

Heel Ulcer Case Study

PATIENT: An 86-year old caucasian with multiple medical problems, underweight and admitted to hospital following a stroke (first stroke, eleven years earlier). Concurrent medical problems included DVT, IHD, PVD, Prostatism, GORD (with hiatus hernia), Duodenal ulcer and pacemaker.

The patient developed a chest infection and over a 24 hour period became extremely restless. He rubbed his heels up and down on the mattress, which resulted in him developing large blisters on his heels.

Day 1

Upon first examination skin on heels was intact. Heels dressed with *Opsite sofpan* and crepe bandages and elevated to relieve any pressure. Unfortunately, due to chest infection and increased confusion, patient continued to rub heels up and down on his bed.



Day 3

Patient visited two days later. Heels now black with eschar forming. In order to begin healing process, patient's heels were debrided and dressed with *Intrasite Gel*, covered with *Opsite* and bandaged. This process was repeated on alternate days for the next four weeks.



Week 4

Healing process was slow and hampered with infection, which was treated systematically. The ulcers had increased in size, the left heel now 6cm x 3cm and 1cm deep; the right heel 4cm x 2cm and 1/2 cm deep.



Week 5

After making little progress and the ulcers deteriorating, it was decided a more aggressive approach was required. Some staff thought surgical debridement was the only answer.

CUBITAN (a protein and arginine enriched supplement designed specifically for wound healing) was started after consultation with Nutricia Medical. Patient was started on 3 x 200ml bottles of **CUBITAN** a day. Patient enjoyed **CUBITAN** and had no difficulty in drinking the prescribed amount.

At the same time dressing regimen was revised. *Iodosorb* was used in place of *Intrasite Gel*. As the skin surrounding the ulcer was becoming macerated, a non-stick dressing pad was used to protect the skin. A hole was cut into this dressing pad exposing only the ulcer site which was filled with *Iodosorb* to a depth of 3mm. This was then covered with *Opsite* and bandaged with *Sofban* and a crepe bandage.

As a result of using *Iodosorb* the dressing regimen changed. *Iodosorb* is not changed until it turns a creamy colour. This meant that the dressings were changed every three days. Ulcers continued to be debrided at each change of dressing.



Week 7

Within two weeks of the introduction of **CUBITAN** and change to *Iodosorb* debridement was easier with large amounts of slough being removed. Often it took an hour to debride, but healthy tissue could be seen.



The introduction of **CUBITAN** saw the patient become more alert, his appetite improved and he was able to take short walks with the Physiotherapist. The patient had previously remained in his bed and taken little interest in his surroundings.

Week 7 - 9

During the next two weeks 80% debridement of the ulcers was achieved. The dose of **CUBITAN** was reduced to 200ml twice a day.



Rapid progress was now being made with debridement seeing less slough and new granulating tissue present in the wound bed. In fact overgranulation was becoming a problem.



Very little slough was present in the ulcers now, so the beds which were now 1/2 cm deep were packed with *Alginate MA* a hydrofibre product. The theory was to prevent healing tissue from rolling into the wound bed. This approach proved very successful due to the rapid granulation, and the ulcers continued to heal by resolution.

The rate of granulation was amazing. Overgranulation was no longer an issue and the ulcers continued to heal rapidly. The ulcers were now 1/2 cm in size and superficial in depth.



Unfortunately the patient suffered an overwhelming stroke and did not recover.

SUMMARY: **CUBITAN** was responsible for the change in the ulcer healing process, whereas before the introduction of **CUBITAN** the ulcers were not healing.

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