HydroTac®: Case Studies of Use

Pam Spruce - Clinical Director TVRE Consulting.
Lindsey Bullough - Clinical Nurse Specialist – Tissue Viability. Wrightington, Wigan and Leigh Foundation Trust

Introduction

Foam dressings are now reported to be the most commonly used product in wound management[1,2]. Non adhesive foam dressings are used less frequently than those with an adhesive border[3], however there is still an indication for use where the patient may have a preference or a clinical indication (e.g vulnerable peri-wound skin) for this type of product.

Shaped foam dressings are also frequently used to improve conformability on areas of the body, which may be difficult to dress.

HydroTac®

HydroTac® is a NEW, unique foam dressing with AquaClear Technology that provides a combination of absorption and moisture donation. It provides a moist wound environment, by absorbing exudate but can release moisture when applied to a dry wound.

The interface of the dressing is impregnated with a hydrogel (AquaClear Technology) which prevents it from adhering to the wound bed, and facilitates painfree dressing removal.

In a recent evaluation undertaken on 20 patients by both nurses and podiatrists, HydroTac® was used on a range of acute and chronic wounds where a non-adhesive or shaped dressing was required. In 85% (n=17) of the patients, the wounds progressed with 20% (n=4) healing within the four–week evaluation period.

The results also indicated that:-

- In 100% of dressing changes (n=93) the dressing was easy to apply and remove.
- In 100% of applications (n=93) the dressing conformed well to the wound.
- In 100% of responses (n=93) the patients reported that the dressing was comfortable during wear and painless on removal.

HydroTac® was reported to manage exudate effectively, with dressing changes being undertaken every 3 days in 57% (n=47) of procedures, alternate days in 29% (n=27) and 5-7days in 20% (n=19). The peri-wound skin condition also improved in 55% of patients (n=11) where the tissue was damaged at baseline.

Case Study 1

The patient was a 46 year old female, who had a medical history of ischaemic heart disease and heart failure with uncontrolled oedema in her legs. A blistered area appeared on the gaiter area of her left leg which measured 9cm^2 , from which there was a small amount of exudate.

Because of the friable skin condition, a non adhesive foam dressing was indicated to provide a moist wound environment, absorb the excess exudate and protect from further contamination and the patient also complained that the wound was painful

The wound had been present for 1 week with no treatment before HydroTac® was applied, with a tubular cotton bandage to secure in place. After 3 dressing changes (7 days) the blistered area was fully epithelialised with no trauma to the surrounding skin.

Case Study 2

The patient was a 72 year old female who presented with a grade 2 pressure ulcer on her left heel. Although the wound area was small measuring 1.5cm^2, the wound bed contained both slough and granulation tissue and the peri-wound skin was macerated.

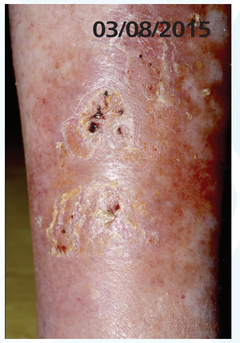
After a full assessment of the patient, a programme of care was implemented which included pressure relief and local wound management using HydroTac®. The concave shape dressing was used to ensure that the dressing interface was in contact with the wound bed, and was held in situ with a retention bandage.

The wound was re-assessed every 3 days, and HydroTac® was reapplied. After 18 days the wound was fully healed.

Case Study 3

The patient was a 52 year old female who was admitted to hospital with a fractured neck of femur on the left leg. On examination, it was observed that she had a venous ulcer present, which measured 40cm^2. Although the wound bed was clean and granulating, there was a moderate amount of exudate and the peri-wound skin was macerated. The patient also complained of pain in the wound.

Because of the peri-wound skin condition, HydroTac was used on the ulcer, with a wool/retention bandage to secure in place. The wound was reassessed every 3-4 days, and HydroTac was re-applied. The patient became pain free and the skin condition returned to normal as the wound progressed. After 22 days of treatment the wound was reported to be healed.



Conclusion

In a small evaluation, the HydroTac® dressing was observed to be effective in managing patients with a range of acute and chronic wounds, which required either a non adhesive, or shaped dressing. The outcome of the evaluation demonstrated that the dressing facilitated wound progression in a high number of patients, was easy to use and highly acceptable to both patients and clinicians. It was comfortable during wear and removal, and an improvement in peri-wound skin condition was observed.

1. Bianchi J, Gray D, Timmons J, Meaume S Do all foam dressings have the same efficacy in the treatment of chronic wounds? Wounds UK (2011) 7(1): 62–67
2. Carter K. Hydropolymer dressings in the management of wound exudate. Br J Community Nurs (2003) 8: suppl 10–6
3. Peach V. Evaluating adhesive foam wound care dressings in clinical practice. Wounds UK 2012, Vol 8, No 3 53-54.