EWMA Journal
SUPPLEMENT

Volume 11
Number 2
May 2011

Published by
European
Wound Management
Association

ABSTRACTS

EWMA 2011

25-27 May · Brussels · Belgium

COMMON VOICE – COMMON RIGHTS

Organised by the European Wound Management Association
in cooperation with:

Francophone Nurses' Association in Stoma Therapy,
Wound Healing and Wound

Belgian Federation of Woundcare

CNC Wound Management Association

WWW.EWMA.ORG/EWMA2011

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LYMPHOVENOUS DISEASE: A CONDITION FOR LIFE BUT NOT SUFFERING FOR LIFE

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Introduction: Mrs T is 52, she suffers from lymphovenous disease, obesity and poor mobility.

District nurses had been involved since July 2009, applying twice daily dressings. A number of dressing combinations had been used unsuccessfully and regular opiates were required.

She had been refused admission to her local supermarket due to wet dressings and odour. She was almost house bound.

The nurses were struggling to cope with the copious amounts of lymphorrhoea.

Aim: To reduce the oedema, thereby reducing lymphorrhoea and healing ulceration.

Method: Following seeing a vascular consultant, she was referred to the lymphoedema service with long standing lymphovenous disease and bilateral ulceration.

The ulcers were malodorous and her footwear was sodden from the lymphorrhoea.

Hospital admission resulted in washing, application of superabsorbent dressings and below knee bandaging with a compression cohesive short stretch system; as the swelling did not extend to the knee. The process was repeated 4 times in week 1 and 3 times during week 2. Following discharge, management was continued by district nurses twice weekly.

Results: The regime managed the oedema, ulceration and lymphorrhoea effectively. By the end of week 2 the left leg was dry and the ulcers were healed. Hosiery was fitted to her left leg. District nurses continued the bandaging her right leg twice weekly for 8 weeks until the leg was dry and into hosiery.

Conclusion: Although lymphovenous disease is incurable, it is not unmanageable and the sufferer need not be a patient for life.

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A PRESSURE ULCER CASE; IMPORTANCE OF NURSİNG CARE FOR HEALİNG OF SACRAL, TROCHANTERİC AND CALCANEAL ULCERS

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Aim: Although their etiology, pathology, prevention and treatment are well known, pressure ulcers remain to be a problem for medical professionals because of their prolonged healing and hospitalization times and high treatment costs. With good nursing and wound care, healing in shortest time possible is aimed.

Case: An 85 year-old female who is bedridden and who has a fecal and urinary incontinence was admitted to the hospital for her wounds at September 2009. The patient did not have any chronic diseases but suffered from severe malnutrition.

During evaluation, a 22x15x5 cm wound on sacrum, a 10x7x7 cm wound on right gluteal area and 5x5 cm wound on right calcaneus were detected. All were grade 4 ulcers with excess exudation and malodor. There were superficial wounds on left trochanteric area and calcaneus.

Necrotic tissues were removed surgically and enzymatically. Further wound care was done by nurses. The wounds were cleaned with isotonic solutions and barrier sprays were applied to the wound sides to prevent maceration. Cavities were filled with silver dressings and because of excess exudation, foam dressings were applied on top. Depending on exudation dressings were changed.

All wounds healed on March 2010. The family was trained about further care by the nurse.

Conclusion: Repositioning the patient, usage of special beds, regulation of nutrition and hydration, training and encouraging the family for care and prevention have constituted the basics for nursing care in this case.