

CASE STUDY USING PHMB AND BETAINI IRRIGATION SOLUTION¹ AND FOAM CAVITY² ON A PERIANAL ABSCESS

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Introduction

A 34 year old gentleman presented with a 6 week history of left buttock pain and discharge. He was admitted as a day case patient and underwent excision and laying open of a pilonidal sinus over the buttocks, which revealed multiple sinus openings over the buttocks, which were inter communicating with pockets and hair follicles within. The sinuses were laid open with excision of unhealthy tissue.

He was discharged home with instructions to pack the wound daily with an alginate dressing and maintenance of personal hygiene and to continue a one week course of antibiotics.

Method

At the first wound assessment the district nurse measured the wound and it was 20 cm long and 6 cm deep, with approximate 40% slough and 60% granulating tissue. (Photo 1) They were using 6 packs of alginate at each dressing change at a cost of £20.82. However the exudate was not being contained and the dressing was falling out during the night despite covering the wound with an absorbent dressing and holding it in place with an adhesive dressing. The wound dressing procedure was painful and the gentleman continued to experience pain during the rest of the day, which was affecting his appetite. The wound packing was falling out within 12 hours, leading to his wife having to redress the wound the best she could. This was causing anxiety to both the patient and his wife and they and the district nurses were concerned that the wound would become infected owing to the proximity of the wound to his anus. The gentleman was also very keen to return to work as soon as possible and as the dressing was not staying in place for 24 hours, he envisaged not returning to work for several weeks, which added to his anxiety.



Photo 1

Analgesia was prescribed for pain control and the district nurses contacted the Tissue Viability Team 5 days after discharge for further advice. A dressing regime of cleansing the wound with a PHMB and Betaine Irrigation Solution¹ and packing with a foam cavity² dressing to absorb the exudate and promote healing. The wound was then covered with an absorbent pad and held in place with a self adhesive island wound dressing. Initially the wound was packed with 2 packs of the foam cavity² at a cost of £4.68, making a saving of £16.14 at each dressing change.

Result

4 weeks post discharge the wound now measured 18 cm long, 6 cm deep and was 100% clean and showing signs of epithelialising around the edges (Photo 2).

11 weeks post discharge the wound measured 2 cm long x 1 cm deep.

During the whole of his treatment the gentleman was able to shower daily prior to the district nurse visit. The dressing remained in place for 24 hours and at no time following discharge did the wound show any signs of inflammation or infection. As the wound progressed the dressing changes were less frequent. The PHMB and Betaine Irrigation Solution¹ was used for the duration of the treatment to prevent infection.



Photo 2

Conclusion/Discussion

The district nurses are very pleased with the progress of this wound. They anticipated that there would be problems regarding infection and managing the wound exudate. They have been very pleased with the outcome of the management of this wound, as their main concern of the development of a wound infection did not occur. The patient was very anxious to return to work and was able to do so after 4 weeks, due to the healing progress of his wound which improved his quality of life.

References

- 1) B. Braun Medical Ltd, Prontosan® Irrigation Solution
- 2) B. Braun Medical Ltd, Askina® Foam Cavity