

The use of Silvercel and Prisma dressings in the compromised wound

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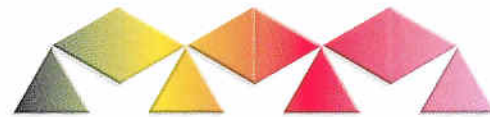
INTRODUCTION

The aim of this poster is to share with the readers the management of a complex, multifactorial abdominal wound. The wound's progress was assessed using Applied Wound Management and recorded on the Applied Wound Management Software. Treatment focused on regular assessment and review with a variety of treatment regimes selected but with particular focus on the use of Silvercel (Johnson & Johnson) and Prisma (Johnson & Johnson).

APPLIED WOUND MANAGEMENT

Applied wound is a systematic method of assessing wounds based on three continuums addressing the colour of tissue present in the wound, wound infection and exudate.

- **Wound Healing Continuum** – focus's on the type of tissue present within the wound, with primary focus on the colour most to the left of the continuum.



Wound Healing Continuum

- **Wound Infection Continuum** – an aid to understanding infection. Again the more to the left of the continuum the more caution required.



Spreading Local Critical Colonisation Colonised

Wound Infection Continuum

- **Wound Exudate Continuum** – gives a numerical score to both exudate volume and exudate viscosity. The higher the score the higher the cause for concern.

VOLUME	VISCOSITY		
	HIGH 5	MEDIUM 3	LOW 1
HIGH 5	Red	Yellow	Green
MEDIUM 3	Red	Yellow	Green
LOW 1	Yellow	Green	Green

PATIENT HISTORY

Mr. Smith was a 46 year old male diagnosed with a malignant tumor of the sigmoid colon resulting in an anterior resection of the bowel. The abdominal wound required to be re-opened 3 times, which resulted in non-viable tissue on the abdominal suture line. The wound showed limited improvement over a 9-month period with a wide variety of moist wound healing products being employed. During this time the patient underwent a course of chemotherapy which further exacerbated his poor condition and resulted in delayed healing of the wound.

METHODOLOGY

During the nine month period Mr. Smith was an out patient for the majority of the time with in-patient episodes of care for chemotherapy and dressing reviews. The patient was assessed every two-weeks by the same nurse specialist from the Department of Tissue Viability. The ward staff, between each specialist review carried out the dressing changes.

At each review, the wound was assessed using the Applied Wound Management System and the data gathered recorded on the Applied Wound Management Software, dimensions were taken and a digital photograph was taken. The use of digital photography was in accordance with the local health authority's consent guidelines.

When the wound was initially referred to the Department of Tissue Viability it presented as 100% yellow slough which required rehydrating and debriding and measured 17cm by 6cm. Debridement was achieved using Tenderwet 24 [Paul Hartmann] over a 4-week period, with the dimensions measuring as above. Over a 22-week period the wound continued to make good progress with a reduction in size to 8cm by 5cm. Due to a change in Mr. Smith's condition and the commencement of a course of chemotherapy the wound deteriorated in condition and increased in size to 9cm by 5.6cm.

On assessment (19/05/2005) his wound presented as a red granulating wound bed, which bled easily, which was identified as being critically colonised with medium volume of low viscosity exudate. The wound measured 9.9cm by 5.6cm and had a total surface area of 55.44cm². In an attempt to reduce the wound bioburden Mr. Smith was commenced on Silvercel secured with a Tielle adhesive. Assessments 1 and 2.

SILVERCEL

Silvercel (Johnson & Johnson) is a hydroalginate dressing, which is designed to absorb excess exudate but has the added property of silver to act as an anti-microbial in the treatment of critically colonised or infected wounds. The proteins and chlorides found in wound exudate, activates the silver located within the hydroalginate dressing. This enables the silver particles to be released from the dressing to bind with the bacteria inhibiting its effect and reducing the presence of bacteria within the wound bed.

As the wound had improved with a reduction in wound size, reduced exudate and no infection the dressing was changed to Promogran Prisma to help facilitate wound healing.

Applied Wound Management Patient Report

Review Date: 19/05/2005	Reviewed by: Practitioner 1	Location: 50 ARI	
Wound Continuums	Healing: Red Infection: Critically Colonised Exudate: Medium/Low	Wound Dimensions Length: 9.9 Breadth: 5.6 Area: 55.44	
Dressings Used:	Primary: Silvercel Secondary: Tielle	Review Notes: No notes added.	
Review Date: 24/05/2003	Reviewed by: Practitioner 1	Location: 50 ARI	
Wound Continuums	Healing: Red/Pink Infection: Colonised Exudate: Low/Low	Wound Dimensions Length: 9.3 Breadth: 5 Area: 46.5	
Dressings Used:	Primary: Silvercel Secondary: Tielle	Review Notes: Improvement in wound bed and surrounding tissue. Dressed every second day.	
Review Date: 09/06/2005	Reviewed by: Practitioner 1	Location: 50 ARI	
Wound Continuums	Healing: Red/Pink Infection: Colonised Exudate: Low/Low	Wound Dimensions Length: 8.3 Breadth: 4.9 Area: 40.67	
Dressings Used:	Primary: Prisma Secondary: Tielle	Review Notes: Prisma to wound then Tielle dressing. Changed every Monday, Wednesday and Friday.	
Review Date: 21/06/2005	Reviewed by: Practitioner 1	Location: 50 ARI	
Wound Continuums	Healing: Red/Pink Infection: Colonised Exudate: Low/Low	Wound Dimensions Length: 0 Breadth: 0 Area: 0	
Dressings Used:	Primary: Prisma Secondary: Tielle	Review Notes: Continue with treatment plan. Wound has now split into two wounds. Total surface area 10.7cm ² .	

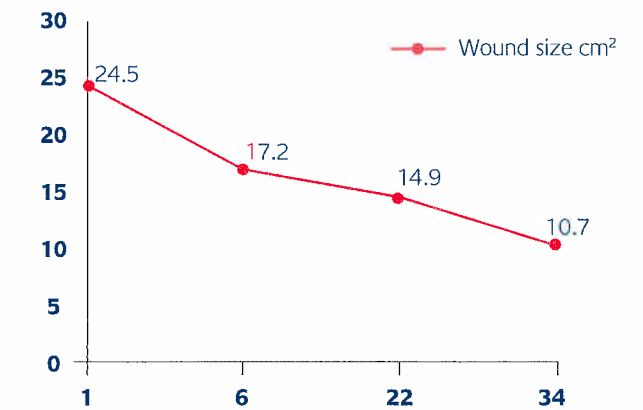
PROMOGRAN PRISMA

Promogran Prisma (Johnson & Johnson) has been designed to have the positive effect on cell proliferation and wound bed balance as offered by Promogran but with the added benefit of controlling bioburden. This is due to presence of the silver located within Promogran matrix.

The subsequent two assessments show a progressive improvement within the wound bed. The wound has reduced in size, with contraction occurring at the wound edges, and evidence of epithelial tissue. The wound is colonised and exudate has reduced.

RESULTS

Over a period of 34 days, there was a 56% reduction in wound size using the combination of Silvercel and Prisma dressings, refer to Table 1:



CONCLUSION

This case was complicated by the need for chemotherapy post surgery which resulted in delayed healing. Once the chemotherapy had been completed the wound was in a critically colonised state and was then commenced on the Silvercel and Prisma regime.

This regime resulted in a 56% reduction in wound size over a period of 5 weeks.

