Negative Pressure Wound Therapy

Case Study: Palliative Care for Stage IV Pressure Injuries Using Cardinal Health™ SVED® Negative Pressure Wound Therapy and Simultaneous Irrigation™ Technology

Patient description

An 82-year-old Caucasian female presented with two Stage IV pressure injuries to the sacrum and multiple comorbidities, including advanced dementia, Parkinson's disease and compromised nutritional status. She was allergic to penicillin.

Case history

Previous wound treatments included daily dressing changes with Medihoney™, Maxisorb™, alginate, Optifoam™ Ag, and essential oils. Wound cultures and nutritional assessments were obtained during the initial consultation. A treatment plan was developed to include nutritional support with supplements and use of EHOB® pressure reduction bed and chair surfaces. Wound dressings were changed daily with Acquacel™ Ag, then DermaWound® with alginate packing and foam dressing until NPWT was available for Wound A, left sacrum, and Wound B, midline sacrum.

Beginning point

Wounds were treated with Aquacel™ Ag and foam dressing until DermaWound® was available.

Day 1	Wound A	Wound B
3/28/18	50% slough and 50% granulation tissue, periwound intact. Wound culture obtained.	50% slough and 50% granulation tissue, no bone exposed, bone easily palpated under tissue, periwound intact.

Treatment consideration

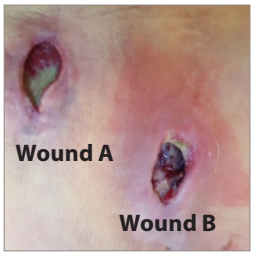
Wound was treated with DermaWound®, alginate packing and foam dressing twice daily. Linizoid was cost prohibitive because it was not on patient drug formulary, therefore, initiation of NPWT with Simultaneous Irrigation™ Technology anticipated in one week.

Day 22	Wound A	Wound B
4/18/18	Presented with wound culture positive for enterococcus faecalis.	Presented with 60% slough and 40% granulation tissue, no bone exposure, copious serosanguinous drainage and negative wound culture.

NPWT with Simultaneous Irrigation™ Technology initiated

Negative Pressure Wound Therapy was initiated utilizing the Cardinal Health™ SVED®. Dressing was applied utilizing black foam to wound beds, bridged to right hip, NPWT at -120 mmHg continuous therapy. Simultaneous Irrigation™ Technology introduced with Vashe® wound cleansing solution. Caregiver to irrigate wound with 100ml Vashe® over 1 hour, twice a day. Follow-up in 1 week.

Day 27	Wound A	Wound B
4/27/18	Presented with 50% granulation tissue and 50% yellow fibrous/slough, no palpable bone.	Presented with 50% granulation tissue and 50% yellow fibrous/slough, minimal thin brown drainage.

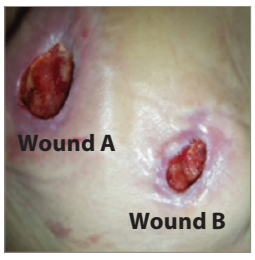


4/27/18

Mid point

Marked improvement to wound beds was noted. Previous treatment was continue with Cardinal Health™ SVED® and Simultaneous Irrigation™ Technology with Vashe® solution 100 mL over 1 hour, twice a day, with follow-up in approximately 1 week.

Day 38	Wound A	Wound B
5/04/18	Wound A and Wound B presented with improvement in white fibrous slough, granulation tissue throughout wound bed.	

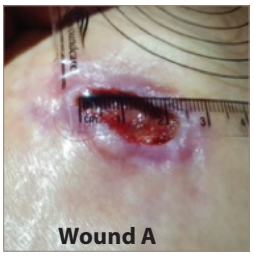


5/04/18

5/12/18

NPWT with Simultaneous Irrigation™ Technology was continued utilizing Vashe® solution.

Day 46	Wound A	Wound B
5/12/18	Presented with continued improvement to wound and periwound.	Presented with continued improvement to wound and periwound.



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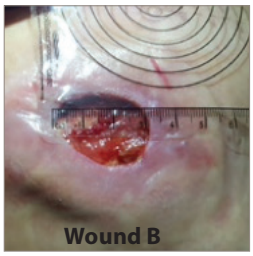

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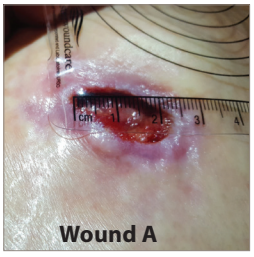
End point

NPWT continued with Simultaneous™ Irrigation utilizing Vashe®, with follow-up in 2 weeks for repeat wound culture.

Day 50	Wound A	Wound B
5/16/18	Wound A and Wound B with 100% red granulation tissue throughout wound bed, minimal serous drainage, periwound intact.	



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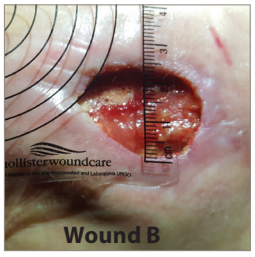
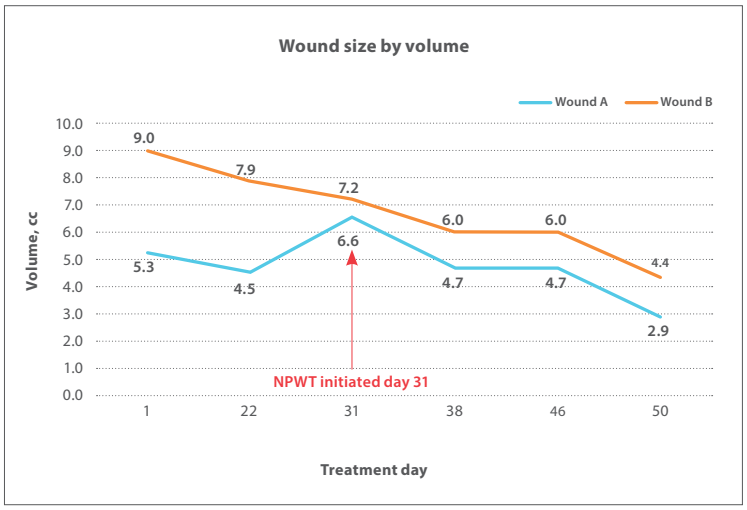


5/16/18

Conclusion

As seen in the graph at right, after NPWT with Simultaneous Irrigation™ Technology was initiated, wound healing was demonstrated through reduction in wound size and volume. Treatment of pressure injuries with NPWT and Simultaneous Irrigation™ Technology promoted wound healing. The patient's daughter, who acted as caregiver, stated that she appreciated the NPWT with Simultaneous Irrigation™ Technology treatment given the convenience of fewer dressing changes, which thereby increased her mother's level of comfort. Based on the data collected during clinic visits, a positive conclusion was that for palliative care, the wounds were clean with granulation tissue and measurable decrease in wound sizes. The patient was able to maintain dignity with no odor, and discomfort was minimalized with limited dressing changes. As this patient was at end of life, complete wound closure was unlikely.



The information presented in this case study is specific to this patient and is not intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of a licensed physician or other qualified health care professional.

Please refer to the Cardinal Health™ SVED® NPWT Clinician User Manual for indications, contraindications, precautions and safety information related to the device. Caution: Federal law restricts this device to sale by or on the order of a physician.

Interested in learning more?
Contact your Cardinal Health sales representative or call customer service at 866.484.6798.

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