

MANAGEMENT OF A PERSISTENT PLANTAR ULCER WITH KERRABOOT®

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THE PATIENT

A 38 year old mother and sole carer of two dependent children. The patient was suffering from multiple sclerosis and, with no motor function below the waist, was wheelchair-dependent.

THE WOUND

She presented with a neuropathic, plantar ulcer of 3 years duration, which produced copious exudate and a foul odour (Figure 1). Previously, ulcer management had included Promogran, Vacutex and VAC therapy as well as a variety of conventional dressings. Dressing changes required two district nurses per visit and lasted at least an hour. Her condition resulted in limb spasms that further complicated dressing changes and caused additional injury to the wound. Further, in order for the nurses to reach the wound they required the use of a hoist to lift the patient, which caused her some discomfort. Dressing changes were time consuming for both the patient and the nursing team and they were particularly awkward and demoralising for the patient. This, together with the exudate and odour produced by the ulcer, resulted in the patient suffering from depression and, perhaps not surprisingly, she had requested an amputation.



Figure 1: A neuropathic, plantar ulcer of 3 years duration in a patient suffering from multiple sclerosis.

WOUND MANAGEMENT OBJECTIVES

- Manage wound exudate
- Control odour
- Allow fast, simple and relatively pain-free dressing changes to be made
- Improve patient's quality of life
- Healing, but only as a secondary objective

WOUND MANAGEMENT WITH KERRABOOT®

Initially Kerraboot® was changed daily by the district nurse. Patient visits were immediately improved: just one nurse could change the dressing, and the time for dressing change was greatly reduced.

RESULTS

- Week 6 The ulcer had grown in size as necrotic tissue was reduced and granulation tissue was now visible throughout the wound bed (Figure 2).
- Week 12 The width of the ulcer had reduced by half, granulation tissue was still present and the surrounding skin appeared to be healthier (Figure 3).
- Week 52 Ulcer is still seen to be healing (Figure 4). The patient changes Kerraboot® herself three times a week with the district nurse visiting once a week. She is now able to fully care for her children once again, she is able to shower daily, she has resumed her social life and both her self-esteem and well-being have increased dramatically.



Figure 2: A neuropathic, plantar ulcer at week 6 of Kerraboot® management.



Figure 3: A neuropathic, plantar ulcer at week 12 of Kerraboot® management.



Figure 4: A neuropathic, plantar ulcer at week 52 of Kerraboot® management.

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CLINICAL OUTCOMES

Creation and maintenance of a warm, moist wound healing environment.
Removal of exudate changed the wound environment, and thus facilitated healing.
Effective barrier against wound odour.
Reduced time for dressing changes.
Eliminated the need for two nurses, and, after time, allowed the patient to self manage and regain her independence.

KEY LEARNINGS

Multiple sclerosis slows down the healing process, and so the appearance of granulation tissue after just 6 weeks of starting ulcer management with Kerraboot® was an exciting and promising development.
Kerraboot® benefited the district nurses who spent significantly less time with the patient, visiting weekly rather than daily, and prevented the need for amputation of the lower limb.
Kerraboot®, in this patient, was hugely cost-effective.
Kerraboot® significantly improved the patient's quality of life.

REFERENCE

Smith J. Management of a persistent plantar ulcer with Kerraboot®. *Wounds UK 2006*; poster presentation.

