CASE STUDY

TESTING FOR AND TREATING EPA

Age of wound: 2 years

Patient's goal:
Being able to visit her family in
Australia wound free in 4
months' time.

Tested with WOUNDCHEKTM Protease Status

Result: EPA

Treated with Promogran Prisma

Time to complete healing: 14 weeks

After over 2 years of living with a chronic wound, the patient was able to visit her family in Australia wound free.

WOUNDCHEK™ Protease Status and Promogran Prisma

Alison Johnstone Tissue Viability Nurse Specialist, Glasgow Royal Infirmary, Scotland UK

PATIENT HISTORY

63 year old married lady with a 2 year history of leg ulceration referred by the Consultant Rheumatologist as the wound had failed to progress. Past medical history of rheumatoid arthritis, hypertension CVA and vascular insufficiency. The chronic nature of her wound was beginning to impact on her family life, maintaining her mobility was a key concern with four very active grandchildren along with being able to travel to Australia in 4 months time on a planned trip to visit relatives.

WOUND ASSESSMENT

Previous treatment regimes had included debridement therapy, antimicrobial dressings as well as compression bandaging unfortunately the wound remained static.

On presentation the ulcer was on the lower, outer aspect of her right leg. It was irregular in shape with a sloughy wound bed and moderate exudate levels. The wound was obviously stuck in the inflammatory stage of healing, however there were some subtle signs of infection, including pain and malodour.

MAIN TREATMENT OBJECTIVE

Ascertain the reason for failure to heal with standard care and modify treatment regimes accordingly.

The wound was initially debrided consequently reducing the bacterial load. WOUNDCHEK™ Protease Status was used to establish if elevated protease activity (EPA) was a factor in the wounds' failure to heal. The test indicated EPA therefore it was necessary to treat the wound with a protease modulating dressing. As WOUNDCHEK™ Protease Status is a point of care test, a result was obtained in 15 minutes, thus allowing appropriate treatment to be initiated immediately.

TREATMENT REGIME

Weekly dressings with PROMOGRAN PRISMA® and a silicone foam secured with a bandage was initiated. PROMOGRAN PRISMA® is a protease modulator with a small amount of silver which helps protect high risk wounds from further infection.

CLINICAL OUTCOME

After 6 weeks of targeted treatment with PROMOGRAN PRISMA® the ulcer had significantly reduced in size. The wound was treated for a further 6 weeks at which point PROMOGRAN PRISMA® was discontinued as the wound was almost completely healed. Complete wound closure was achieved 2 weeks later.

After over 2 years of living with a chronic wound, the patient was able to visit her family in Australia wound free.



Wound on presentation prior to testing with WOUNDCHEK™ Protease Status



6 weeks following targeted treatment with PROMOGRAN PRISMA®



Wound almost completely healed after 12 weeks targeted treatment

CASE STUDY

TESTING FOR AND TREATING EPA

Age of wound: 9 months

Patient's goal: Avoid further surgery, and return to work.

Tested with WOUNDCHEKTM Protease Status

Result: EPA

Treated with Promogran Prisma

Time to complete healing: 6 weeks

The patient was able to commence physiotherapy and returned to work shortly after.

WOUNDCHEK™ Protease Status and Promogran Prisma

Alison Johnstone Tissue Viability Nurse Specialist, Glasgow Royal Infirmary, Scotland UK

PATIENT HISTORY

49 year old married man presented in clinic with a dehisced surgical wound following a left total knee replacement 9 months prior. Past medical history of osteoarthritis which had necessitated the need for the total knee replacement. Post operatively the patient had developed a surgical site infection which had been treated with antibiotics and surgical washouts, the wound had since failed to progress. The patient was eager to achieve wound closure so he could commence active physiotherapy and return to work.

WOUND ASSESSMENT

On presentation there appeared to be no residual signs of infection although the wound was likely to have an unhealthy bioburden. The wound was obviously stuck in the inflammatory stage of healing and had become chronic. Exudate levels were high and there was no evidence of any granulation tissue or contraction. The orthopedic consultant had already discussed further surgery and perhaps even the need to remove the prosthesis.

MAIN TREATMENT OBJECTIVE

To determine the reason for failure to heal and initiate corrective measures to re-regulate wound healing.

WOUNDCHEK™ Protease Status was used to establish if elevated protease activity (EPA) was a factor in the wounds' failure to heal. The test indicated EPA therefore it was necessary to treat the wound with a protease modulating dressing. As WOUNDCHEK™ Protease Status is a point of care test, this allowed reassurance to be given to the patient that the appropriate treatment was being initiated.

TREATMENT REGIME

PROMOGRAN PRISMA® was applied directly into the cavity, thus modifying the protease activity, it was covered with an adhesive foam dressing TIELLE®. As PROMOGRAN PRISMA® is completely bio-degradable it is ideal for cavity wounds as removal is not necessary and there is no risk of product debris.

CLINICAL OUTCOME

There was evidence of wound healing after only one week of treatment with PROMOGRAN PRISMA®. Exudate levels reduced after 2 weeks and there was evidence of healthy granulation tissue with an associated reduction in wound depth. At this time PROMOGRAN PRISMA® was discontinued and the dressing changed to a hydrofiber and TIELLE®. Complete wound closure was achieve after a further 4 weeks. The patient was able to commence physiotherapy and returned to work shortly after.



Wound prior to testing with WOUNDCHEK™ Protease Status



Close up of the now healthy granulation tissue in the wound bed



Following 2 weeks application of PROMOGRAN PRISMA®