

# Active Fluid Management® Silver Dressing\*: A Psychosocial Approach to Wound Care that Decreases the Amount of Wound Exposure and Cost

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## Background

Management of psychosocial issues associated with wound care is a key element in the care of patients with chronic wounds. Moderately to heavily draining wounds require frequent dressing changes which can result in pain and increased costs associated with home health visits and use of numerous wound care products. Pain, costs, and interaction with wounds during dressing changes can make treating wounds stressful for patients and their caregivers.

## Objective

The patients in the study have previously been treated with daily dressing changes for months to years. This restricted the patients' activities, ability for socialization, and adequate care resources. It also affected wound healing by allowing for thermoregulatory changes, psychosocial issues surrounding visualization of the wound and pain during wound exposure with dressing changes. The objective of the study was to find a dressing that would decrease the frequency of primary dressing changes for the patients. A cost-effective Active Fluid Management silver dressing\* designed to stay in place for seven days was evaluated. The dressing manages excess fluid by pumping it away from the wound into a secondary dressing. The Active Fluid Management silver dressing\* is treated with a silver antimicrobial and is indicated for seven day use. Primary dressings were substituted with the Active Fluid Management silver dressing\* which were changed every five to seven days.

## Conclusions

For each patient the frequency of dressing changes was reduced by using the Active Fluid Management silver dressing\*. Each patient enrolled in the study reported decreased stress, pain, home health visits and number of dressings used. This led to a reported decrease in the overall cost of wound care. Active Fluid Management silver dressings\* are useful in meeting many of the psychosocial and physical needs of patients with chronic wounds and should be considered as a first line therapy.



\*TRITEC™ Silver

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## Case Study 1

A 65 year old male with a history of venous insufficiency, diabetes, congestive heart failure, atherosclerotic vessel disease with multiple revascularizations, renal insufficiency and presently is on dialysis. He presented to our outpatient Center for Wound Care on 8/11/08 with full-thickness wounds to the right lower leg. Patient was placed in compression wraps and multiple treatments were attempted with minimal healing. On 11/10/08, patient had a heavy amount of serosanguinous exudate. He was debrided and placed in the Active Fluid Management silver dressing\*. On 12/15/08, the wound size had decreased significantly. 1/26/08 the wound was completely resolved and the patient was placed in compression stockings.



11/10/2008

- Proximal Wound Dim. 3.5 cm x 2.5 cm x 0.2 cm
- Distal Wound Dim 5.0 cm x 2.2 cm x 0.1 cm



12/15/2008

- Proximal Wound Dim. 1.7 cm x 1.3 cm x 0.1 cm
- Distal Wound Dim. 4.3 cm x 1.0 cm x 0.1 cm



1/26/2009

- Wound healed completely

## Case Study 2

A 72 year old female with a long standing history of venous insufficiency, lymphedema, chronic anemia, obesity, HTN, B12 deficiency and abnormal coagulation profile. She presented with severe edema, moderately exuding legs with multiple partial thickness openings and epidermal peeling. Multiple treatments have been attempted in conjunction with compression wraps and visits to the lymphedema clinic, without significant improvement. On 12/31/08 the Active Fluid Management silver dressing\* was implemented because it can remain in place for multiple days without disturbing the epidermis. The primary dressing was left in place and only replaced the outer gauze and rewrapped with short stretch. In clinic, we redressed her with the Active Fluid Management silver dressing\* one to two times a week depending on the amount of drainage.



12/31/2008

- Severe edema
- Heavily exuding
- Multiple partial thickness openings



2/23/2009

- Reduced edema
- Reduced exudate
- Reduced epidermal peeling



3/23/2009

- Wound healed completely

## Case Study 3

A 65 year old male with metastatic malignant angiosarcoma and end stage renal disease. He has a history of CHF, PVD, HTN, gastric bypass in 1999 and a LBKA due to complications of diabetes and ischemia. His issues all stem from diabetes which led to a kidney transplant in 2007. On 9/10/08 patient presented with progressive angiosarcoma lesions to the right leg. He had heavy exudate, malodorous and excessive bleeding with coagulated blood over the lesions. His family and wife were having a very difficult time doing the dressings secondary to the appearance of the leg, dealing with the large amounts of drainage, odor and excessive bleeding. To best accommodate the patient and his family we placed the Active Fluid Management silver dressing\* to the right leg and had the family change the outer gauze every one to two days as needed. The family and patient stated that they experienced less stress, easier dressing changes, and decreased odor. In December the patient had progressive gangrene of the right foot, was hospitalized for a RBKA, placed in palliative care, and is now in hospice care.



9/10/2008

- Heavy exudate
- Malodorous and excessive bleeding
- Coagulated blood over lesions



9/25/2008

- Frequency of dressing change and odor decreased

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# CASE STUDY

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