



A case study on a leg ulcer patient

Wound history

- 87 year old lady, multiple illnesses and with both arterial and venous insufficiency.
- 240 days without healing - the wound was stuck in the inflammation phase.
- Difficult to control the large amounts of wound exudate which was leaking on clothes, bandages and sheets.
- Impaired quality of life for the patient.
- Painful, severe maceration of sensitive peri-wound skin
- Healthcare provider who felt helpless and had run out of options.

Method and treatment



Yellow fibrin to be removed before DryMax Extra Soft is applied to the wound.



Selection of the correct dressing size to cover the wound.



The treatment was combined with light compression therapy



Treatment with DryMax Extra Soft as a primary dressing in combination with light compression therapy

- The dressing effectively transports away the wound fluid, which reduces the risk of maceration.
- The dressing is soft and conformable leading to close wound contact and reduces the risk of leakage.
- The dressing absorbs under pressure and therefore works optimally with compression therapy.
- The dressing change interval can be reduced, allowing the wound to rest and heal.
- The dressings can be stacked by placing them on top of each other, thus handling the worst fluid peaks that often occur when the wound is on its way out of the inflammation phase.
- Provide local anesthesia so that effective cleansing and debridement of the wound can be done.
- Care giver debrides fibrin and biofilm from the wound area during dressing changes.



Result

The wound began to heal

- Better moisture balance allowed healing.
- Stagnated wound healing process was started.
- The wound dressing worked optimally along with compression therapy.

No more macerated skin

- Wound fluid was transported efficiently.
- Sensitive skin was protected.

No infection during treatment

- Fibrin and biofilm were debrided and removed during dressing changes.

Patient perspective

- Could continue to live an active life with fewer visits at the wound center.
- No more embarrassing stains or ruined clothes.
- The dressing did not cause pain – neither when changing dressings nor in situ.

Care giver perspective

- The dressing changes could be done according to scheduled plan, one or two times per week.
- No acute dressing changes were required. The possibility to stack dressings on top of each other secured management of exudate also during “peak periods”.
- The overall judgement of the dressing was excellent and it was recommended to be used in the local wound treatment protocol.
- This dressing was much better, compared with other dressings intended for the same indications.

Result of the treatment with DryMax Extra Soft



Day 1



Day 60



Day 90