

Exudate Management and Healing Outcomes in a Category 4 Pressure Ulcer Using a Chitosan Gelling Fibre Dressing with BMG Technology

Author: **Diana Wray, Tissue Viability Nurse, Ulster Hospital**

Introduction

For patients and caregivers, the problematic nature of difficult-to-heal Category 4 pressure ulcers can present a serious challenge. This is especially true at times when traditional dressings – such as silver hydrofiber – have limited success, and/or wound status is static.

This case study evaluates the use of MaxioCel 100% chitosan gelling fibre dressing with BMG™ (Bioactive Microfibre Gelling) technology in a static Category 4 pressure ulcer.

Method

MaxioCel was evaluated in a 56-year-old paraplegic female patient, presenting with a Category 4 pressure ulcer of the sacrum/buttocks region.

The dressing was introduced with the aim of managing exudate and promoting healing.

Previous dressings included silver hydrofiber, changed twice daily, with limited success.

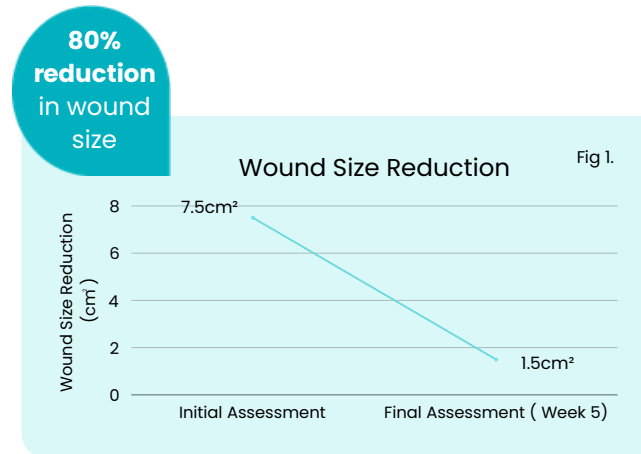
Results

At initial assessment the wound measured L2.5cm x W3cm x D6cm. Tissue type was 20% sloughy and 80% granulating. Periwound skin was dry, with moderate levels of exudate. Wound status was recorded as “static.” (Fig. 2).

1 week after commencing MaxioCel, the wound bed began to improve with slough reducing by 10%.

Exudate levels decreased as evaluation continued, allowing for dressing changes to reduce to alternating days only.

By week 5, the wound showed an 80% reduction in size with final measurements of L1.5cm x W1cm x D3.5cm (Fig 1). Tissue type improved to 98% epithelialisation and 2% granulation by week 5, with low exudate levels and dry periwound skin.



Initial Assessment

Fig 2.

	Initial Assessment	Final Assessment
Exudate Level	Moderate	Low
Wound Area	7.5cm ²	1.5cm ²
Wound Status	Static	Improving
Slough	20%	0%
Granulation	80%	2%
Epithelialisation	0%	98%
Dressing changes per week	14	3-4



Week 3 Assessment

Conclusion

Despite the complex nature of the wound, management aims were successfully achieved with commencement of MaxioCel.

Exudate was effectively managed, reducing the number of dressing changes required, presenting a cost saving. Healing was promoted, as demonstrated by the improvement to the wound bed and the wound size reduction.



Week 5 Final Assessment