

## IMPLICATION OF HYDROCOLLOID DRESSINGS IN LEG WOUNDS

CASE PRESENTED AT THE  
THIRD SALVAT PRIZE  
FOR WOUND HEALING (2006)

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78 year old female admitted to hospital on 20 April 2006 for antibiotic treatment for cellulitis of the left leg.

The patient presented a long-standing contused wound in the middle third of the anterolateral side of the leg, with erythema and cellulitis to the knee. The tissue in the bed of the wound was devitalized.

To achieve complete healing of the wound it was decided that SURESKIN® II Border 10 × 10 cm hydrocolloid dressings would be used, based on the following factors:

- The characteristics of the patient (anticoagulated, diabetic, hypertensive, etc.).
- The type of wound (location, stage, level of exudation, etc.).
- Our knowledge and experience of hydrocolloid dressings (SureSkin II)

Week 0



Week 2



# SureSkin® II

SECOND GENERATION  
HYDROCOLLOID DRESSINGS

After an exhaustive interview and examination of the patient and the lesion, we decided to tackle the wound in two different stages:

- **Stage 1:** The presence of devitalized tissue in the form of hard and dry necrotic plaque meant we had to use enzymatic and autolytic debridement.
- **Stage 2:** We decided to use **SURESKIN® II Border 10 × 10 cm hydrocolloid dressings** as they present the necessary features (moist surface, control of exudate and adaptability) in order that the lesion would heal perfectly in the best conditions.

The case studied allowed us to ensure that **SURESKIN® II Border 10 × 10 cm hydrocolloid dressings** are an adaptable and suitable treatment for any type of lesion and just as we have observed, also in those wounds on limbs where there is arterial compromise. We must emphasise how well the patient tolerated these dressings. The choice of **SURESKIN® Border** played a large part in achieving epithelialisation of the wound.



Week 10



Week 20



**Progress:** The wound progressed with no remarkable incidents, achieving complete epithelialisation on 15 September 2006.