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WOUND HEALING – DIFFERENT PERSPECTIVES, ONE GOAL

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ABSTRACTS

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WOUND CARE NURSING: CARE OF A NEONATAL INFECTED DORSOLOMBER INCISION WOUND

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Aim: Meningomyelocele is the incomplete closing of the embryonic neural tube. The open neural tube segment can be continuous with the surface of the skin or can be covered with the membranes. The defect should be repaired in order to close the exposed segment. In this paper, management and wound care nursing of a necrotized and infected post-op wound of a 20 day old neonate are aimed to share.

Method: It's a case presentation.

Case: The 20 day old male neonate was referred to our department with wounds on his back. He had been operated for dorsolomber meningomyelocele for two times. After the second operation, the incision got infected and the wound failed to heal. At the time of referral, there were three connected wounds which were 1.5x1.5 cm; 2.5x3.5x1.5 cm; 6x2.5 cm relatively. They were all infected, necrotized and exudated. The baby had a tendency to lie on his back. Generally, he was breastfed and treated with broad-spectrum antibiotics.

The wound bed which was previously debrided by a neurosurgeon was cleaned with isotonic solutions and barrier spray was applied to the surrounding healthy tissue. Silver alginate dressings were applied to the wound regularly. After one month, granulation tissue grew and epithelization started. At this point, the dressing was changed to growth factor containing gelatin sponge to fasten the healing. At day 45, the wound was completely healed.

Conclusion: In this case, we wanted to express the importance of trained nurses in the care and management of complicated wounds.

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TREATMENT OF POSTOPERATIVE WOUND INFECTION IN COMBINATION WITH EDEMA WITH AN ANTIMICROBIAL ENZYME ALGINOGEL*

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Aim: a wound in the lower limb in combination with (venous) edema heals slowly and with difficulty. Adequate treatment and optimal follow-up are paramount.

Purpose was to examine the activity of an antimicrobial enzyme alginogel* in the treatment of a post-operative wound infection after a full thickness graft at the lower leg.

Method: a 75 year old woman presented herself with a wound resulting from a post-operative wound infection after excision of a squamous cell carcinoma and placing of a full thickness graft. Anamnesis revealed: TE, curettage, varices, gastritis, and hypertension.

Ulcers were observed in the right lower limb using the T.I.M.E concept. Tissue color, bacterial load, wound exudate, wound borders and VAS scale were monitored. Two superficial exudative wounds with yellow aspect were observed. Patient classified the pain as 7.

The wounds were rinsed abundantly using a shower. The antimicrobial enzyme alginogel* was applied, using a vaseline gauze as a carrier.

It was covered with a non-sterile absorbent compress and fixed by a 15cm broad fixation plaster.

Short stretch bandages were applied.

The entire dressing was changed twice a week.

Results: Pain rapidly diminished, and after 3 weeks the wound at the foot was healed. The wound at the lower limb was 50% covered with epithelium, and 50% with yellow slough.

A month later, the wound at the lower limb had also healed completely

Conclusions: the clinical outcome illustrates the effectiveness of an antimicrobial enzyme alginogel* in the treatment of post-operative wound infection in combination with edema.

*Alginogel ®