FLAMINAL® FORTE IN THE MANAGEMENT OF A CHRONIC DEHISCED ABDOMINAL WOUND

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Background of clinical issue

Wound healing can be affected by many different pre-existing health conditions and complications. Postoperative surgical wound dehiscence is a serious complication which can increase the risk of morbidity and mortality. There are many factors that increase the risk of wound dehiscence including age, diabetes, obesity and cancer.

This case study describes the management of Karen (pseudonym), a 51-year-old obese lady who was a heavy smoker and had a PMH of type 2 diabetes and hyperthyroidism. She was diagnosed with an ovarian cancer in 2014 for which she underwent a total hysterectomy where it was found she had a 14lb tumour to her ovary. Six weeks post operatively, Karen's wound dehisced just above her naval. Over the following 3 and a half years she had various treatments and interventions including surgical debridement, Negative Pressure Wound Therapy and also had many episodes of wound infection requiring antibiotic therapy but the wound failed to heal.

Management approach

In May 2018 Karen was referred to the community Tissue Viability Service. On initial assessment by the team she was found to have a cavity wound measuring 0.5cm x 0.5cm with an unknown depth, although previous scans had shown the wound to be approximately 20cms deep. Karen reported that the wound was extremely painful. It was malodourous with high levels of purulent exudate requiring twice daily dressing changes.

A new wound dressing regimen was commenced. The aims of wound management were:

- Manage exudate
- Reduce malodour
- Prevent further infection
- Reduce pain
- Wound closure

Flaminal® Forte (Flen Health UK) was applied into the cavity via a syringe and the wound was covered with a superabsorbent dressing. This simple regimen meant that Karen's husband was able to perform the dressing changes which meant she didn't have to attend clinic each day.

Outcomes

After just 3 days of treatment with Flaminal® Forte the exudate levels had reduced to minimal and the malodour had subsided. Dressing changes were reduced to alternate days and the superabsorbent dressing was no longer required so was replaced with a silicone foam.

Within 7 days, Karen reported that she no longer had any pain and her mood had really lifted. She was able to shower independently as she could now redress the wound herself. She was even planning to go to a slimming club to try and reduce her weight as she felt so much better.

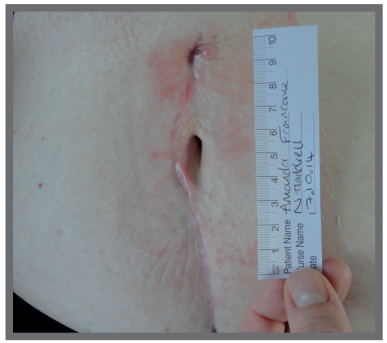
She also reported that the amount of Flaminal® required to fill the cavity was reducing which indicated a reduction in wound depth. The wound continued to improve and at assessment on 28th September only 1ml of Flaminal® was required to fill the cavity. There had been no further episodes of wound infection requiring antibiotics.

Conclusion

Flaminal® products are Enzyme Alginogels® containing an antimicrobial enzyme system capable of absorbing excess exudate (whilst remaining in a gelled state), promoting continuous debridement and controlling bioburden.[1] Flaminal® has also demonstrated ability to reduce pain in acute and chronic wounds.[2]

This case study demonstrates Flaminal's ability to manage infection, balance moisture and reduce pain and malodour in a chronic wound. Flaminal® was able to be used throughout the healing process, and prevented wound infection and therefore the need for oral antibiotics. In this case, Flaminal's ease of application enabled Karen to manage her own wound care and she was able to return to work for the first time in nearly 4 years.

Day 1



1 week

2 weeks

References

1. Beele H, Durante C, Kerihuel JC, Rice J, Rondas A, Stryja J, et al. Expert consensus on a new Enzyme Alginogel®. Wounds Int 2012;3(2):42–50.
2. Durante CM (2012) An open label non-comparative case series on the efficacy of an Enzyme Alginogel®. Journal of Wound Care 21 (1): 22-26

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