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INNOVATIONS IN TREATMENT

MEDIVEN® LEG ULCER KIT CASE STUDY

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Introduction

Leg ulceration is a chronic condition affecting approximately 1 – 2 % of the population (Graham et al 2003, Nelson et al 1991, Briggs & Closs 2003). Venous leg ulceration is the most prevalent of chronic wounds in the Western world, accounting for 45% - 60% of all chronic leg ulcers (Mekkes et al 2003). Leg ulceration imposes a significant financial burden on the NHS. It is estimated that on any day between 70,000 and 190,000 people may have an active leg ulcer in the UK with the total annual cost of treatment lying between £168 and £198 million, (Posnett & Franks 2007).

Method

Single patient case study: Mrs. J, an active 65 year old lady, seen in the Vascular Nurse Specialist clinic following referral from her District nursing team. She presented with ulceration to her left lateral malleolus (fig 1), measuring 1.5x1.5cm with a 100% granulating but dry wound bed, which had been present for around a year. The District nurse team had deemed this lady suitable for compression but Mrs. J was unwilling, as she was concerned about the bulkiness of the bandages which would restrict her choice of clothing and present problems with footwear. The ulcer was painful and Mrs J was feeling frustrated with the lack of progress with this, combined with the pain she was experiencing and the impact it was having on her mental wellbeing and quality of life. A full clinical history was taken along with physical assessment, to identify the underlying cause and assist in the planning of appropriate treatment (RCN 2006). Her ABPI was recorded as 1.2, she had palpable foot pulses and strong triphasic signals. There was evidence of venous eczema to her surrounding skin and colour changes due to the chronic venous hypertension and altered skin nutrition.

The results of the assessment were discussed with Mrs J and verbal and written information was provided regarding the underlying disease process that had lead to ulceration. The need for compression was explained and recommendations were made that she required compression providing 40mmHg at the ankle to promote venous return and encourage healing. Options of compression were discussed and Mrs J decided to use the Mediven® Ulcer kit, as an alternative to more bulky bandaging systems. Mrs J felt this would be more comfortable and appropriate for her active lifestyle, enabling usual footwear to be worn, showering and self management with dressings.

The Mediven® Ulcer Kit consists of 2 compression stockings, both offering 20mmHg at the ankle. The grey sock is worn directly over the healed wound, or dressing and is kept in place for 24 hours a day. The top sock (brown sock) also provides 20mmHg and can be removed during the night when less pressure is required and re-applied when the individual gets up in the morning when higher pressure is required.



Fig 1



Fig 2

Results

Mrs J returned to clinic 7 weeks later. She was delighted to report that the ulceration had completely healed and the venous eczema had settled (Fig 2). On examination the limb was much healthier, the oedema had resolved and the skin appeared healthy. Mrs J was extremely pleased to report a reduction in pain and ulcer size soon after treatment with the Ulcer kit was commenced. She found the kit comfortable and easy to use and apply, allowing her to continue with her usual day to day life. She was discharged but advised to continue looking after her skin and wearing the compression system, as the pathophysiology remained unchanged within the limb.

Conclusion

Leg ulceration is a challenging area for the practitioners involved in its' management. Timely, holistic assessment is vital in providing quality outcomes, patients need to be involved in their care and be central to decisions regarding their management. Concordance issues need to be addressed where possible and solutions found. Providing appropriate compression in the form of an easy to manage dual system, in this case the Mediven® Ulcer kit, provided a comfortable, cosmetically acceptable and effective way to treat venous ulceration.

Abstract length: 675

References:

- Briggs M, Closs SJ (2003) The prevalence of leg ulceration: a review of the literature. *European Wound Management Association Journal* 3:2 14-20.
- Graham ID, Harrison MB, Nelson EA, Lorimer K, Fisher A (2003) Prevalence of lower limb ulceration: a systematic review of prevalence studies. *Advances in skin and wound care* 16:6 305-316
- Mekkes JR, Loots M, Van der Wal A, Boss JD (2003) Causes, investigations and treatment of leg ulceration. *British Journal Dermatology* 148: 388-401.
- Nelzen O, Bergqvist D, Lindhagen A & Hallbook T (1991) Chronic leg ulcers: an underestimated problem in primary health care among elderly patients. *Journal of Epidemiology and Community Health*. 45:3, 184-187.
- Posnett J, Franks PJ. (2007) The costs of skin breakdown and ulceration in the UK. In: *Skin breakdown. The silent epidemic*. Hull: Smith & Nephew Foundation.

RCN (2006) Clinical Practice Guidelines. RCN London