

TREATMENT OF A NON-HEALING SCAR

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THE PATIENT

A 61 year-old gentleman with a past medical history of angina and heart failure, but no history of diabetes or hypertension. He was a current non-smoker.

THE WOUND

He presented with cellulitis and broken skin weeping serous fluid to his lower left leg (Figure 1). The wound measured approximately 15cm x 15cm. Both the wound and the surrounding skin were very dark red, indicating an absence of granulation tissue. Exudate levels were high, the patient was suffering high levels of pain and a heavy growth of *Staphylococcus aureus* was present. Previous dressing regime was Contreet® and Tubifast® changed twice weekly, taking approximately 40 minutes each time.

Figure 1a & b: Cellulitis and broken skin to previous traumatic wound scar line.



WOUND MANAGEMENT OBJECTIVES

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

WOUND MANAGEMENT WITH KERRABOOT®

The patient's leg was washed in tap water prior to being dressed in Kerraboot®. Initially dressing changes were daily, although after 3 weeks exudate levels had reduced sufficiently to allow Kerraboot® to be changed every other day. In addition, the patient was treated with flucoxacillin.



RESULTS

Week 3: Approximately 40% of the wound was covered in granulation tissue and the overall colour of the wound was now pink (Figure 2). Exudate levels had decreased and patient reported a reduction in the level of pain.

Week 4: The wound was pink and healthy with approximately 95% of the area covered in granulation tissue. Exudate levels were minimal and the patient no longer experienced any pain. Treatment was moved to compression bandaging for 2 weeks before changing to compression stockings to maintain the condition of the leg long-term.



Figure 2: Wound following daily dressing changes with Kerraboot® for 19 days.

CLINICAL OUTCOMES

Creation and maintenance of a warm, moist wound healing environment.

Removal of exudate changed the wound environment, and thus facilitated healing.

Patient comfort was improved compared to previous dressing regimes.

The wound was sufficiently healed within 4 weeks to allow wound management to be moved to compression bandages.

KEY LEARNINGS

Cellulitis is frequently caused by *Staphylococcus aureus*, which produces enzymes that may degrade local tissue and further spread the infection.

Kerraboot® reduced patient pain compared to other dressings.

Kerraboot® managed exudate levels.

Kerraboot® facilitated healing in a patient with cellulitis.

REFERENCE

Gale A. Treatment of a non-healing scar. *Journal of Community Nursing* 2006; 20(10):46-48.