

First experience with new second generation ionic gel dressing

A spider bite gone wrong

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Situation

Patient

Patient presented to Hospital in the Home with large wound on the right leg which was suspected to have been caused by a spider bite. The wound measured 27 cm long x 17.5 cm wide.

The patient had been admitted to ICU 6 weeks previously with extreme leg pain, swelling and blistering.

Action(s) taken/treatment provided

On 31 Jan 2019, the patient presented to hospital (Figure 1). Iodine based powder was applied to the wound and patient was then seen by Hospital in the Home 6 days later (Figure 2). The wound required debridement in the clinic to remove necrotic tissue and hardened slough.

Due to the wound size and complexity, a combination of debridement methods were chosen, including mechanical with monofilament fibre pad*, sharp (forceps and scissors) and autolytic with ionic gel dressing**.

Monofilament fibre pad & lolly***, and forceps/scissors were used for a total of 2 hours (Figure 3 & 4) to remove the hardened slough and necrotic tissue with the objective to assess the wound bed base and devise a wound care plan moving forward.

Further autolytic debridement was required, in addition to pain relief.

Wound dressings

Primary dressings:

- Ionic gel dressing for autolytic debridement and pain relief
- Bacterial cellulose hydrobalance dressing# to pack into sinuses and manage moisture

Secondary dressings:

- Superabsorbent dressing### to manage any excess moisture
- Cohesive bandage#### to retain dressings

On removal of the dressings at first change, there was no maceration of the wound edges and surrounding skin. The gel had absorbed the exudate, blood and debris and this could be seen from the colour of the gel on removal. Removal of the ionic gel dressing was done quickly and easily by pulling the corners of the dressing away from the periwound skin (Figure 6).

After first dressing change, further mechanical debridement was conducted with pads and an antimicrobial solution. The wound bed could now be thoroughly assessed and report on depth, muscle, fascia and undermining. The dressing regime was continued with twice a week dressings changes and nurse visits to assess the wound bed changes.

Outcome(s)

The dressings were well tolerated and comfortable for the patient. There was no pain for the patient until week 8 when the wound bed became very vascular and granulated but the ionic gel dressing reduced the pain after debridement.

The figures 7 – 16 show the progression of granulation using the ionic gel dressing and mechanical debridement over the next months through to May 2019. By September 2019 the wound had almost fully healed and no surgical/specialist intervention or lengthy hospital stay was required.



Figure 1: 31 Jan 2019: Iodine based powder applied to wound in hospital



Figure 2: 5 Feb 2019: Presentation to HITH wound clinic. Black necrotic tissue and hardened slough



Figure 3: 5 Feb 2019: Wound after 2 hours of debridement



Figure 4: 5 Feb 2019: Wound after 2 hours of debridement



Figure 5: 5 Feb 2019: Application ionic gel dressing



Figure 6: 7 Feb 2019: First dressing change

Lesson(s) learned

Wounds with this level of complexity are often not expected to be treated in community settings.

For nurses in the community who may not be experienced in managing and treating complex wounds, this was an excellent case study to follow and watch a wound bed progress through different healing stages. The chance to understand the needs of the wound bed and how to review and assess a wound bed in expected stages of healing was a great learning curve.

With introduction of new products onto the hospital formulary due to a new QLD Health contract, new technologies were able to be used by the community nurse with successful patient outcomes. The products selected were cost effective, easy to use and reduced the need for antimicrobial dressings. Moving forward, products such as the new second generation ionic gel dressing can be used effectively in the community, reducing the need for specialist intervention.

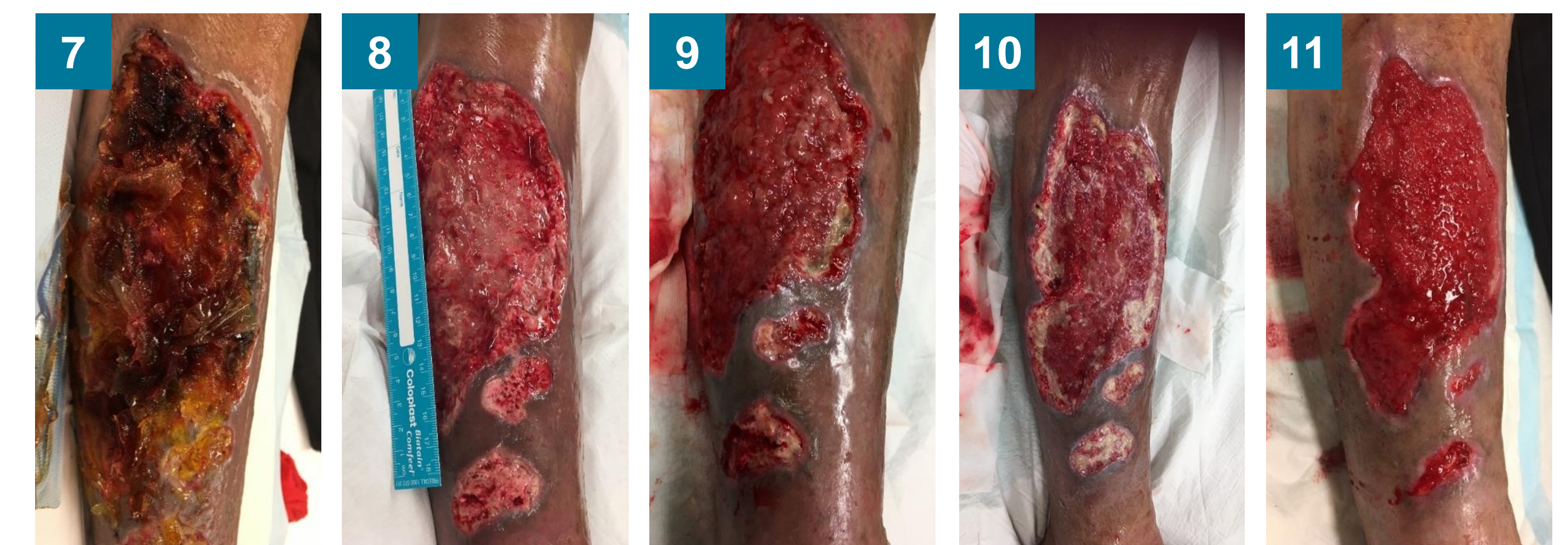


Figure 7: 12 Feb 2019

Figure 8: 12 Feb 2019 after mech. debridement

Figure 9: 26 Feb 2019

Figure 10: 13 March 2019

Figure 11: 9 April 2019

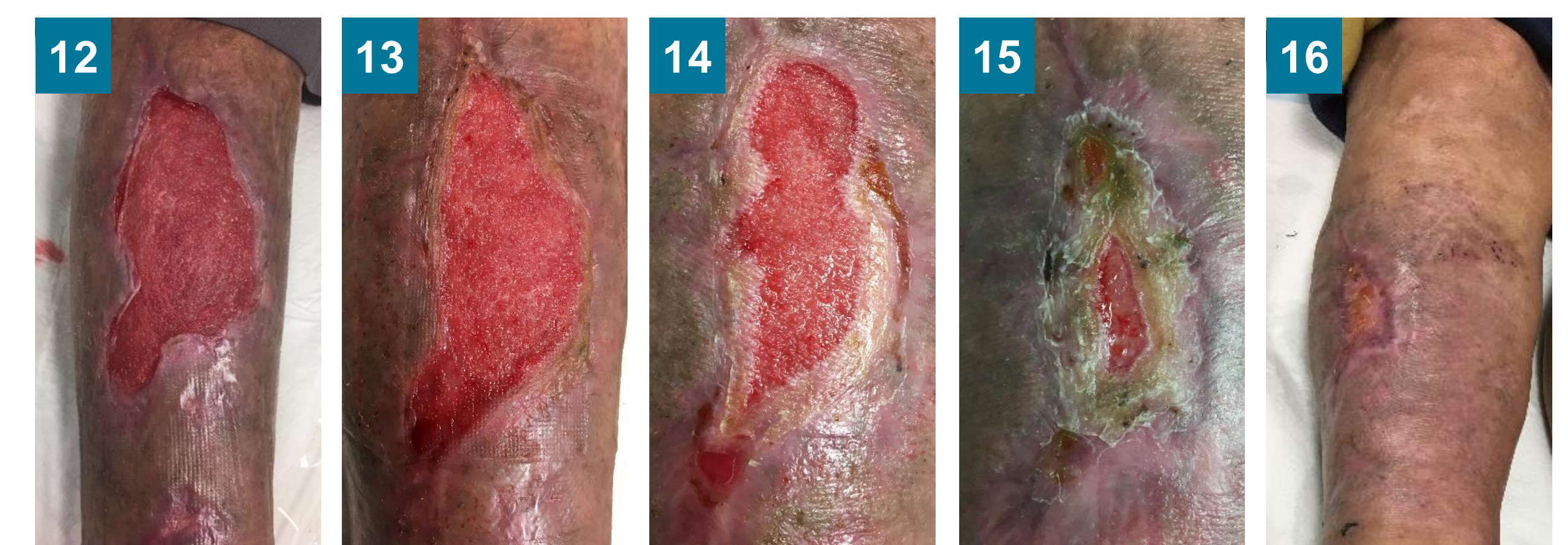


Figure 12: 20 Mai 2019

Figure 13: 17 June 2019

Figure 14: 4 July 2019

Figure 15: 22 August 2019

Figure 16: 9 September 2019