LET'S HEAL®

Let's Comfort®

ADAPTIC TOUCH®
Non-Adhering Dressing

11CASE STUDIES

Prepared by
Nicola Ivins Clinical Trials Manager
Department of Dermatology and Wound Healing
Cardiff University

Systagenix

Case study 1 – Mixed Aetiology Leg Ulcer

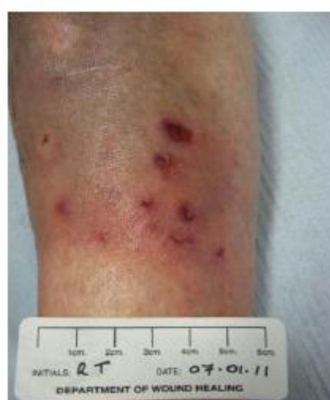
A 62 year old gentleman presented with a medical history including two Myocardial Infarctions; a previous femoral – femoral cross over and a right femoral and popiteal graft which possibly thrombolised resulting in a deep vein thrombosis in the left leg in which Mr T now takes Warfarin. Mr T noticed an ulceration on his left leg soon after the DVT.

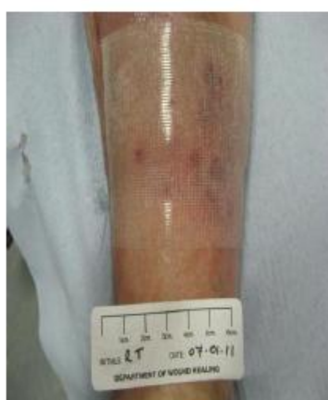
Mr T presented in the out-patient wound clinic with multiple ulcerations on the anterior aspect of the left shin with an approximate duration of four years. More recently ulcerations had also developed distally to the areas on the shin which Mr T believed had initiated from eczema. An ABPI result of 0.8 was recorded and both arterial and venous Duplex scans confirmed an aetiology of mixed disease. Mr T experienced pain in his left leg when walking long distances but experienced no nocturnal leg cramps or resting pain.

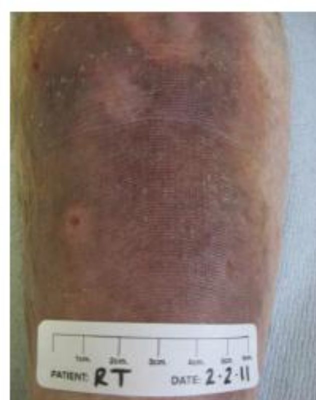
ADAPTIC TOUCH® was used as a primary dressing in conjunction with light compression with a mild steroid ointment and moisturiser for the treatment of the surrounding skin. Mr T found the dressing 'cooling' upon initial application. Mr T took regular prescribed analgesia for ulcer related pain and recorded a pain score at this dressing change of 6.

Dressing changes were performed alternate days by Mr T and he was re-assessed weekly at the Research Clinic. The dressing remained in place at dressing changes and was found to contour well to the wound bed and skin surface with no adherence to the wound bed upon removal. No residue from the dressing was noted on the surrounding skin or wound bed upon removal.
After two weeks, Mr T was able to stop taking analgesia and recorded a pain score of 0. A week later, all ulcerations had healed and Class I stockings were ordered for long term management and prevention.

Visit 0 | **ADAPTIC TOUCH® in situ** | **Visit 3**







Case study 2 – Diabetic Venous Leg Ulcer

A 56 year old gentleman presented in the Wound Clinic with a medical history of hypertension and Type II Diabetes and bilateral leg ulcerations of approximately one year duration. Mr B occasionally suffered from bilateral nocturnal night cramps, with no previous DVT or varicose veins.

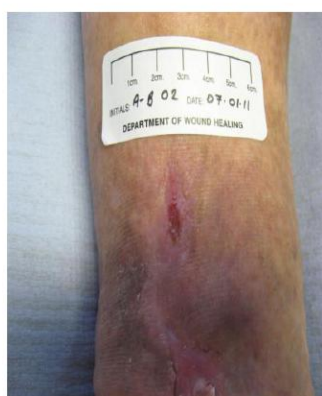
Initial assessments were performed and an ABPI of 1.34 on the left leg was recorded confirming venous disease. The venous leg ulcer was located on the gaiter region and initially started as a scratch over twelve months ago.

Previous treatments included non adherent dressings and multi layer compression. Mr B did not experience any ulcer related pain prior to evaluating ADAPTIC TOUCH® so hence no pain scores were recorded throughout the evaluation.

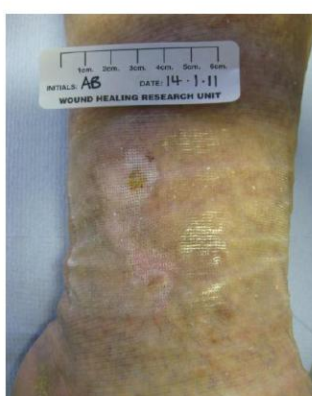
ADAPTIC TOUCH® was used as the primary dressing in conjunction with high level compression and moisturiser for the surrounding skin. Dressing changes were performed twice a week and Mr B found the dressing comfortable with no issues of adherence / trauma to the wound bed upon removal. The dressing appeared to stay in place underneath compression in between dressing changes.

The ulceration healed within ten days, ADAPTIC TOUCH® continued for a further ten days underneath the compression until compression hosiery arrived.

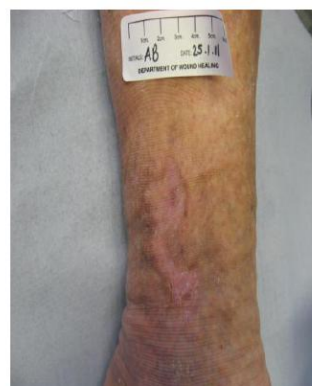
Visit 0



ADAPTIC TOUCH® in situ



Visit 4



Case study 3 - Leg Ulcer with Invasive Squamous Cell Carcinoma

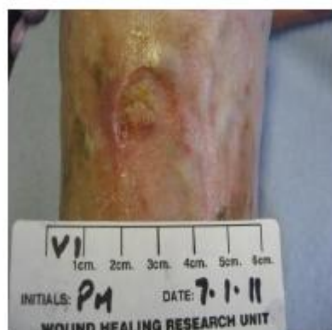
An 81 year old lady with a previous history of multiple ulcerations over a period of fifteen years was assesses at the Wound Clinic. All of the previous leg ulcerations had healed. Mrs M suffered with Asthma for which she used an inhaler and also took analgesia for ulcer related pain.

Mrs M presented with a leg ulceration on the upper part of the right medial malleolus which had been present for two and a half years. A tissue biopsy confirmed a diagnosis of invasive squamous cell carcinoma.

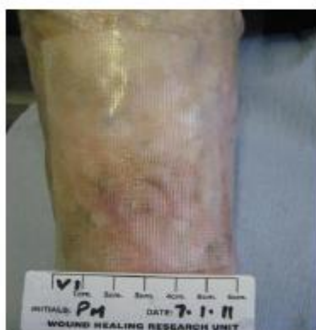
ADAPTIC TOUCH® was used as a primary dressing for two dressing changes whilst awaiting an appointment with the Plastic Surgeons following referral.
During the evaluation, Mrs M found ADAPTIC TOUCH® to be comfortable and was able to stop taking analgesia for ulcer related pain.

Clinicians found ADAPTIC TOUCH® easy to apply and remove whilst noticing no residue on the wound or surrounding skin following dressing removal.

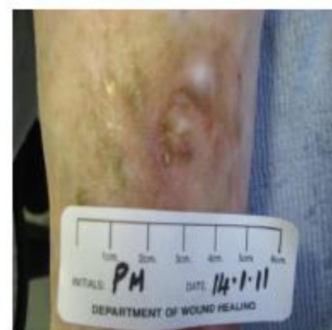
Initial application



ADAPTIC TOUCH® in situ



Final visit



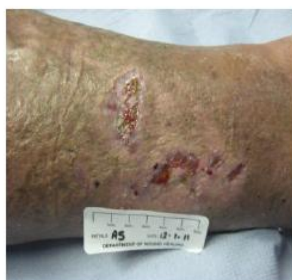
Case study 4 – Venous Leg Ulcer

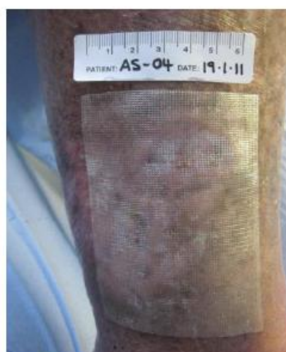
A 58 year old gentleman with a previous history of venous leg ulcerations presented at the Wound Clinic. Mr S had a medical history that included Arthritis; stent to the right leg and previous skin grafts on the chest from a prior burn injury.

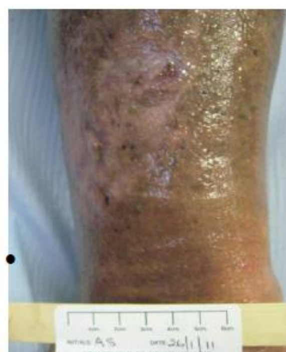
Mr S presented with several venous ulcerations to the right leg in the gaiter area which had developed approximately a year and a half ago. Mr S is unsure as to how the current ulcers started. Clinical history of a previous DVT ten years ago was recorded, with no experience of nocturnal leg cramps or claudication. Previous treatments included high level compression and hydrofibre dressings. Mr S experienced no ulcer related pain.

The evaluation of ADAPTIC TOUCH® as the primary dressing commenced in conjunction with multi layer compression. Mr S found the dressing to be comfortable with no residue left on the wound or surrounding skin upon removal. Clinicians found ADAPTIC TOUCH® to be conformable and also remained in place in between dressing changes underneath the compression. Mr S remained pain free throughout the two week evaluation with the ulcerations classified as healed at the final assessment.

Visit 0 **ADAPTIC TOUCH® in situ** **Final assess**







Case study 5 – Venous Leg Ulcer

A 59 year old gentleman presented at the Wound Outpatient Clinic with a medical history that included Hypertension; Anaemia and a previous incisional hernia repair.

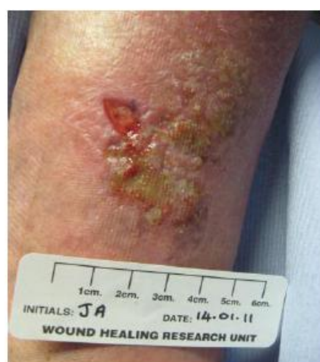
Mr A had previous challenges with venous eczema on his left leg which caused him considerable irritation and Mr A believes that is how the leg ulcer developed one year ago. Mr A had experienced a previous leg ulcer three years ago which had healed. Mr had a previous DVT in the left leg for which he was admitted for and suffered with varicose veins. There was no history of nocturnal leg cramps or claudication.

The current venous leg ulceration of one year duration (ABPI 1.19) measured 6.0 x 4.0 with surrounding superficial satellite ulcers. Mr A was unsure at the initial assessment of which dressings and other treatments had been used previously however Class II stockings and a Mepilex Border were removed in clinic.

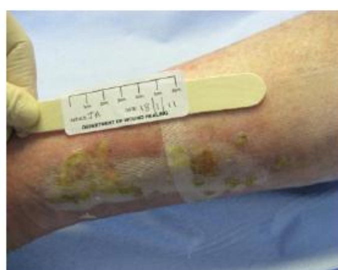
The evaluation of ADAPTIC TOUCH® was commenced as a primary dressing in conjunction with high level compression bandages with moisturiser and steroid ointment for the treatment of the surrounding skin condition. An initial pain score of 7.5 was recorded by Mr A.

The evaluation continued for two weeks with Mr A finding the dressing comfortable underneath the compression. Mr A commented that he had not been experiencing any pain form the ulcer within the second week of the evaluation and this was supported with a pain score of 0. Clinicians noted that there was no adherence to the wound or surrounding skin at dressing changes and remained in place underneath the compression bandages.

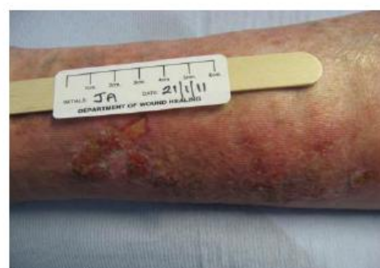
Visit 0



ADAPTIC TOUCH® in situ



Visit 2



Case study 6 – Venous Leg Ulcer

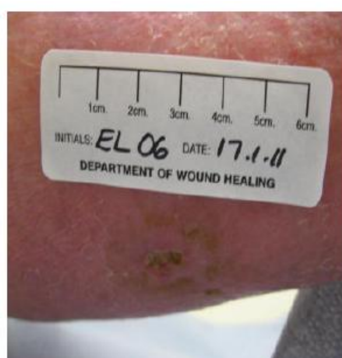
An 83 year old lady presented at the Outpatient Wound Clinic with a venous leg ulceration of approximately three to six month duration. Mrs L's current medical history included having Chemotherapy for Lymphoma and took many prescribed medications.

Mrs L did not experience any nocturnal leg cramps / varicose veins or had experienced a previous DVT. Together with clinical signs and a recorded ABPI of 1.17 from the initial assessment excluded arterial disease. Previous treatments included an antifungal treatment and antibiotics for previous wound infections.

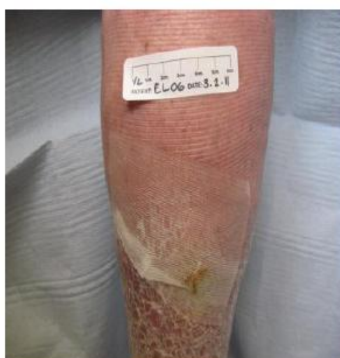
ADAPTIC TOUCH® was used as the primary dressing in conjunction with high level compression therapy. Dressing changes were performed weekly. A pain score of 3.5 was recorded at the initial assessment which reduced to 0 at the final visit.

Throughout the evaluation, Mrs L found the dressing to be comfortable and her ulcer-related pain reduced during the evaluation time frame. Clinicians found ADAPTIC TOUCH® easy to apply and remove however, noted that upon dressing change the dressing had moved slightly underneath multi layer compression.

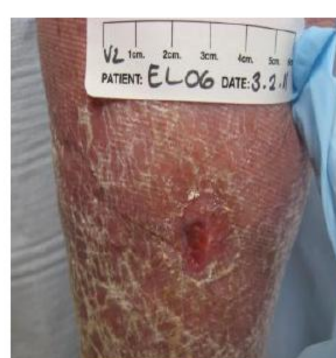
Visit 0



ADAPTIC TOUCH® in situ



Final visit



Case study 7 – Venous Leg Ulcer

A 75 year old lady presented at the Wound Clinic with a venous leg ulceration over the left medial malleolus. Previous medical history included Hypercholesterolaemia; Osteoporosis; Hypertension and a deep vein thrombosis in 1976 in the left leg. Mrs D had a long standing history of venous leg ulcerations in the same location ranging back thirty years whereby Mrs D had a skin graft for an ulcer at that time.

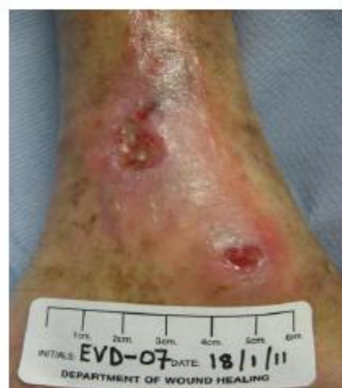
Mrs D had many prescribed medications including analgesia for ulcer related pain which had been a challenge for Mrs D especially as her sleep patterns were disturbed.

The current venous leg ulceration had been present for eighteen months with previous treatments including high level multi layer compression bandages and topical antimicrobial dressings. An ABPI result of 0.94 was recorded upon initial assessment.

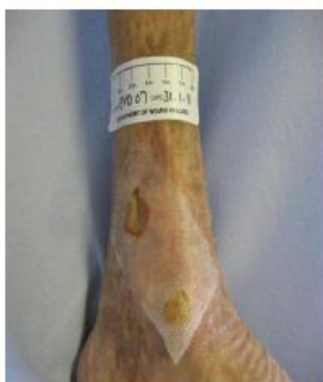
ADAPTIC TOUCH® was commenced as the primary dressing and in view of recent patch testing results compression therapy was altered to a short stretch system.

ADAPTIC TOUCH® was applied for two weeks with weekly dressing changes performed. At the initial assessment a pain score of 4 was recorded in comparison to a score of 5.1 at the final assessment. Mrs D commented however that she found the dressing to be very comfortable underneath the compression system. Clinicians found ADAPTIC TOUCH® easy to remove at dressing changes with no adherence or dressing residue left on the wound bed or surrounding skin.

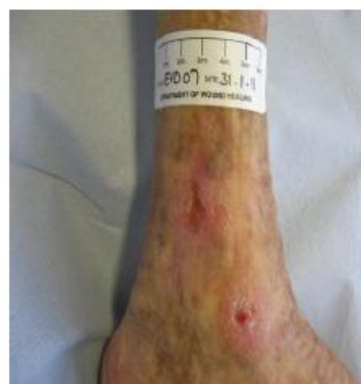
Visit 0



ADAPTIC TOUCH® in situ



Visit 3



Case study 8 – Venous Leg Ulcer

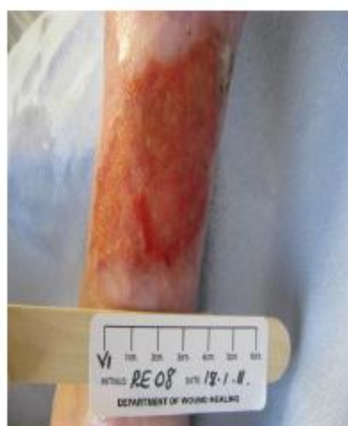
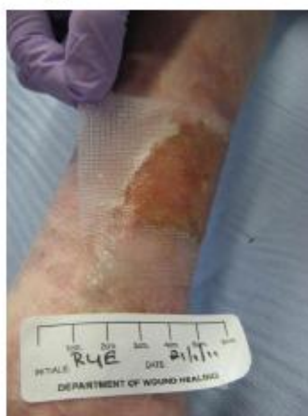
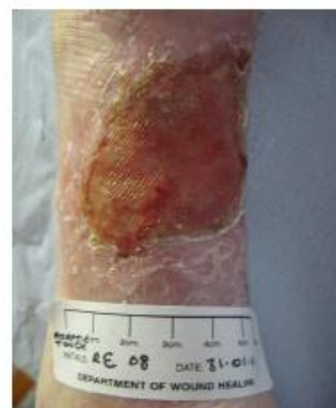
A 77 year old lady presented at the wound clinic with a medical history of hypertension, arthritis and asthma. Mrs E took several prescribed medications including Naproxen; Moxonidine; Seretide and Ventolin.

Mrs E was assessed at the clinic and presented with bilateral venous leg ulcerations of approximately three years duration. The right leg ulcer started as a traumatic injury but Mrs E was unsure as to how the left leg ulcer had started. There was no history of any previous leg ulcers, no known deep vein thrombosis and did not experience any nocturnal leg cramps.

Page 14 of 18 Previous treatments for the leg ulcers included short stretch compression and modified compression bandages with an antimicrobial gel applied topically to the wound bed. ADAPTIC TOUCH® commenced as the primary dressing in conjunction with modified compression, a steroid ointment and liquid paraffin was used as surrounding skin treatment. Mrs E did not experience any pain from the leg ulcer and a pain score of 2 was captured at the initial assessment.

ADAPTIC TOUCH® continued for ten days as the primary dressing, dressing changes were performed twice a week at the Research Clinic. ADAPTIC TOUCH® remained in place underneath the bandage system with no evidence of adherence to the wound or dressing residue left at dressing changes. Mrs E found the dressing to be comfortable and experienced no discomfort when ADAPTIC TOUCH® was being removed from the wound bed. A pain score of 0 was recorded by Mrs E at the final visit.

Clinicians found ADAPTIC TOUCH® easy to use and found it to contour to the wound without adherence.

Visit 0	**ADAPTIC TOUCH® in situ**	**Visit 3**
		

Case study 9 – Venous Leg Ulcer

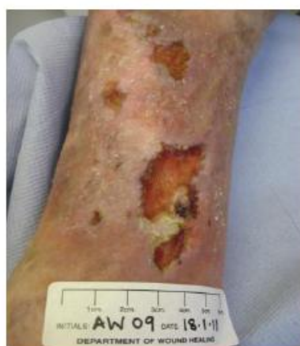
A 67 year old gentleman with a history of venous leg ulcerations was assessed at the Wound Clinic. Mr W was diagnosed with diabetes fifteen years ago and also suffered with Hypertension and Hypercholesterolaemia. Prescribed medications included several for diabetes control and analgesia for ulcer – related pain.

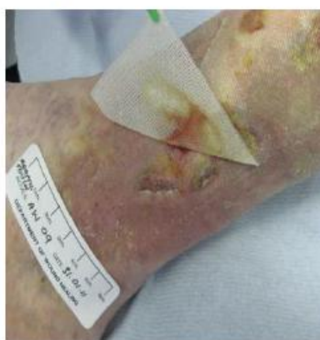
Mr W had had previous multiple venous leg ulcerations which had all healed with high level compression. The current ulcer which presented on the gaiter region on the right leg had been present for seven weeks which Mr W believed started from a flare up of eczema. Mr W occasionally suffered with nocturnal leg cramps. Previous treatments included a hydrofibre dressing and high level compression.

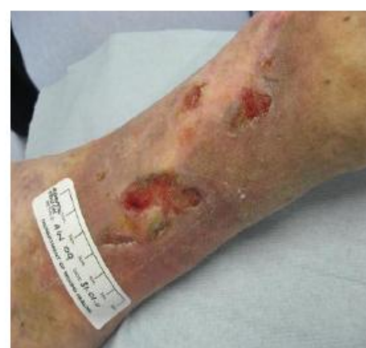
ADAPTIC TOUCH® was commenced as the primary dressing with the high level compression continuing. A pain score of 4.5 was captured at the initial assessment.

ADAPTIC TOUCH® continued as the primary dressing for two dressing changes whereby Mr W found the dressing to be comfortable, dressing changes to be atraumatic and a pain score of two demonstrated the pain reduction. Clinicians found ADAPTIC TOUCH® easy to apply and remove with no adherence to the wound bed experienced.

Visit 0 | **ADAPTIC TOUCH® in situ** | **Final visit**







Case study 10 – Venous Leg Ulcer

A 65 year old gentleman presented in Wound Clinic with a long standing history of venous leg ulcerations on the left leg over the past twenty years. Mr C's medical history included Osteoarthritis and Vitiligo and took prescribed analgesia for ulcer related pain.

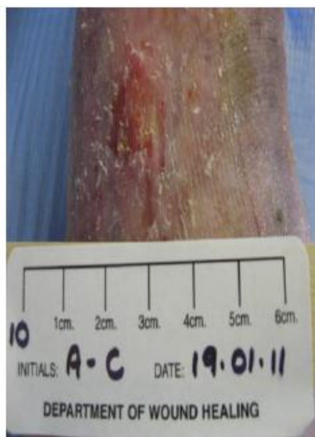
The current venous ulceration (confirmed with an ABPI reading of 1.23 and clinical signs) had been present for approximately two and a half years. Mr C suffered with nocturnal leg cramp in the left leg and had had varicose veins previously stripped. Previous primary dressings varied from non adherent and an antimicrobial when clinically required. A living, bi-layered skin substitute was also applied six weeks prior to commencing the evaluation. High compression has remained consistent throughout. Mr C suffered with gravitational eczema which required topical steroid treatment.

ADAPTIC TOUCH® was used as a primary dressing in conjunction with high compression as well as moisturiser and steroid ointment for the treatment of the surrounding skin conditions. A ulcer related pain score of 4 was recorded.

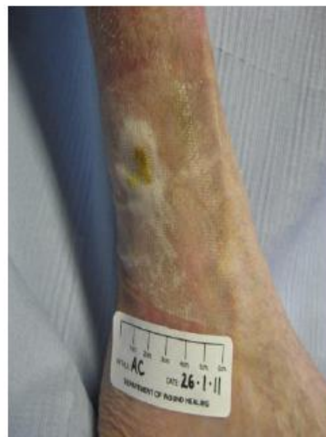
Upon the second dressing change, the evaluation of ADAPTIC TOUCH® was stopped after a joint decision with the patient and clinicians. Reasons to support this decision were that the patient found the dressing uncomfortable in between dressing changes and felt that the dressing was rigid and sticking to the wound underneath the compression. Mr C also found that his ulcer related pain had increased and this was reflected in a pain score of 5.5.

However, from a clinical perspective it was felt that there was less build up of dry skin around the wound edge in comparison to previous assessments.

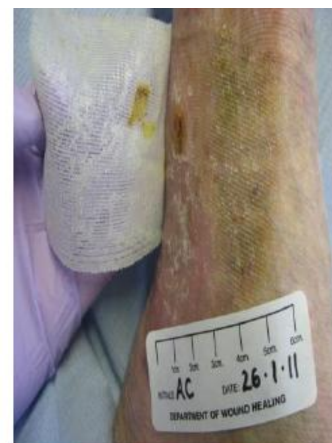
Visit 0



Prior to removal



At dressing removal



Systagenix

Case study 11 – Venous Leg Ulcer

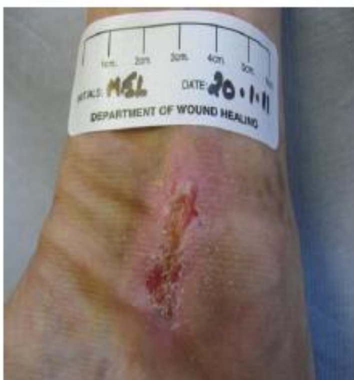
A 75 year old lady with a long standing history (thirty years) of bilateral venous leg ulcerations was assessed at the Wound Clinic. Mrs L had an extensive medical history including Osteoarthritis; Hypothyroidism; previous deep vein thrombosis; Depression; Insomnia and Constipation. Mrs L took multiple prescribed medications including analgesia for ulcer related pain.

The current venous leg ulcer presented on left lateral malleolus and had been present for eight months. Mrs L did not experience any nocturnal leg cramps or intermittent claudication. A Doppler result of 1.21 was recorded at the initial assessment. Previous treatments included high level multi layer compression and non adherent dressings.

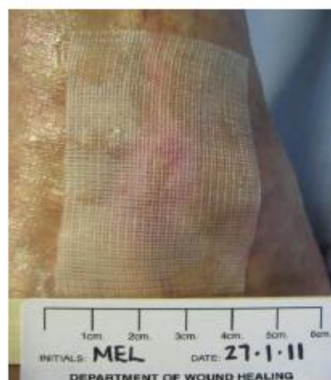
The evaluation of ADAPTIC TOUCH® as a primary dressing commenced with high level multi layer compression therapy. An initial pain score of 3 was recorded by Mrs L.

Throughout the evaluation it was noted that underneath the multi layer compression, the dressing remained in place in between dressing changes and conformed well to the ulcer over a bony prominence. No residue from the dressing was noted on the wound bed or surrounding skin upon removal. Dressing changes were atraumatic and Mrs L found ADAPTIC TOUCH® to be comfortable. A pain score of 3 was also recorded at the final assessment.

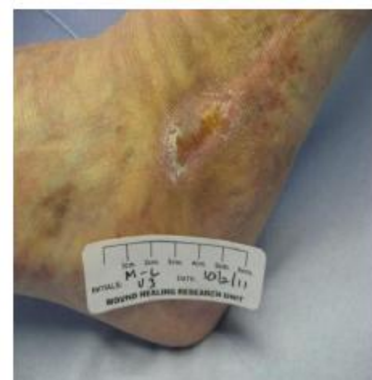
Visit 0



ADAPTIC TOUCH® in situ



Final visit



Let’s Talk…

To learn more about the benefits of ADAPTIC TOUCH® contact your Systagenix representative or visit www.systagenix.com

© Systagenix Wound Management 2011. Brands marked with ® or ™ are trademarks of Systagenix. All other products referenced herein are acknowledged to be trademarks of their respective owners.