

KERRABOOT® – AN INNOVATIVE SOLUTION TO THE MANAGEMENT OF LONG-TERM ULCERS

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THE PATIENT

A female, diabetic 84 year-old patient. She had many social problems associated with her age and living alone. She suffered from recurrent falls which resulted in reduced mobility and she was moved to a nursing home. The patient had had triple bypass surgery a few years previously. She had angina and arthritis and was MRSA positive. Her medication included insulin twice daily, warfarin, digoxin and spironolactone.

THE WOUND

She presented with multiple, superficial, chronic non-healing ulcers of 4 years duration and of mixed aetiology (Figure 1). There were 18 ulcers in total: seven front aspect lower leg, four back aspect, three medial side and three lateral side. The surrounding skin was found to be very frail, tight and shiny.

Previous treatment consisted of 3 layer (reduced compression) bandages for four years and several types of primary dressing including honey, paste bandages, foam dressings. The patient had been admitted to hospital on several occasions due to deterioration of ulcers through clinical infection and increasingly unmanageable levels of exudate. At times, the district nurse was visiting up to twice a day. With such high levels of exudate, her skin was frequently macerated and the satellite ulcers would break down.



Figure 1: Multiple, superficial, chronic non-healing ulcers of four years duration in an 84 year-old patient.

WOUND MANAGEMENT OBJECTIVES

- Manage wound exudate
- Create wound healing environment
- Reduce high cost of treatment associated with dressings and in-patient treatment
- Reduce frequency and duration of district nurses visits for dressing change
- Improve condition of patient's skin

WOUND MANAGEMENT WITH KERRABOOT®

Kerraboot® was changed daily for the first fortnight and then changed every other day.

RESULTS

Week 3 Ulcers had decreased in size, healthy granulation tissue was visible and the skin appeared much healthier and stronger (Figure 2).

Week 12 Ulcers almost healed and Kerraboot® was discontinued.



Figure 2: Ulcer at day 21. Granulation tissue is visible and the skin appears healthy and strong.

CLINICAL OUTCOMES

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

Both the wound and the surrounding skin improved in the warm, moist wound healing environment created and maintained by Kerraboot®.

Healing was facilitated within 3 months of starting Kerraboot®.

KEY LEARNINGS

Kerraboot® facilitates healing in chronic, non-healing ulcers of mixed aetiology.

Kerraboot® was cost-effective as it facilitated healing, thus reducing duration of treatment.

REFERENCE

Walker A. Kerraboot case study. *Journal of Community Nursing* 2006; 20(2):31-32.