

Askina® Foam Cavity / Cavity Strips

Clinical Case Studies



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Case study 1:

Cavitory knee wound caused by trauma with hematoma



Askina® Foam Cavity

Introduction

After falling on her knee, a 68 old lady had a hematoma that lead to skin necrosis. Two weeks later, the necrotic tissue was removed, but the hematoma was still in place (*figure 1*). The superficial wound was not very large, and measured 2,0 x 2,2 cm. The hematoma had caused a deep undermining cavity of about 11 x 10 cm that we were able to highlight on top of the skin with a marker (*figure 2*).

Dressing Choice

Deep cavitory wounds with non viable material such as hematoma are in potential danger of infection. Rapid wound cleansing, to bring the wound to a wound healing condition is of utmost importance. We rinsed the wound with Prontosan® solution and put Askina® Foam Cavity in the undermining wound. This dressing had to absorb as much of the liquefying blood clot as possible and the wound cavity was kept open until a granulating surface was observed.

Clinical Results

Askina® Foam Cavity was used in the deep cavity until all of the hematoma was removed (*figure 3*). It was rather easy to apply the dressing into the cavity and removing the dressing was even easier. Askina® Foam Cavity had excellent absorption capacity and did not adhere to the wound.

From that day on, we only used this dressing on the superficial wound while we tried to close the skin layers by using a compressive bandage on top of the knee.

The deep cavity closed after a few days. The superficial wound healed without any complication 2 months after starting to use Askina® Foam Cavity dressing (*figure 4*).

Conclusion

Wound cavities need an appropriated dressing that supports the wound cleansing and does not traumatize the tissue. In this case study, we observed that Askina® Foam Cavity is a very good choice for cavitory wounds. It has a soft, flexible foam structure which makes it possible to apply this dressing in fragile – difficult to dress wound cavities. Furthermore, it can be cut, depending on the wound depth, which allows a broad range of wound cavities to be treated.



Case study 2:

Post-operative wound dehiscence after orthopedic surgery



Askina® Foam Cavity

Introduction

A 85 year old lady was operated on for a femur fracture on 14/05 and had a total wound dehiscence after a major infection. On 31/05 she was operated on again to remove the non viable tissue in the wound.

Post operatively, we started with a negative pressure therapy for about 3 weeks. On 22/6 the wound was still very deep but was free from necrotic tissue (*figure 1*).

Dressing Choice

The negative pressure therapy had good results but was inconvenient for the mobility and the comfort (disturbing noise) of the patient. We still had to treat a deep cavity wound that was highly exuding.

Askina® Foam Cavity was ideal to fill the deep wound and to absorb the wound exudate (*figure 2*). On top of the wound we applied an absorbing dressing that was held in place with an adhesive plaster.



Clinical Results

Application and removal of the dressing was very easy. This dressing absorbed all the exudate very well and at removal time, we always noticed a positive granulating tissue (*figure 3*). Week after week, we could decrease the amount of Askina® Foam Cavity being used because the wound cavity was granulating very fast.

On 06/08, the wound had reached its final phase of wound healing and the patient was discharged from the hospital to a home care centre (*figure 4*).



Conclusion

In every wound with a deep cavity it is necessary to find a dressing which has a good contact with the wound surface, can absorb significant amounts of exudate, can stay in place for a few days, is comfortable to apply and easy to remove. In this case we have observed all these qualities with Askina® Foam Cavity dressing. This dressing can be used until wound healing is complete.



Case study 3:

Fistula with necrotic tissue at neck level



Askina® Cavity Strips

Introduction

An abscess in the neck area of an 85 year old man opened spontaneously and left a deep cavity wound with a necrotic – fibrinous tissue at the deepest part of the cavity (*figure 1*).

In such wounds, it is necessary to clean the wound in the best possible way. Once the wound is free of non-viable tissue, the granulation process will be able to fill the wound cavity.



Dressing Choice

This small wound needs a filler dressing which is easy to remove without leaving any residue in the wound. For wounds with a small opening, alginates and hydrofibers are contra-indicated.

Askina® Cavity Strips offer a good solution for these wounds. The strips can be cut according to the shape of the wound cavity. After wound cleansing with Prontosan® solution, Askina® Cavity Strips are easily applied (*figure 1*).



Clinical Results

Only two weeks after starting to use Askina® Cavity Strips, we could observe a healthy wound surface (*figure 2*). This dressing was very easy to apply and could stay in the wound for 2 to 3 days. The absorption capacity was very good while maintaining a moderate moist wound environment. Week after week the length of the Askina® Cavity Strips could be decreased.

6 weeks after the start of treatment the wound was almost superficial (*figure 3*) and 10 weeks later the wound was almost completely closed (*figure 4*).



Conclusion

At this moment, Askina® Cavity Strips are the best alternative for the local treatment of small cavitory wounds. The foam dressing is adapted for this specific wound type. In spite of its small size, it has the ability to absorb maximum amounts of wound exudate. Application and removal are uncomplicated bringing the wound to an ideal wound healing condition.

Case study 4:

Post operative cavity wound after partial amputation on diabetic foot



Askina® Cavity Strips

Introduction

A deep necrosis on the toes of a 68 year old diabetic foot patient was the reason for performing a partial foot amputation. The surgeon had used a primary closure technique, in which wound edges are closely approximated. Since the amputation had been carried out because of ischaemia, this wound was particularly vulnerable to the development of tissue necrosis due to a poor tissue perfusion. Due to the complex nature of stump wounds and the potential for extensive non-viable tissue to develop, such wounds are likely to require ongoing maintenance debridement rather than a single intervention in the operation room. After about two weeks, we could observe a deep cavity in which a lot of non viable tissue remained in situ.

Dressing Choice

The goal of the wound policy was to find a dressing that could support the cleaning phase of the wound and further help to fill the cavity with granulation tissue, starting from the depth up to skin level. Because of the small entrance of the wound cavity we needed a dressing that would not damage the frail wound and could completely fill the deep cavity. Askina® Cavity Strips was first choice for this wound problem. It was easy to insert the dressing into the wound cavity (*figure 1*).

Clinical Results

When exudate production was high, the Askina® Cavity Strips were changed every day. Removal of the dressing was very easy without causing any pain or bleeding (*figure 2*). In comparison with normal vascularised wounds, the evolution of this wound concerning the autolytic debridement and the proliferation phase was delayed. However after a few weeks the wound was healing significantly (*figure 3*). About 4 months after starting to use Askina® Cavity Strips, the wound was almost completely epithelialised (*figure 4*).

Conclusion

Even in difficult situations Askina® Cavity Strips are a good dressing choice for wound management. The cavity can be easily filled with an effective absorbing foam dressing. The autolytic debridement is positively stimulated, and when the wound surface is clean, the granulation phase occurs slowly but without any complications.

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