

# The Use of Superabsorbent containing fluid lock dressing\* in Hospice Patients


P. Sue Hashley, RN, CWS, FACCWS  
St Francis Hospice  
Honolulu, HI

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# The Use of Superabsorbent Containing Fluid Lock Dressing\* in Hospice Patients

## INTRODUCTION

The management of exudating wounds present challenges in the hospice environment, where the focus is on the comfort of the resident and the elevation of quality of life factors. In our practice, we have sought the use of absorbent dressings that are versatile on wound exudate, emerge at variable rates depending on the type of wound, and act as a single product across the spectrum of exudation levels. Such optimization is desirable because it allows us to focus more energy on the patient rather than on managing the choice and inventory of many different dressings for various types of wounds.

We chose patients who suffered from exudating wounds, with some wounds being more exudative than others, even within the same patient. The purpose of this limited trial was to check if a new variety of superabsorbent particle containing dressings were versatile enough on this vulnerable population, and whether the dressings had any undesirable properties such as tendency to leak, or to cause discomfort during removal. This new superabsorbent dressing consists of a contact layer that has special microchannels that allow directional fluid flow, from the wound into superabsorbent particles dispersed inside an internal core layer. Laboratory data shows that these dressings, when subjected to pressure, still allow fluid absorption. Compression on the dressings leads to minimum fluid loss. These properties are thought to be significant in managing periwound maceration. Because maceration of periwound skin is a major problem in hospice patients with exudating wounds, and all too frequent dressing changes impact cost and quality of care. This trial also examined whether the new superabsorbent dressing can alleviate care and cost concerns in a hospice environment.

## METHODOLOGY

In this safety and effectiveness study, a convenience sample of three patients with multiple wounds were chosen. In all cases, the dressings were changed as needed based on visual observation of the dressing saturation and potential exudate overloads. More frequent change was not needed during use.

## CASE DETAILS AND OBSERVATIONS

**Case 1:** DG is a 74 year old female, admitted to our program with multiple Stage III and IV pressure ulcers. Her terminal diagnosis is AFTT. Her albumin level was 2.4. During her hospital stay just prior to her Hospice admission, lab cultures revealed MRSA in her ulcers and at one point she was treated for septicemia. Initially, while in hospice care she required dressing changes as frequently as 2 times a day for several of the pressure ulcers with foam dressings. When the new superabsorbent dressing was introduced, dressing change frequently decreased considerably. The trial with the new product was started with 2 of her pressure ulcers. The high capacity of the dressing contributed to our patient's comfort by reducing occasions of dressing change, and proportionally reduced the caregiver's time which then impacted the cost of care.

**Case 2:** JH is a 68 year old female who was admitted to our program with a terminal diagnosis of pancreatic cancer. She presented on admission with 4 ulcers, which were identified as being Pyoderma Gangrenosum in etiology. We used the superabsorbent dressing on a highly exudating wound on her right hip. The new dressing managed exudate without any maceration to periwound skin.

**Case 3:** MKL, an 84 year old female, was admitted to our program with a terminal diagnosis of vascular dementia. She presented with 2 venous leg ulcers. The foam dressings in use initially were replaced with the new superabsorbent dressing. Compared to the frequency of the foam dressing change, the number of dressing changes was greatly reduced, increasing our patient's comfort and freeing up the caregiver to focus on patient comfort.

## RESULTS AND CONCLUSION

The use of a superabsorbent based dressing on our patients was a new and valuable experience for us. We found that the use of these products on wounds whose exudate level ranged from low (case 2) to high (cases 1 and 3) produced excellent results. Minimal or no periwound maceration, with no accidental strike through, and no adhesion of the dressing to the wound site was observed, even on the low exuding wound (case 2). There was no leakage of the superabsorbent particles from the dressing into the wound during use, even when the dressing was used on the coccyx of a patient (case 1) and the dressing was sporadically subject to the weight of the patient. Patients reported no discomfort during dressing use. Since the dressing has no observable adhesion there was also no pain reported during dressing removal. This was especially notable in the patient with Pyoderma Gangrenosum. In our view, the availability of this affordable product to potentially replace more expensive products represents a step in the right direction both in product performance, as well as in terms of reducing cost (Fig. 1) and time for care in this hospice environment.

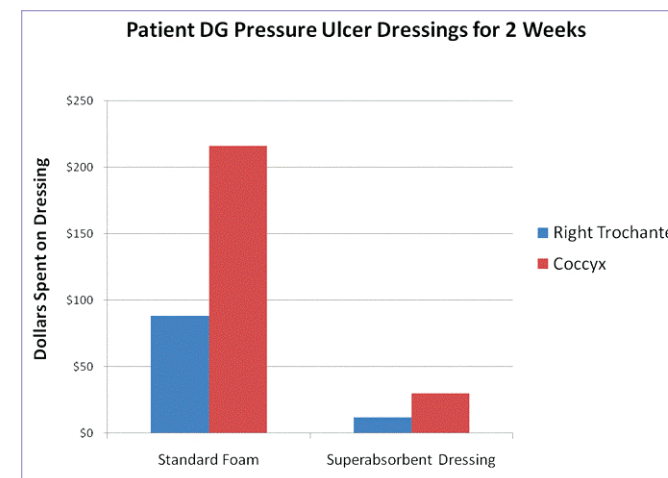
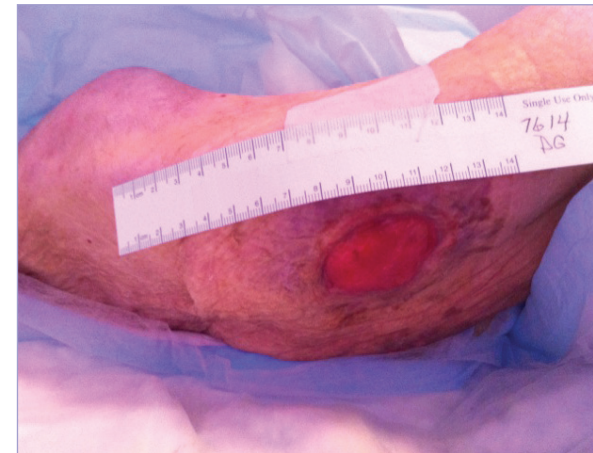


Fig. 1

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