

THE EFFECTIVENESS OF USING A CHITOSAN ABSORBANT GELLING FIBRE IN FOOT ULCERATIONS

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Introduction

The aim of this poster is to illustrate the clinical effectiveness and experience of using a Chitosan absorbent gelling fibre dressing (Kytocel) in managing ulcerations of the foot.

Methodology

Following assessment, 5 patients were identified as having foot ulceration with moderate to heavy exudate. 4 patients had diabetes, 1 was non-diabetic. As part of their management plan, a clinical decision was made to dress their wounds with Kytocel to deal with the clinical symptoms and challenges presented.

Sharp debridement and pressure relief were also implemented along with antibiotic therapy if needed. Kytocel was applied in a single layer, or folded and applied as a multiple layer, depending on the amount of exudate. A secondary foam dressing was also used. Trufoam, sterile foam dressing was the choice for the majority of dressing changes.

Dressings were changed in accordance to clinical need, on average 1-2 times per week.

Key outcome measures were:- management of exudate, condition of surrounding skin, could the dressing be removed in one piece, speed of wound progression.



Patient 1

- Post Amputation Wound
- Failed to heal in 18 Months
- Healed within 3 months with Kytocel

Patient 2

- Recurrent Ulceration
- Skin reaction to many previous dressings
- Healed with Kytocel in 18 weeks
- No Adverse reaction
- No re ulceration

Patient 3

- Partial Forefoot amputation
- Kytocel managed high exudate well compared to equivalent products
- Photos above indicate the progression in 36 weeks

Patient 4

- Trauma Injury
- Self managed by patient for 4 months
- Other dressings unable to contain exudate, causing peri-wound maceration.
- Healed with Kytocel in 4 weeks

Patient 5

- Wound caused by trauma from footwear
- Healed after 12 weeks using Kytocel

Results.

In 4 cases, the foot ulceration progressed to healing and the 5th was very close to healing as illustrated by the images. 2 of these had been long standing, static ulcerations. Exudate was managed effectively, was found to be contained to the size of the wound and did not affect peri-wound area. The dressing remained intact whilst removing. There was consistent improvement each week with the size and depth of all the wounds without exception.

Discussion.

Management of foot ulcerations can be a challenge. Each of these case studies bought their individual complex issues and complications that affected the healing process (1). Despite all these complications Kytocel performed well in all cases.

References

1. Basu.S.Shukla. V. 2012. Complications of wound healing. Measurements in wound healing 109-144