WOUND DRESSING IN DIABETIC FOOT ULCER WITH LIMITED RESOURCES

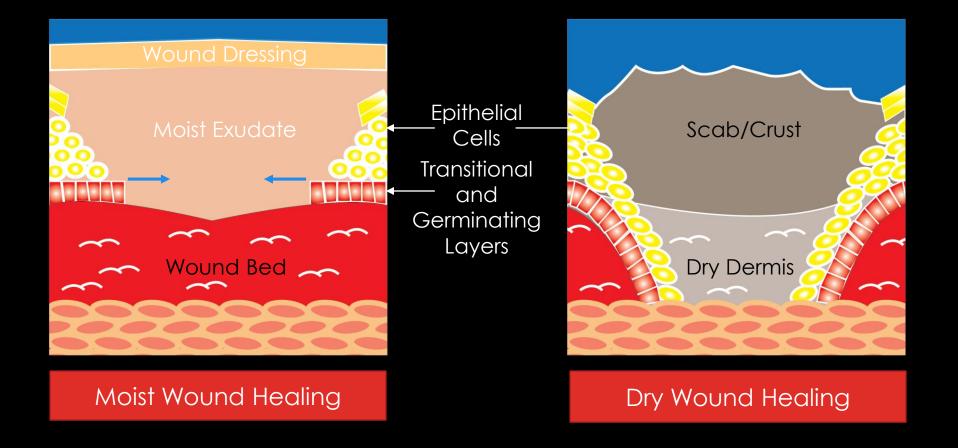


DR.HARIKRISHNAK. R. NAIR SIS KMN MD(UKM) OSH(NIOSH) OHD(DOSH) CMIA (MAL) POST GRAD IN WOUND HEALING & TISSUE REPAIR (CARDIFF, UK) CHM (USA) ESWT (AUSTRIA, GERMANY) FMSWCP WOUND CARE UNIT, DEPT. OF INTERNAL MEDICINE, KUALA LUMPUR HOSPITAL, MALAYSIA **UNCT PROFESSOR, DEPT OF SURGERY, INSTITUTE OF MEDICAL SCIENCES, BHU, INDIA**

KUALA LUMPUR HOSPITAL

SAWADEEKAAP

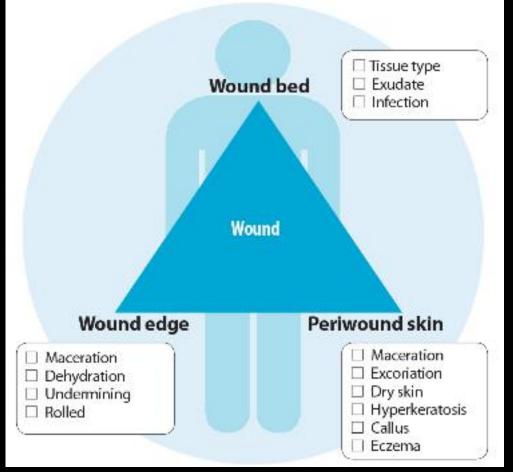
MOISTURE: DRY VS MOIST WOUND HEALING





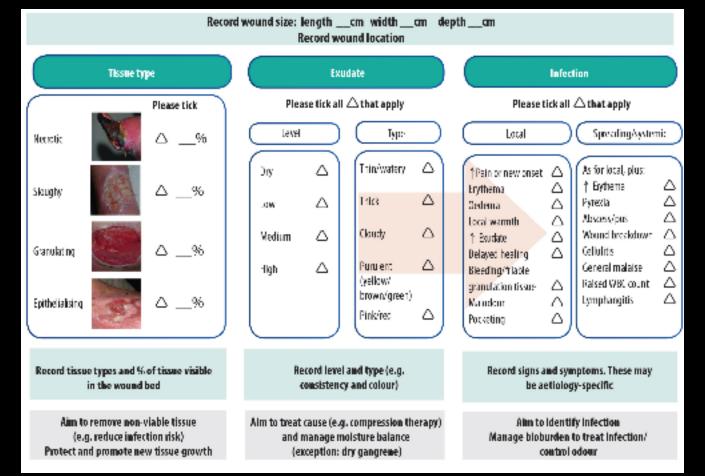
TRIANGLE OF WOUND ASSESSMENT

TRIANGLE OF WOUND ASSESSMENT



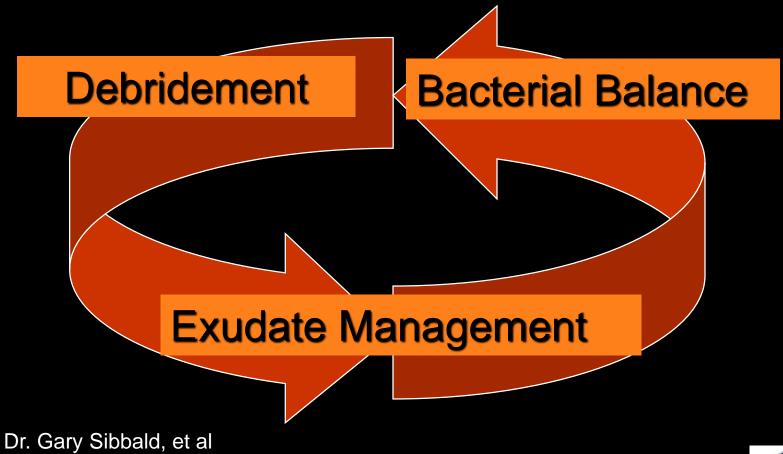
Dowsett C et al. Triangle of Wound Assessment Made Easy. Wounds International 2015

TRIANGLE OF WOUND ASSESSMENT – WOUND BED



Dowsett C et al. Triangle of Wound Assessment Made Easy. Wounds International 2015

WOUND BED PREPARATION



'Preparing the wound bed for healing – debridement, bacterial balance & moisture balance' Ostomy/ wound management 2000, 46(1)



SURROUNDING SKIN

- assess for signs of infection/ ischaemia, maceration, crepitus

SIZE - measure wound surface area (length, width, depth)

> WOUND ASSESSMENT

*T.I.M.E

TRIANGLE OF WOUND ASSESSMENT – WOUND EDGE

Maceration	Dehydration	Undermining	Rolled edges					
Please tick all 🛆 that apply								
	al the	6	COST.					
Δ	Δ	△ () extentcm	Δ					
Assess edge of the wound for moisture level	Assess edge of the wound for moisture level	Use clock positions to record position Record extent of undermining	Assess amount of rolling (may be associated with thickening)					
Aim to establish cause and correct Address patient concerns Refer to specialist	Aim to establish cause and correct (e.g. rehydrate) Refer to specialist	Aim to reduce the amount of undermining/allow the edge to reattach (e.g. stimulate granulation)	Aim to return the wound edge to a condition that will permit epithethial advancement					

Dowsett C et al. Triangle of Wound Assessment Made Easy. Wounds International 2015

TRIANGLE OF WOUND ASSESSMENT – PERIWOUND SKIN

Maceration	Excoriation	Dry skin	Hyperkeratosis	Callus	Eczema		
Please tick all \triangle that apply							
A B B B B B B B B B B B B B B B B B B B	Reil				6		
△œ	△m	△ cm	△œ	△œ	△m		
	Assess neriwound ski	n and record extent of any	v problems, e.a. <1−4cm o	f the wound edge			

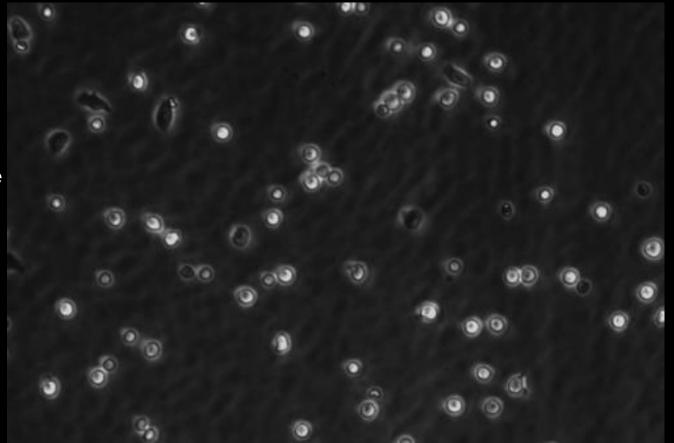
Assess periwound skin and record extent of any problems, e.g. <1–4cm of the wound edge

Aim to protect periwound area and maintain intact healthy skinAim to removeAim to remove callus andAim to relieveEstablish cause and correct, e.g. minimise contact with moisture or
rehydrate periwound skinhyperkeratotic skinoffload to preventsymptoms andImage: symptoms and rehydrateplaques and rehydraterecurrenceavoid allergens

Dowsett C et al. Triangle of Wound Assessment Made Easy. Wounds International 2015

MIGRATION FOR HEALTHY SKIN

Option to use these both.. One here, one at the end of slides as closing?

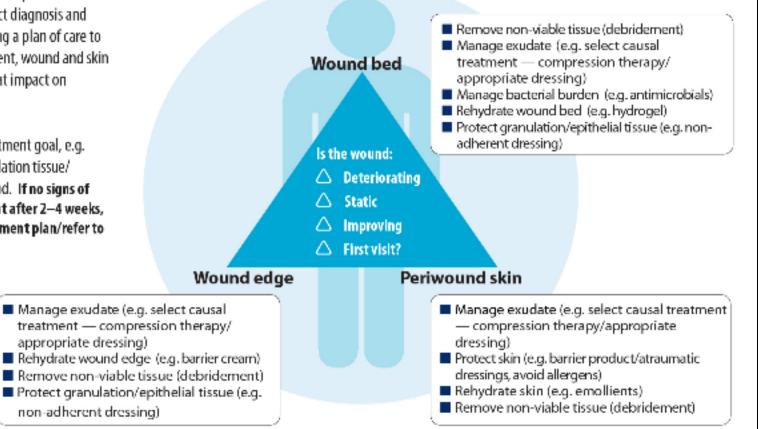


https://incem.rwthaachen.de/beneficiaries.html

TRIANGLE OF WOUND ASSESSMENT -MANAGEMENT PLAN

Accurate and timely wound assessment is important to ensure correct diagnosis and for developing a plan of care to address patient, wound and skin problems that impact on healing.

Identify treatment goal, e.g. 100% granulation tissue/ healed wound. If no signs of improvement after 2-4 weeks, review treatment plan/refer to specialist



Dowsett C et al. Triangle of Wound Assessment Made Easy. Wounds International 2015



TYPE OF DRESSINGS

DRESSING - PURPOSE

- Protect wound from
 - trauma
 - microbial contamination
- Reduce pain
- Maintain temperature & moisture of wound
- Absorb drainage & debride wound
- Control & Prevent haemorrhage (pressure dressing)
- Provide psychological comfort



DRESSING CATEGORIES

Traditional
Conventional

Advanced

- Advanced/environmental dressings are more expensive
- can leave in situ for several days



DRESSING CATEGORIES

• Fraditional • spider web (1346 AD) • poultices • leaves & herbs • honey





Honey dressing







CASE -HONEY DRESSING -PH - INCISION WOUND ON THE ABDOMEN



8.10.13



8.10.13

24.10.13

Case Study -honey (Diabetic Foot, Streptococcus B, E.Coli)

Case studies done by : Dr Harikrishna K.R.Nair, MD; Wound Care Clinic, Hospital Kuala Lumpur, Malaysia

45 yrs old woman, T2D, referred for amputation but she insisted NO



Prior to the treatment in Diabetic Foot Clinic, the wound was dressed with; hydrogel (Intrasite gel), alginate (Kaltostat), film dressing (Melolin), and paraffin gauze (Jelonet). Patient presented the wound at the DFC on 26/11/08 as we can see pic 1 and 2, prior treatment has had **No Effect**.

Diabetic Foot

continued

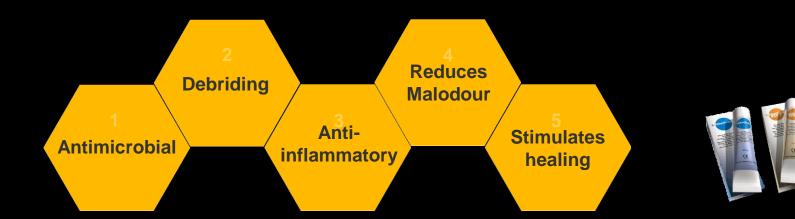


The Streptococcus B group and E.Coli infections were successfully managed without the use of antibiotics.

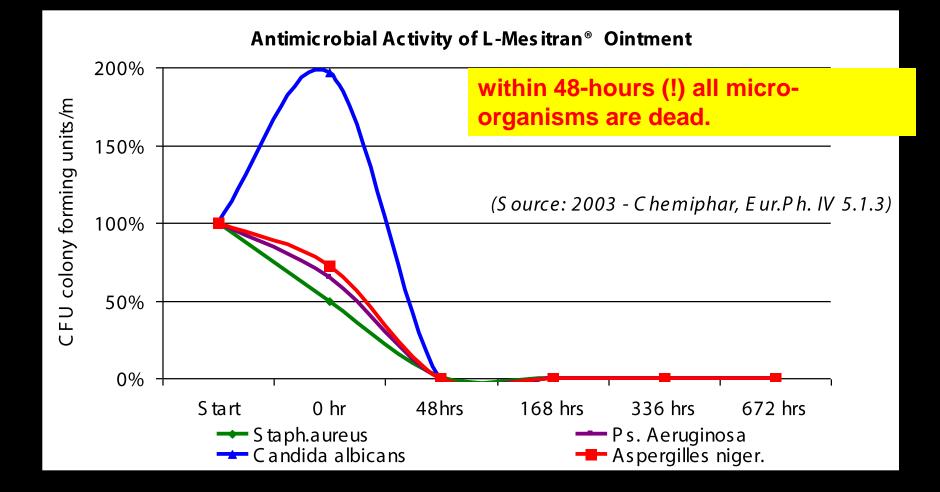
Due to the treatment with honey-based ointment, amputation of the 2nd toe of this Diabetic Type 2 patient was avoided.

The 2 wounds on the left foot of this 45 yrs woman, healed successfully in 43 days, no adverse effect was observed.

Wound Healing with MEDICATED HONEY



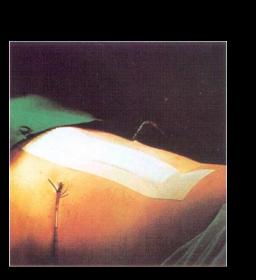
IN-VITRO STUDY (TRITICUM, 2003)

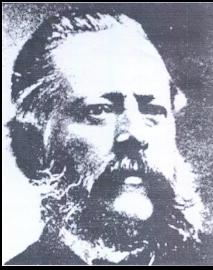




DRESSING CATEGORIES

Conventional
Gauze
Gamgee
Melolin
Primapore





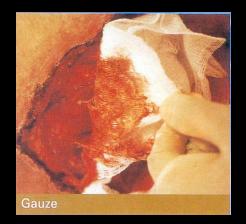
PrimaporeOpsite post Op





PROBLEMS - SOME DRESSINGS

- Adherence to wound
 Dehydration of wound
 Fiber shed
- 'Strikethrough'





IDEAL/OPTIMUM DRESSING

•Remove excess exudate

·Maintain moist wound healing environment

·Allows gaseous exchange if appropriate

- •Provide barrier to pathogens
- ·Provide thermal insulation
- ·Waterproof
- ·Trauma protection
- \cdot Non adherent

 \cdot Safe & easy to use

•Theory of moist healing

• "a moist environment created beneath a semi permeable membrane allows optimal conditions for the reepithelization of wounds"

·(Winter 1962)



DRESSING CATEGORIES

Advanced

- Films e.g. Opsite, Tegederm, Suprasorb F
- Hydrogels e.g. Duoderm Gel, Intrasite Gel, Suprasorb G, Purilon Gel
- Hydrocolloids e.g. Duoderm CGF, Extra thin, Comfeel, Suprasorb H, Cutinova Hydro
- Alginates e.g. Kaltostat, Suprasorb A, Algisite, Seasorb
- Foams e.g. Allevyn, Tielle, Suprasorb F, Mepilex, Biatain
- Charcoals e.g. CarboFlex, Actisorb Plus
- Silver e.g. Aquacel Ag, Biatain Ag, Acticoat, Polymem Silver, Seasorb Ag
- Polymer gold dust
- Collagen stimulen , suprasorb C
- Polymeric membrane dressings Polymem
- Honey medihoney, algivon , altivon
- lodine based dressings- iodosorb , inadine



The 5 "A" of Dressing Choice!



Dr. Harikrishna K.R.Nair

- Availability
- Accessibility
- Affordability
- Applicable
- Advantages

Modern/Advanced/Active Dressings

1. FilmProtectAdherentFluid collectionApply the fluid collectionagainstagainstthe site mode	GE
contamination and friction Transparent with measurement grid Bacterial barrier Possibility of stripping away newly formed epithelium on removal sure there is under it Maintain moist surface Waterproof To remove removal To remove stretch the pull slowly is edges Prevent evaporation Breathable Frequency dressing ch 2-5 days depending wound Image: stretch the pull slowly is edges Frequency dressing ch 2-5 days Image: stretch the pull slowly is edges Frequency dressing ch 2-5 days	aking is no air the film, film and from the of hange:

	Rehydrate , debride and deslough the wound Promote moist healing Cavity filling	Comfortable Provide moist environment and reduce pain Rehydrate eschar Desloughing agent Promotes granulation	Need secondary dressing Maceration of the skin around the wound	Apply the hydrogel on the wound bed as a primary dressing Frequency of dressing change: 2-3 days
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HYDROGELS

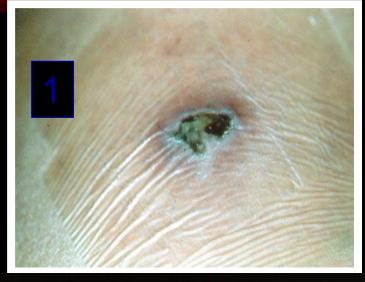








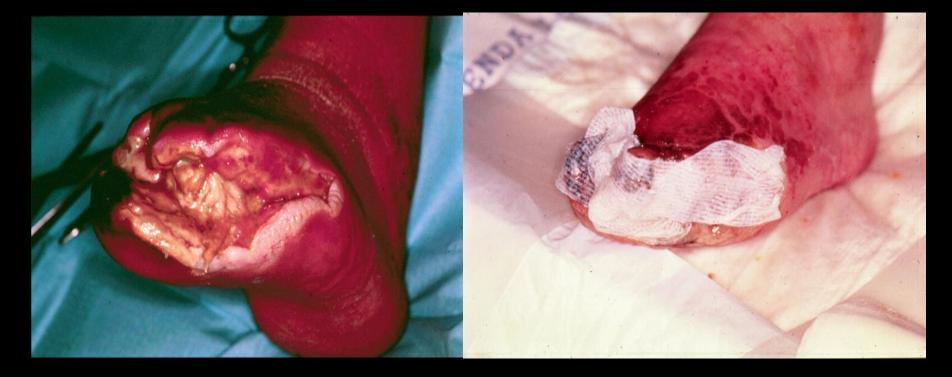
AUTOLYTIC DEBRIDEMENT







AUTOLYTIC DEBRIDEMENT – HYDROGEL



* As a selective type of debridement, autolysis removes only necrotic tissue

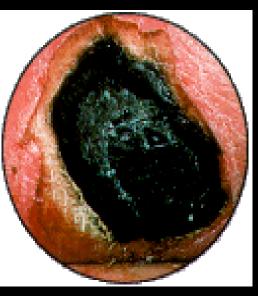
MODE OF ACTION – HYDROGEL

Contains:

Cross-linked carboxymethylcellulose 2.3%

Propylene Glycol USP 20.0%

Purified Water 77.7 %





•Gently rehydrates dry necrotic tissue

•Provides moist wound healing environment

•Softens necrotic tissue

Hydro- colloid	Provide moist environment Absorb exudates Bacterial barrier	Cleans and debrides by autolysis Easy to use Cost effective Promotes granulation tissue Effective for low to moderate exuding wounds Waterproof	Unpleasant odour Forms a yellow liquid gel Difficult to use in cavities Maceration of skin around wound	Apply the adhesive side onto the wound without touching the wound bed A yellow liquid is seen after the dressing is left in situ which needs to be cleansed Frequency of dressing change: 2 to 5 days
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HYDROCOLLOID DRESSING





Calcium Alginate	Absorb wound exudates and maintain	Economical and easy to apply	Not helpful for dry wounds	Available in sheet or rope form
	moisture	Biodegradable	Need secondary	Effective to stop bleeding
		Haemostatic properties	dressing	The residue of the biodegradable product has to be washed off during the cleansing process Frequency of dressing change: 2 to 5 days

CALCIUM ALGINATE





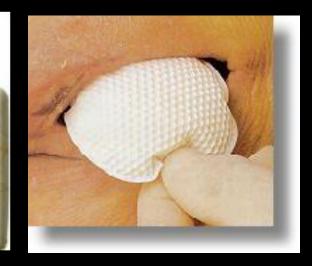


Foams	Absorbent Cushioning	Conforms to body contours Designed for cavity wounds Highly absorbent Provides protection Bacterial and waterproof	Can adhere to wounds if exudates dries out	Foam dressing is used as a secondary dressing or as cavity fillers. Frequency of dressing change: 2 to 3 days or longer if for offloading
-------	-------------------------	---	--	--

FOAMS









CASE – SS, 68 year old male Product Use : Foam

1st visit : 12/3/15



2nd visit : 16/3/15



3rd visit : 23/3/15 Discharge







Clinical Case

BKA-(Below Knee Amputation) dressed with foam with silicone

Foam with silicone vertical absorbent helps to minimize maceration





Hydrofibre	Manage heavy exuding wounds Maintains moist healing environment	Longer wear time Comfortable and non traumatic upon removal Reduce risk of maceration Can be use on infected wounds	Not helpful for dry wounds Needs secondary dressings	The hydrofibre will become gel- like layer which can be easily removed Frequency of dressing change: 2 to 5 days
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HYDROFIBRE





CASE - Planned for Ray Amputation Of Lt Toe











On probing



Incised & Calcium Alginate applied









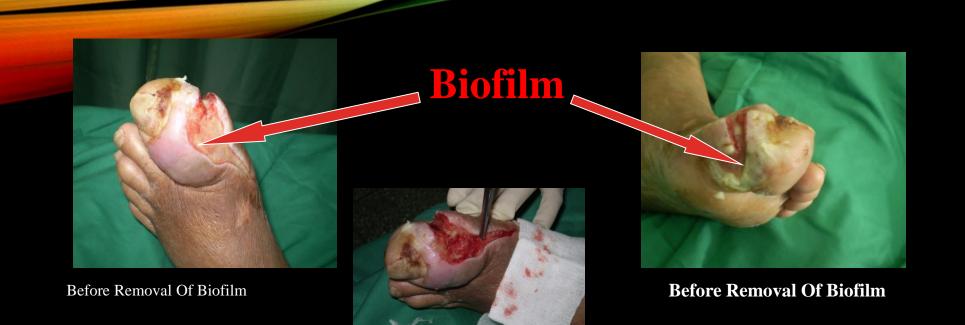






Severe Skin Maceration. Hydrofiber applied







After Removal Of Biofilm





After Removal Of Biofilm







Probing & Inspecting Wound





















Wound Healing Progress









Ulcer Healed & Saved From Amputation





Charcoal	Odour absorbent	Reduces odour	Needs secondary dressing	Frequency of dressing change: 2 days

CARBON DRESSINGS





Silver	To reduce bacterial bioburden in infected wounds	Locally acting No known resistance Bactericidal	Some silver dressings do discolour the wound	Place the dressing with the side with silver facing the wound bed Frequency of dressing change: 2 to 3 days
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SSD & HA – Infected Wound Post Radiation Therapy and Mastectomy for Breast Cancer

- A 63 year old Indian lady had a history of right breast carcinoma.. She went for right mastectomy in 2002 and completed chemoradiotherapy. Currently she is having a right infected wound. Sought treatment at Dermatology Ward, HKL but problem is still not resolved. On discharge was referred to the Wound Care Unit.
- On assessment, right breast wound with granulation with thick biofilm and moderate yellowish exudate.





19 December 2013

3 April 2014

TRI-IONIC COMPLEX SILVER DRESSING AND SUPER ABSORBENT POLYMER IN THE MANAGEMENT OF CHRONIC COMPLEX WOUND







CASE -RIGHT DORSAL ASPECT DIABETIC FOOT ULCER – TREATED WITH FOAM AG



• 29 Oct 2014 (Day 1)

• 2 Dec 2014 (Day 35)

Multi-function dressing (Polymeric membrane dressing)To manage moisture imbalance (from dry to moderate)Antiseptic propertye.Has surfactant which helps to cleanse the wound when it is appliedOffloading propertye.	Not for heavily exudative wounds.	Frequency of dressing change: 2 to 5 days
--	--------------------------------------	---





Composite dressing (combination of 2 or more dressing materials)	According to components of the materials	multifunction	Same as individual components listed above	Frequency of dressing change: 2 to 5 days

CASE -PS

- 30 years old, Male
- Post-MVA, developed a huge hematoma as patient was on warfarin due to valvular heart disease
- The wound was over the left thigh
- Size: 16.5cm x 15cm
- Assessment date: 12th January 2015
- Dressing used previously includes : honey gel, collagen, foam
- Highly exudative
- Biofilm noted



DURAFIBER AG 1ST VISIT – 16 MARCH 2015



- Size 9.5cm x
 6.5cm
- Exudate level : High
- Biofilm suspected

DURAFIBER AG 13TH – 27 APRIL 2015



- Size 7.5cm x
 - 2.5cm
- Exudate level : Low
- Study in progress

Other advanced dressings	Not widely used – some may be used in specialised center e.g Collagen, matrix and regenerative dressings, cultured epidermis, growth factors , stem cells

Efficacy Of Collagen And Glycerine Based Lotion In Treating Diabetic Skin Disorders In Two Wound Care Units



- * Harikrishna K. R. Nair FMSWCP
- ** R. Noraishah MBBS
- K. Vijayakumar AMO
- * Y. H. Mah SRN DRM
- BMMA Intan Syuhada SRN
- * Wound Care Unit, Dept of Internal Medicine, Kuala Lumpur Hospital ** Wound Care Unit, Presint 8, Putra Jaya Hospital

Presented at:

International Wound Conference 2013

Organized by Malaysian Society of Wound Care Professionals 18-20 October, 2013 • Royale Chulan Hotel, Kuala Lumpur

Treatment of Diabetic Skin Disorders





15

Star Director

USE OF A COLLAGEN AND GLYCERINE-BASED GEL FOR HEALING OF DIABETIC FOOT ULCERS

Dr.Harikrishna K.R. Nair MD, FMSWCP

Diabetic Foot Care Unit , Kuala Lumpur Hospital , Malaysia





Speedy Wound Closure



Before

After 1 week



After 2 weeks



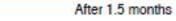
Before

After 1 month



25 Before

Ricelos Amerikan Gal



Before



After 2 months



58 years old male 1.5 months old Accident / Comatose patient with Pressure Ulc





23.4.13 - BEFORE Started Gold Dust daily dressing for 3 days then alternate days NOTE: Heavily exudating, sloughy, very bad odour (mixed with feces) History: Duoderm Gel, Purilon, Aquacel AG



<u>27.5.13 – After 34 days</u> <u>Gold Dust:</u> Starts Apr 23; Ends May 5 (12 days) <u>Stimuen Gel:</u> Starts Apr 27. Ongoing



<u>27.4.13 – After 5 days</u> Mild odour, less slough. Mild exudate Good tissue growth and granulation <u>Started Stimulen Gel plus Gold Dust</u>



29.4.13 – After 7 days Nicely granulating, no odour. Mild exudate <u>Continued Stimulen Gel & Gold Dust</u> (sloughy area only)



<u>13.5.13 – After 20 days</u>

58 years old male 1.5 months old Accident / Comatose patient with Sacral Ulcer)

HOME CARE BY PATIENT'S WIFE

- Discharged after 1 month in hospital
- Used Stimulen Gel daily dressing at home





23.4.2013

27.5.2013 (34 days) Patient discharged home Given Stimulen Gel Daily dressing 18.9.2013 (5 months) Patient still bed-ridden

22 years old male 1.5 years old Fournier's Gangrene (Necrotising Fasciitis)





Before



After 2 Application of Gold Dust 4 days

47 years old male 1.5 mths old Necrotising Fasciitis



Before Stimulen Gel



ALL ALLER AL

After 21 days of Stimulen Gel 7 applications Patient READY for Skin Graft



WOUNDS MALAYSIA : KUALA LUMPUR INTERNATIONAL CONFERENCE 2017 ROYALE CHULAN KUALA LUMPUR 29TH SEPTEMBER - 1ST OCTOBER 2017 WWW.Woundconference.com.my

THANK YOU FOR YOUR KIND ATTENTION

