Kerraboot®

STIMULATING GRANULATION TISSUE: USE OF KERRABOOT®

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THE PATIENT

A female patient, aged 74 years, who had a 25-year history of venous disease and multiple chronic ulcers affecting her lower limbs. The patient was well systemically, had no history of diabetes, hypertension, or pertinent cardiac or family history and remains a non-smoker.

THE WOUND

The patient presented with chronic, painful, bilateral leg ulcers, most extensive on the right leg (Figure 1). Previously, her ulcers were managed by means of standard four-layer compression bandaging. After four months, the ulcers affecting the right leg had unfortunately increased in size, with no visible signs of healing. In the same time period however, the ulcers affecting her left leg had demonstrated slow, but promising signs of healing using the same regime.

There were three coalescing ulcers persisting around the right ankle of different sizes: approximately 4 x 2cm, 3 x 3cm and 4 x 3cm. The ulcer bases contained little and poor quality granulation tissue. The skin and soft tissues of the right leg were severely oedematous. Sensation in both legs was intact, as were peripheral pulses. A venous duplex scan on the right leg revealed extensive deep venous incompetence and accompanying superficial (varicose) venous disease. On the left, a similar picture was evident. An arterial duplex scan confirmed normal vessels with ABPI's of greater than one; excluding mixed arterio-venous disease.

Figure 1: A chronic, non-healing ulcer on the right ankle following standard treatment, in a patient with a long history of venous disease.

WOUND MANAGEMENT OBJECTIVES

- Promote the development of granulation tissue, in preparation for skin grafting.

WOUND MANAGEMENT WITH KERRABOOT®

The wounds were surgically debrided and the ulcers became one. Kerraboot® was used subsequently, for two weeks around the right lower limb, changed daily.

RESULTS

Week 2: Healthy granulation tissue is visible covering the ulcer. The wound was ready for skin grafting (Figure 2).

Week 5: Skin grafting had 100% take, thus allowing complete healing of the ulcers.

Figure 2: Ulcer at day 14 following daily change of Kerraboot®: healthy granulation tissue is seen covering the ulcer, prior to skin grafting.

CLINICAL OUTCOMES

Granulation tissue visible within 14 days and wound ready for split-thickness skin graft.
Within 3 weeks, skin graft had a 100% 'take'.

KEY LEARNINGS

The use of Kerraboot® following surgical debridement, promoted the growth of granulation tissue, thus preparing the wound for skin grafting.
'Time to healing' was faster than would be expected with other dressings and resulted in the more rapid discharge of the patient from the hospital to home.

REFERENCE

Barker S, Soliman AR, Leigh R. Stimulating granulation tissue in chronic non-healing wounds: the use of Kerraboot. *Wounds UK*. 2005;1:37.

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