

# Management of a Chronic Wound in an End of Life Patient using Hyiodine

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## Introduction

Mr H, an 88-year-old man, was referred to the Tissue Viability Service in September of 2010. He was resident in a nursing home and had a history of vascular dementia. He had developed a necrotic pressure ulcer to his right hip even though he was being nursed on a high specification static mattress. He had a wound infection which was treated with antibiotics. He was upgraded to an alternating system but the wound continued to be slow to heal, even when managed with appropriate dressings and management strategies including silver and iodine based antimicrobials. His general condition continued to deteriorate, he suffered a CVA and he was admitted to hospital several times. On final discharge in Jan 2011 he was assessed as being end of life.

## Background

Wounds in end of life patients are always difficult to heal as the co-morbidities tend to make healing less likely. Any wound care product that improves healing rates whilst decreasing pain and the likelihood of infection should be considered in this area. This wound did not respond to any intervention until Hyiodine was commenced. Hyiodine is a new product for hard to heal chronic wounds which is comprised of hyaluronic acid and iodine. Hyaluronic acid has unique regenerative properties and plays a key role in the tissue repair process.



Figure 1: Initial Assessment, Dec 2010



Figure 2: January 2011



Figure 3: March 2011



Figure 4: April 2011

## Results

Hyiodine was commenced in January 2011 following discharge from hospital. It was applied on alternate days under a foam dressing. He had 1 further admission to hospital in Feb 2011 when the treatment was discontinued whilst he was an in-patient. The dressing regime was reduced to 3 dressing changes per week at the end of February.

By March 2011 the wound had improved, there was a 7% reduction in surface area in month 1 and a further 7% reduction in surface area in month 2 although there was evidence of hypergranulation, but there was also a reduction in pain to the patient (this reduction was assessed by verbalisation whilst dressing changes were taking place and asking him if it was sore). There was also a significant reduction in the amount of antibiotics prescribed for wound infection.

## Discussion

Hughes, et al, 2005 suggest that "The majority of people die from chronic degenerative diseases (Lynn, 1996). As the population ages and the incidence and prevalence of chronic conditions are widespread, patients' needs are increasing in their complexity. Although wound healing may be thwarted by the physiology of the terminally ill, poor wound care and management of symptoms can be responsible for patient discomfort and can have a devastating effect on patients' quality of dying (Mallett, et al., 1999). Any intervention that can aid healing and reduce pain are a useful adjunct to end of life care. In this case study none of the usual wound management strategies had provided this but Hyiodine did. The wound was healing and reducing in size, there was a reduction in pain and there was a reduction in need of intervention as the dressing managed the wound more effectively. The over-granulation was being addressed but unfortunately the patient died before full healing could be achieved.

## References

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