

Abdominal Wound Case Study

PATIENT: Patient presented with large abdominal wound. This was due to an anterior resection and colostomy for tumor of the rectum.

Day 1: 6/5/03

Care plan large abdominal cavity

Irrigated with warmed normal saline. Debride slough as able. Small piece of *Aquacel Ag* to proximal cavity. Strip of *Aquacel Ag* applied to raw area covered with large sacral duoderm signal, trimmed medial aspect to fit. Applied *Comfeel* protective covering to supra pubic area.



Lined lower cavity with *Mepitel*. Cut black foam to fit cavity with small overlap to allow shrinkage. Inserted tubing into foam. Placed foam in cavity. *Eakin* applied and over tubing at entry point. Covered with *Tegaderm*, sandwiched tubing to create a seal. Connected to vac machine set at 125mmg continuous pressure.



Oncology informed us of limited window of opportunity for chemotherapy to be initiated. The wounds needed to be healed in the next 4-5 weeks in order for chemotherapy to commence. At this stage the Dietitian contacted Nutricia to confirm if **CUBITAN** could be used on this patient. Patient started drinking 2 x 200ml **CUBITAN** plus 1 other nutritional supplement a day.



Week 5: 3/6/03

Issues with surrounding skin reaction to plastic seal, *Comfeel* used as protective dressing. Bridges of epithelisation in upper wound with 4 pockets of hypergranulation treated with silver nitrate, vac dressing reapplied. Improvement to wound noticeable since week 3.



Week 2: 13/5/03

Dietitian now involved in wound management. A high protein diet was prescribed. Patient was to achieve 1.3g - 1.5g protein/kg body weight (75% of body weight as patient overweight). He was to achieve this by enriching his meals with protein rich foods and nutritional supplementation between meals. He managed two oral supplements a day.



Week 5: 6/6/03

Ongoing surrounding issues not improved with *Comfeel*, trial no sting spray beneath plastic seal, wound exudate greatly decreased now on mini vac system.



Week 3: 22/5/03

Alteration to previous care plan

Upper wound insufficient exudates for *Aquacel Ag*, slightly hyper-granulated. Reviewed to *Allevyn Flats*. Lower wound continued on vac dressing, trialed mini vac for patients convenience of mobilisation but exudate levels too high (having to change mini canisters every 8 hours not cost effective).



WEEK 9: 8/7/03

Wound healed to a satisfactory level that chemotherapy able to commence.



SUMMARY: The healing of this patient's wound was due to a combination of all factors of advanced wound care and nutrition. It is strongly believed that **CUBITAN** was one of the catalysts in the quick healing of the wound. The wound showed noticeable improvement quickly after **CUBITAN** was started and over 7 weeks the wound had healed completely.

Information from Community Dietitian, Home Health Care, Auckland, New Zealand.

For further information, samples and patient information call our customer care team on Freephone (ROI) 1800 923 404 or (NI) 0800 783 4379

Nutricia, Block 1, Deansgrange Business Park, Deansgrange, Co. Dublin.
Email: support.ireland@nutricia.com | Web: www.nutricia.ie

NUTRICIA
Cubitan