

# Venous ulcer management under pressure with low profile super absorbent dressing for improved peri-wound skin care

Catherine Rogers, APN, BC, CWCN, CWS, FACCWS  
SwedishAmerican Health System, Rockford, Illinois

## Introduction

The large amounts of exudate often produced by venous ulcers presents a two-fold challenge. First, simply managing the exudate and the number of dressing changes required and second, avoiding maceration and peri-wound skin breakdown resulting from excess wound exudate and inadequate dressing absorption. In addition, under compression, some high profile foam dressings have been shown to cause skin imprints accompanied by blistering and weeping around the dressing edges, creating additional wounds and extending the time and care required for healing.

The aim of this evaluation was to test the effectiveness of Cutisorb® Ultra super absorbent dressings to provide topical wound management. Specifically, to handle large amounts of wound exudate and reduce the frequency of dressing changes, while also protecting the peri-wound skin from breakdown and preventing blistering along the edge of the dressing imprints.

## Methods and Materials

Four patients presented with difficult to heal, long-standing wounds. All were currently receiving treatment on one or both lower legs and required more than one dressing change per week. Each were previously being treated with a

high profile, high absorbency foam dressing. Upon initial treatment at SwedishAmerican Health System, each patient was switched to the low profile, Cutisorb® Ultra super absorbent dressings as part of the treatment plan.

## Results

All cases saw greatly improved exudate management, allowing for less frequent dressing changes as well as significant reduction in maceration and peri-wound skin breakdown. In addition, edge blistering was eliminated.

## Conclusion

Cutisorb® Ultra low profile, super absorbent dressings managed exudate levels more effectively than high profile, high absorbency dressings. Dressing changes were reduced to one per week, without the need for additional absorbency layers to manage drainage. This in turn decreased the overall patient costs for treatment. Peri-wound skin conditions were significantly improved, while blistering and new wounds from dressing imprints were non-existent with Cutisorb® Ultra. Bonus finding - because Cutisorb® Ultra is less expensive than the costlier foam dressings previously used, the clinic product costs were reduced by at least 50 percent.

## PATIENT 1

Female, 52 years old, Type II diabetic, presented with a left lower leg venous ulcer of 16 months duration, hypergranulation and extensive peri-wound maceration. The wound had originally resulted from a bump to the leg that created an open wound. The first three months of treatment included a high profile foam dressing, two ABDs and a two-layer compression wrap toe to knee, two times per week. In the middle of the fourth month, treatment was switched to

Cutisorb® Ultra super absorbent, low profile dressing.

In just four days, the peri-wound skin maceration was significantly reduced and the wound edge greatly improved. Exudate management was more effective, though exudate levels had not changed.



**Day 1** - Hypergranulation, significant peri-wound skin breakdown. Treatment switched to Cutisorb® Ultra plus hydrofiber (already in use with previous absorbant dressing).



**Day 4** - First dressing change. Peri-wound skin greatly improved in only four days.

## PATIENT 2

Male, 65 years old, presented with long-standing venous stasis ulcers to both lower legs. Heavy exudate, dressing completely saturated upon removal at initial and all dressing changes. Peri-wound skin breakdown evident with extensive skin flaking and maceration. Initial treatment for both legs included a foam dressing and three-layer compression toe to knee. After eleven months, the high profile foam dressing was switched to Cutisorb® Ultra under three-layer compression.

Just one week after switching to Cutisorb® Ultra, exudate levels were moderate, with no strikethrough. Skin maceration was significantly reduced. At the time of case evaluation, 56 days later, results had been consistently sustained, with exudate levels low and the wound much smaller in size, with full healing expected.



**Day 1** - Peri-wound skin breakdown, large skin flakes, maceration. Treatment switched to Cutisorb® Ultra plus hydrofiber (already in use with previous absorbant dressing).



**Day 7** - Moderate drainage, no strikethrough, maceration significantly reduced.



**Day 56** - Wound much smaller, ongoing healing, low exudate level. Complete, sustained healing expected.

## PATIENT 3

Male, 80 years old, presented with venous edema on both lower legs. Compression treatment for previous venous ulcer had resulted in skin imprints and blistering around dressing imprint edges, which required an additional three weeks of treatment. Shifting the position of the dressing created more blistering along the new imprint edges.

Switched from high profile foam dressing to low profile, super absorbent Cutisorb® Ultra.

In just one week, the blistered skin was beginning to resolve. No dressing imprints were evident from the Cutisorb® Ultra as well as no new blisters. Completely healed in three weeks with no recurrence of imprints or blisters.



**Day 1** - Blistering along edges of dressing imprint. Treatment switched to Cutisorb® Ultra.



**Day 8** - First dressing change; skin resolving, no skin imprints or blisters.