Kerraboot®

KERRABOOT® - A GENUINE ALTERNATIVE FOR THE MANAGEMENT OF DIABETIC FOOT ULCERS

Deborah J. Wilson, Senior Podiatrist, Wishaw General Hospital

THE PATIENT

A female, MRSA positive, patient, aged 76 years, with a 30 year history of type 1 diabetes. In addition to type 1 diabetes, the patient had diabetic polyneuropathy, advanced maculopathy, left ventricular failure, essential hypertension, transient cerebral ischaemia, temporal arteritis, and a previous history of diabetic foot ulceration. The patient was bed bound and physically unable to move resulting in prolonged pressure on the heel and ankle despite the use of a pressure relief mattress. She was unable to communicate verbally, instead communicating through her eyes with the occasional groan or moan. She required full time care from social services.

THE WOUND

Previously her ulcers were managed by means of daily dressing changes which consisted of the following: 50/50 emollient to surrounding skin, Trimovate cream to irritated skin, Aquacel Ag, Allevyn (x2), Allevyn Heel, Lantor formflex padding and Texband wrap. Podiatry consultation time was 1 hour per visit and district nurse time was 40 minutes.

During 8 months of daily (and on occasion, twice daily) treatment from district nursing and a fortnightly review at the ultidisciplinary diabetic foot clinic in Wishaw General Hospital, progress was slow, consultation times were long, dressings were extensive and marked deterioration of surrounding skin was noted. Each hospital visit was a traumatic event, with the patient having to be brought on full stretcher and the full trip taking on average 2 hours. Due to the pain and inconvenience suffered by the patient at each hospital visit she would occasionally refuse to attend the diabetic foot clinic, thus missing out on the specialist attention her wounds demanded. After 8 months, treatment was moved to Kerraboot® (Figure 1).

Figure 1: Ulcer at initiation of Kerraboot® management.

WOUND MANAGEMENT OBJECTIVES

- Reduce patient pain and discomfort at dressing change
- Reduce nursing time for dressing change
- Create wound healing environment

WOUND MANAGEMENT WITH KERRABOOT®

Kerraboot® which was changed daily.

RESULTS

Day 10 Significant improvement noted in the quality of epithelial and granulation tissue, as well as the condition of the surrounding skin.

Week 4 The wound base showed a significant improvement in the quality of epithelial and granulation tissue (Figure 2).

Month 4 The ulcer was healed (Figure 3) in spite of the MRSA infection and co-morbidities.

Figure 2: Ulcer at week 4 following once daily change of Kerraboot®.

Figure 3: Ulcer healed at month 4.

CLINICAL OUTCOMES

Kerraboot® stimulated granulation tissue in 10 days.
Consultation times were dramatically reduced.
No secondary or retention dressings required.
Effective barrier against wound odour.
After 4 months the ulcer was healed in spite of the MRSA infection and co-morbidities.
Patient compliance improved, largely due to reduced consultation time.

KEY LEARNINGS

Use of Kerraboot® in this patient with diabetic neuropathic foot ulcers of long duration stimulated increased granulation of epithelial tissue within just 10 days.
Consultation times were reduced by more than 80% compared to traditional dressings.

REFERENCE

Wilson D. The non-pressurised boot dressing: an alternative for use in managing diabetic foot ulceration. *Journal of Wound Care* 2006; 15(3):122-124.