April 2024

Flaminal® in the acute setting (n=15). Average wound duration prior to treatment 2 weeks:

- 100% slough/necrosis improved
- 100% managed moisture well
- 78% (n=10) reached full wound closure by week 12 (fig 3). The remaining wounds had fully healed by week 18
- 100% experienced a reduction in pain (fig 4), all showing a marked improvement in VAS score by weeks 2-3

All patients included in the study had a positive experience leading to 85% becoming independent with wound management. This subsequently led to increased independence and reports of reduced anxiety.

Example Acute Case 1 (figs 6-8):

Male, 31, with recurrent pilonidal sinus disease. Presented with an acute wound post second pilonidal sinus excision of the natal and intergluteal cleft. VAS score 4, moderate exudate. Flaminal® Forte applied daily, covered with sterile gauze swab and foam dressing. VAS score down to 1 at week 4 and at 0 by week 6. Full healed at 7 weeks.



Fig 6 10th May 2024



Fig 7 20th May 2024



Fig 8 28th June 2024

Example Acute Case 2:

Male, 77, Surgical wound dehiscence of the perineum, after laparoscopic abdominoperineal resection of the rectum. Malodourous and deteriorating on presentation. VAS score 7, Moderate exudate. Flaminal® Hydro used with sterile gauze and silicone foam adhesive. VAS score at 0 by week 6 and only small area of superficial granulation at week 11. Patient had to organise a friend or a family member for all dressing clinic appointments since hospital discharge as he was unable to drive due to discomfort during sitting. Two weeks after commencing Flaminal®, patient was able to drive alone for appointments and to play golf.



Fig 9 20th June 2024



Fig 10 19th July 2024



Fig 11 6th September 2024

DISCUSSION

A versatile wound dressing should effectively address various types of wounds and tissue types including acute, chronic, surgical and traumatic wounds. Addressing the specific needs of each wound and tissue type, including moisture, infection risk, and tissue integrity is vital to optimise patient outcomes in wound care. This study demonstrates how Flaminal® not only aids in the physical healing of a variety of wounds, but also contributes to improved quality of life by addressing pain and discomfort. The impact of pain associated with wounds can be significant and multifaceted. Addressing pain is crucial for improving patient outcomes and enhancing overall management of wounds.

CONCLUSION

Overall, Flaminal® is a valuable option in wound care, helping to facilitate wound closure whilst addressing patient comfort and quality of life.

REFERENCES

1. Wounds International (2023) Paving the way for effective wound care education for the non-specialist developing five evidence-based wound type specific pathways, Wounds International 14(3) p34-42