Management of a tunneled area in a resolving stage IV pressure ulcer
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Introduction
A 73-year-old female resident from a long-term care facility experienced a fall resulting in fractured right hip. She was placed into Buck’s traction prior to a total hip replacement in April 2008. In May 2008, a pressure ulcer measuring 6.5 x 2.5 x 0.9 cm with exposed fibula was identified on the right posterolateral calf. A partial resection (9 cm) of the distal right fibula, muscle flap and split thickness skin graft were performed on October 28, 2008.

Pertinent medical history included renal disease, rheumatoid arthritis, lupus, coronary artery disease (CAD), malnutrition and anemia. Recent surgical history included hemicolecotomy with ileostomy for ischemic bowel in April 2008 and coronary artery bypass graft in 2004 for CAD.

Methods
The initial management of this pressure ulcer included the use of NPWT, an ionic silver hydrogel, and a nonadherent wound contact layer. A polyvinyl alcohol (PVA) impregnated with methylene blue and gentian violet foam dressing replaced the use of the silver gel and nonadherent layer.

A tunneled area measuring 0.9 x 0.9 x 2.5 cm was noted. The wound was irrigated with normal saline using a syringe and angiocatheter. Daily dressing changes using a sodium chloride impregnated gauze ribbon were initiated.

Six days later, Day 1 of a new protocol, the wound measured 1 x 1 x 2 cm. The wound cultured positive for MRSA. The wound care protocol was changed to AQUACEL® Ag Ribbon Dressing with Strengthening Fiber and an ABD as a cover dressing.

The results of an MRI were suggestive of osteomyelitis and systemic antibiotics were begun.

On Day 38 the cover dressing was changed to Versiva® XC® dressing. Hyperbaric oxygen treatments were initiated on Day 41. The wound measurements were 0.2 x 0.1 x 0.5 cm on Day 58. The protocol that included AQUACEL® Ag Ribbon Dressing with Strengthening Fiber was discontinued.

Results/Conclusions
The wound resolved to minimal depth within 8 weeks. Prior management protocols (sodium chloride impregnated gauze ribbon) required daily dressing changes. The AQUACEL® Ag Ribbon Dressing with Strengthening Fiber required fewer dressing changes (every other day) and was reported by the patient to be less painful during dressing changes. This dressing remained in one piece during removal and was easily retrieved from the tunneled wound.

*SOME variation in the depth measurement occurred based on the narrowness of the tunnel and different clinicians performing the measurements.

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