# Treatment of post-surgical toe wound with monofilament fibre pad and second generation ionic hydrogel dressing

**Amanda MacKillop**
**Hand Therapist, Bachelor OT Lymphoedema Specialist. Advanced Therapy Solutions Greenslopes**

## Situation

### Patient

44 year old man with chronic history of gout in many joints but no other comorbidities. The patient had surgical intervention on right big toe due to infection of joint, pain and bone osteomyelitis.

### Initial treatment

Post-surgery, the wound was dressed with a paraffin gauze wound contact layer and wrapped in gauze. The patient experienced delayed healing, pain and odour from the wound. On presentation, the wound had heavy thick slough, undermining of edges and slight hypergranulation at base of wound (Figure 1).


**Figure 1:** Wound on presentation

* Debrisoft® Lolly (Lohmann & Rauscher)
** Suprasorb® G (Lohmann & Rauscher)
*** Suprasorb® X (Lohmann & Rauscher)
**** Lomatuell® Pro (Lohmann & Rauscher)

## Action(s) taken/treatment provided

### New treatment regime

At 2 weeks post operation, the dressing regime was changed at patient and clinician request.

### Dressing Plan

- Monofilament fibre lolly* to clean wound bed, disrupt and remove biofilm and slough. Previous dressing choice had left fibres in slough
- Gel dressing** applied to wound bed for autolytic debridement and softening of slough
  - Wear time 3 days
  - Pain relief was instant and patient no longer required oral pain medication
  - Clear outer film on gel dressing was left in situ for debridement purposes


**Figure 2:** At first dressing change (day 4)

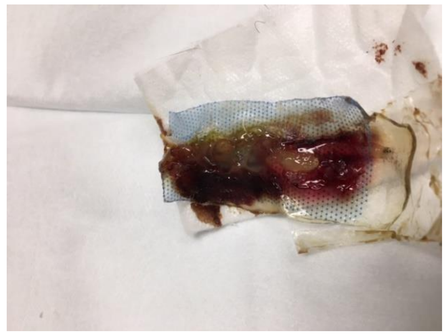

**Figure 3:** Dressing after first change

### Second dressing change

- Repeat regime and layer gel dressing for cavity on the medial side of the wound bed. When dressing is layered, the clear film top cover can be removed.
- Monofilament fibre pad has helped to reduce the slough and hypergranulation, wound bed is clean and granulating well
- Biocellulose hydrobalance dressing*** applied to lateral side of toe to speed up the epithelialisation process
- Gel forming wound contact layer**** is cut and placed over biocellulose hydrobalance dressing to maintain moisture control and hydrobalance action of the product (Figure 4). Patient was able to wear shoes and walk.


**Figure 4:** Dressing in-situ


**Figure 5 & 6:** Wound at day 7

## Outcome(s)

Patient and clinician happy with progress in short time. The treatment and dressings reduced pain and allowed the patient to walk and wear his own shoes. Wound was fully healed after 26 days (Figure 7, 8 & 9).

**Figure 7, 8 & 9:** Wound at day 26

## Lesson(s) learned

The use of monofilament fibre pad combined with additional autolytic debridement with second generation ionic hydrogel dressing helped to prepare the wound bed and removed slough, debris and other barriers to healing. Further treatment with hydrogel dressing and hydrobalance dressing helped to create optimal conditions for healing.