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## CASE STUDY – SEEKING CLOSURE

### Patient History

A 57-year-old female, home and bed bound, with a history of Multiple Sclerosis. Patient underwent elective surgery resulting in both a urostomy and colostomy for bowel and bladder management. Other significant medical problems include hypertension, left breast CA -stage 2 (2015) no chemo or radiation required. Not on steroids -no history of diabetes. Both ostomy surgeries were successful and pouching systems working well with bi-weekly pouch changes. In June of 2017 several months post op, patient presented with a Stage 3 pressure ulcer measuring 5.0 cm x 1.8 cm adjacent to the colostomy stoma – left lower quadrant. Wound bed beefy red, slough, with moderate amount of serosanguinous drainage, no odor. Wound progressed through various degrees of improvement, relapse and eventual stalling in the healing process.

### Past Treatment

Due to limited mobility, patient was on an alternating pressure mattress, under the care of Visiting Nurse Service and home health aides, very supportive daughter, recent nursing graduate. Patient was treated with courses of antibiotics, nutritional supplements and numerous wound dressings including alginates, hydrogels, hydro-colloids, impregnated silver and foam; all of which seemed to improve wound but never completely.

### Continued Treatment

Upon initial examination, June 2017, it was determined that the decubitus developed as a result of pressure from the rim of the two-piece appliance. Due to patient's very soft abdomen, a good deal of pressing down was required to snap the pouch onto the rim of the skin barrier with each pouch change; thus, creating ulceration.



Figure 1. Initial Assessment June 2017



Figure 2 -One month later July 2017- wound bed cleaner – margins definable



Figure 3- 8/2017- outer margins granulating

A two-piece pouching system was required to avoid removing a one piece pouch several times a day – drainable pouch not suitable -switched to a two-piece closed ended pouch with floating flange for ease of application and no pressure on wound bed.

**Progress**

Thirteen months of alternating treatments of various combinations as needed; alginates, hydrogels, hydrocolloids, foams, resulting in gradual wound healing month by month-but stagnated progress toward total closure. In some instances, wound margins re-opened before beginning to close again.

July 2018 -January 2019 -New stem cell granules applied with slow, steady results – wound opening reduced; hyper granulation occurred and wound stalled again.

**New Treatment**

February 2019 – a new treatment procedure was initiated; Safe n Simple Simpurity Collagen Particles were applied over wound and covered by a 2 x 2 bordered gauze. Gauze was cut in half to fit area and secured by adhesive border on colostomy skin barrier. Dressing was changed bi-weekly along with pouch change.

**Case Study Results**

Within 14 days hyper granulation resolved, wound responded and healing progressed. Complete closure occurred within 90 days.

**Case Study Summary**

Case study highlights a patient with a pressure ulcer that was stalled for a good part of two years in spite of numerous treatment modalities. The wound responded to Safe n Simple Collagen Particles within 14 days and continued on to total closure within 90 days.



Figure 4-Thirteen months later -July 2018



Figure 5 Two weeks after application of collagen particles – February 2019



Figure 6 Complete closure May 2019



Size	Item#	Box/Case	HCPC
2"x2"	SNS52222	6 bxs/cs	A6021
4"x4"	SNS52244	6 bxs/cs	A6021
1g Pkt	SNS5221G	6 bxs/cs	A6010
1g Vial	SNS5001G	6 bxs/cs	A6010