

Case Study

Atrauman[®] Silicone Assists Wound Healing of Foot Ulcers

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Introduction

A category 2 pressure ulcer presents as an abrasion or clear blister that is superficial without bruising, and consists of partial thickness skin loss involving epidermis and/or dermis. When treating pressure ulcers, guidelines suggest it is important to consider the condition of the tissue in the ulcer bed and the condition of peri-ulcer skin. Atrauman[®] Silicone is a polyethylene mesh coated with silicone for atraumatic wound care. It is designed for enhanced transfer of exudate, protection of granulation tissue and minimises pain and trauma on removal.

This document presents two cases where Atrauman[®] Silicone was used to protect the peri-wound skin and wound bed when used during treatment of pressure ulcers of the foot.

Wound History

Case Study 1

An 82-year-old female patient with rheumatoid arthritis and osteomyelitis, who had a category 2 pressure ulcer to the heel that had been present for over 1 year. The ulcer was 3.5 x 2.5 cm with a depth of 0.3 cm and showed 80% granulation and 20% slough. The wound edges were macerated and infected. The wound produced a high level of exudate, the patient had reduced mobility and was wearing a cast. The wound had previously been treated with Aquacel[®] and Inadine[™]. In order to protect the wound, promote granulation, prevent infection and reduce trauma and pain at dressing change the treatment was altered to include Atrauman[®] Silicone.

Case Study 2

A female aged 101 years who had ulceration of the dorsal right 3rd toe resulting from footwear trauma. Her general health was good, but she had Alzheimer's disease. The ulcer had been present for <6 months, was 2 x 7 mm deep and down to the bone. There was no wound bed and the wound edges were callused and undermined. The level of exudate was low, but the peri-wound skin was vulnerable. Treatment was complicated by reduced patient mobility and the wound was infected. Previous treatments involved Inadine[™], UrgoClean[®] and Aquacel[®] Ag. Atrauman[®] Silicone was selected as the primary dressing at the start of this evaluation, in order to protect the surrounding tissue and reduce trauma at dressing change.

Treatment with Atrauman[®] Silicone

Case Study 1

The heel ulcer was cleansed with wound cleanser saline, Inadine[™] and Biatain[®] and peri-wound protection was with Atrauman[®] Silicone. Dressing changes were performed twice weekly. After 2 weeks treatment there was no further evidence of maceration, the patient experienced no pain and the peri-wound border appeared significantly healthier (Figures 1-3).

Case Study 2

The toe ulcer was cleansed with saline wound cleanser, the primary dressing was Atrauman[®] Silicone and the secondary dressing was IODOSORB. Peri-wound protection was also provided by Tubigauze Hyperfix[®] tape. The dressings were changed twice weekly. The wound had healed within 4 weeks and the Atrauman[®] dressing was both easy to apply and remove.

Conclusion

Atrauman[®] Silicone dressings assist with atraumatic healing of pressure ulcers of the foot, particularly those with vulnerable or macerated peri-wound skin.



Figure 1 - 7 April 2016



Figure 2 - 14 April 2016



Figure 3 - 20 April 2016

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