The use of Actilite® on severe bilateral leg ulcers

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Mrs. K aged 76, was admitted to our Nursing home with severe bilateral leg ulcers with a 4 year history. She also has a history of Angina, P.E, on Warfarin.

She had been nursed at home by the district nurses. However she was self neglecting at home resulting in her falling and fracturing her hip so could not manage at home. Her diet improved on admission due to the holistic care package we operate.

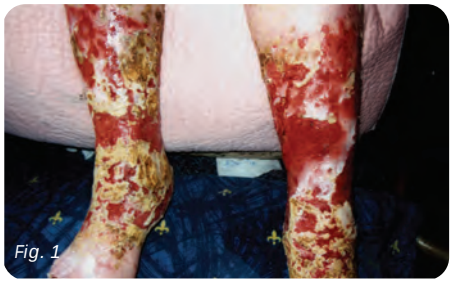

Fig. 1

On admission Mrs. K had a large amount of exudate from both legs, they were both swabbed which came back as mixed infection that would probably be susceptible to Iodine (fig: 1). Unfortunately as this lady is on Warfarin the use of Iodine is not recommended. She is nursed on an airflow replacement mattress. She is not compliant with Physiotherapists' exercise routines and will not stay in bed or elevate her feet for long. On admission Mrs. K's ulcers were treated with Aquacel Ag, Mesorb held in place with sofban and crepe. She had pain on admission and was prescribed Oramorph for pain control. After

Fig. 2

consultation with the Tissue Viability CNS we were advised to change the dressing to Urgotule; the silver version for severe infections. This had a slight improvement to the overall condition of her legs but was only just holding the infection at bay and was not significantly improving the wound (fig: 2). It did reduce her pain on dressing change to the point that she no longer requires the Oramorph.

On further consultation with the TV CNS she suggested we try Actilite® honey dressings as wound contact layer, with Eclypse® absorbent dressing to contain the exudate. We retained the sofban and crepe. We decided to try Actilite® on the right leg first as this was the smallest area with the least exudate. Within two weeks of treatment the wound had shown signs of improvement. The exudate levels were reduced and the wounds were showing signs of epithelialisation. The Actilite® was changed every week and the outer dressings changed daily due to the exudate levels. After 4 weeks of treatment there has been a significant improvement to the wound (fig: 3). The pictures do not show the improvement as well as the naked eye.

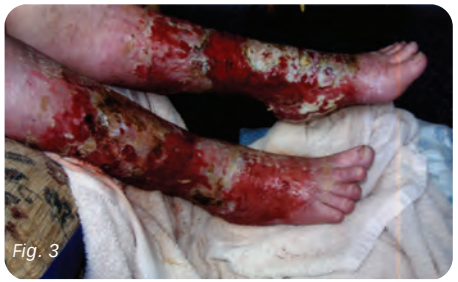

Fig. 3

Since the improvement was so significant we decided to treat the other leg in the same way. This is also showing an improvement but it is not as rapid as the left leg. Mrs. K will never be able to walk nor will she comply with any exercise routine. We don't anticipate a complete recovery however Mrs. K's quality of life will be significantly improved by the treatment given.