



Case Study: A Novel Silicone Foam Dressing for Stage III Pressure Injury

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Introduction

Patients with prosthetics are at an increased risk of wounds due to the pressure from improper prosthesis fit, increased moisture, or overuse. This can be debilitating because patients rely on their prosthetics to be able to stand, ambulate, and live healthy, active lives.

A 52-year-old female presented to the wound clinic after 9 months of trialing various treatments with a previous wound clinic with no success. The patient was brought in weekly for debridement of nonviable tissue as well as multiple topical treatments trialed with improvement to the wound, but no resolution.

After 4 months, patient was initiated on a proprietary silicone foam dressing.*

Results

- 52-year-old female with chronic pressure injury stage III secondary to prosthetic use at BKA site
- History of type 2 diabetes (last HgbA1C: 6.0%), anemia, gout, hypertension, and hyperlipidemia
- Wound age at presentation was 9 months
- Over 4 months, patient completed weekly in-office sharp debridement with multiple topical treatments trialed (ie, silver nitrate, xeroform, hydrocolloid, collagen foams, hydrogel collagen, cadexomer iodine, and silver sulfadiazine cream)
- Once-weekly, in-office dressing changes of the silicone foam dressing post debridements and once weekly by the patient at home were started
- Patient did not use the prosthetic for the duration of treatment
- After 1 month of utilizing the silicone foam dressings, the patient's wound was fully closed with no callus, moisture, or concerns at the healed site

Discussion

The silicone foam dressings helped to control exudate and filled in depth entirely with no breakdown or moisture to the periwound with use. The dressings were easy for the patient to change at home. It also helped reduce the overall cost of supplies for the patient and wound clinic.

Typically, once a patient stops using their prosthetic, the wound heals from relieving the underlying problem of pressure. In this case, the patient's wound did not heal even with relieving the main problem of prosthetic pressure. This patient went more than 1 year without prosthetic use—an entire year of not being able to walk, stand for extended periods, or enjoy activities that patient was previously able to enjoy.

Her reduced quality of life from no prosthetic use was detrimental. Following wound healing, the patient now has a newly fit prosthetic and returned to routine daily life.





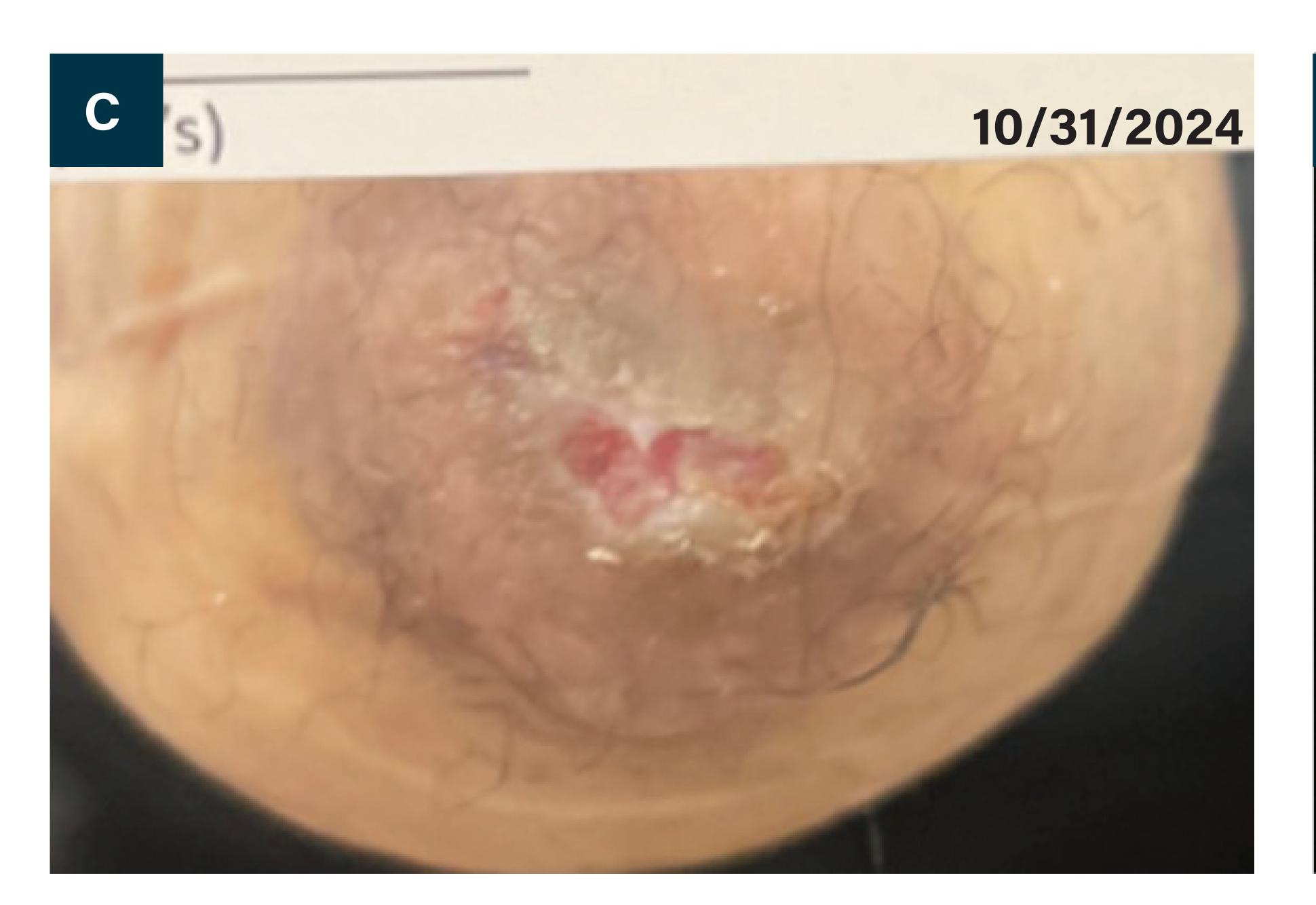




Figure. A 52-year-old female with controlled type 2 diabetes, hypertension, dyslipidemia, anemia, and gout presented with a chronic pressure injury secondary to prosthetic use to the left BKA. (A) At initial visit, the wound had a volume of 4.3 cm². The chronic wound was treated with weekly sharp debridement and a variety of topical standards of care with improvement but no resolution. (B) Just prior to initiating the proprietary silicone foam dressing,* the wound had a volume of 1.8 cm². (C) After 2 weeks of using the silicone foam dressing.