

The use of a novel wound gel in the management of chronic complex cases

Harikrishna K.R.Nair MD FMSWCP, Mohd Hafizie BSc (Hons), Norhafiza SRN, Raenah SRN

Wound Care Unit, Dept. Of Internal Medicine, Kuala Lumpur Hospital, Malaysia

INTRODUCTION:

Electro Activated Super-Oxidized solution was used as a cleansing agent with the combination of bacteriostatic hydrogel as the primary dressing in managing diabetic foot ulcers, pressure ulcers and abscess.

METHODOLOGY:

The study involved 5 patients with various types of wounds who were treated at a specialized wound care clinic. The wound was assessed and cleansed with Electro Activated Super-Oxidized solution. The bacteriostatic hydrogel was then applied and covered with a secondary dressing. Patients were reviewed every 3 days and the degree of slough, exudate and odor reduction was evaluated.

RESULTS:

All 5 cases had reduction of odor, exudate and improvement in terms of infection reduction and the wound started to heal well in concordance with Wound Bed Preparation. The assessed patients also did not complain of any pain during the dressing change.

CONCLUSION:

The bacteriostatic hydrogel is efficient in the wound management by hydrating and maintaining the moist environment of the wound and enhances the wound healing process, reducing exudate and removing odor.

REFERENCES:

1. Harikrishna K.R.Nair, Compendium of Wound Care Dressings in Malaysia Vol 3
2. Gary Sibbald, Wound Bed Preparation, Paris Advisory Panel 2000

SPONSORED:

Vigilenz Medical Devices Sdn. Bhd. has sponsored the Electro Activated Super-Oxidized solution and bacteriostatic hydrogel, both known as **HYDROCYN™ aqua** and **HYDROCYN™ aqua gel**, respectively.



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Case 1: 51-year old Malay man with left lateral calf abscess was seen in the wound care clinic. I&D were done on 24/6/2015. On assessment (2/7/2015), the size of the wound was 4.8 x 2.0cm and the wound was sloughy with moderate serous exudate and odor. There was swelling and redness around the wound edges. Started using Electro Activated Super-Oxidized solution for cleansing and applied bacteriostatic hydrogel. In week 4 (30/7/2015), the slough, exudate and odor were tremendously reduced. The wound was granulating well and completely healed in week 8.



Case 2: 58 year-old Indian man which known case of Diabetes Mellitus with ray amputation on the left 5th toe done on 16/6/2015. Patient was referred to the wound care team. Upon assessment on 11/08/2015, the wound appeared with thick yellowish slough, moderate exudate and mild odor. No granulation was noted. Electro Activated Super-Oxidized solution was used for cleansing and covered with bacteriostatic hydrogel. In 2 weeks, slough, exudate and odor were tremendously reduced and uniform granulation was noted. After 6 weeks, the size of the wound had been reduced with granulation and epithelialization was well taken place.



Case 3: 42 year-old Indian man with Diabetes Mellitus had chronic diabetic plantar aspect ulcer. Upon assessment on 14/8/2015, wound had moderate serous exudate, looked pale and maceration surrounding the ulcer with mild granulation. The wound was soaked and cleaned with Electro Activated Super-Oxidized solution, applied with bacteriostatic hydrogel and covered with a secondary dressing. After 4 weeks, the wound appeared healthy with uniform granulation and epithelialization was noted. Maceration had reduced.



Case 4: 43-year old Indian man with case of incomplete paraplegia and spinal cord injury developed pressure ulcer at the sacrum stage 3 since 2013. Upon assessment on 14/8/2015, the wound had slough, moderate exudate with odor. Wound was soaked and cleaned with Electro Activated Super-Oxidized solution and applied with bacteriostatic hydrogel. After 3 weeks, slough, exudate and odor were tremendously reduced. The granulation and epithelialization had been noted.



Case 5: 56-year old Indian man with Diabetic foot ulcer with ray amputation was done on the 3rd and 4th toes on 4/4/2015. Upon assessment on 6/4/2015, the size of the wound was 6cm x 5cm with slough, exudate and odor. Electro Activated Super-Oxidized solution was used for cleansing and applied bacteriostatic hydrogel. In 6 weeks, the size of the wound was reduced with no exudate and odor. The wound was healing well and epithelialization was formed. In 12 weeks, the wound was completely healed.