

THE EFFECT OF PROMOGRAN PRISMA* IN MANAGING VARIOUS CHRONIC WOUND TYPES

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AIM-To evaluate the use of Promogran Prisma* in managing varying chronic wound types

Method: Fourteen patients who presented with indolent, non-healing wounds with varying exudate levels and a history of recurring infection were included in the case studies evaluating Promogran Prisma*. Wounds were assessed fortnightly with standardised assessment criteria. Photographs and tracings of the wounds were performed to monitor changes in wound bed, wound size and to note any signs of clinical infection. Patients continued with Promogran Prisma* for varying time scales depending on wound condition.

Case Study 1: 61 year old gentleman with a 15 year history of venous ulceration & recurrent wound infection.

Promogran Prisma* was used in conjunction with four layer compression. Wound bed appeared friable, unhealthy and pt experienced severe pain at dressing changes. Measurements: 13.5 x 3.7 x 0.1cm.

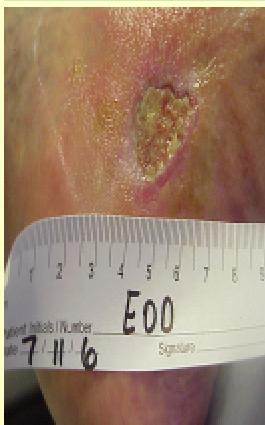
After 4 weeks, ulceration much improved with healthy wound bed and reduced bleeding.

After 6 months, proximal ulcer completely healed and remaining ulcer measured 4.4 x 3.2 x 0.1cm with healthy granulating tissue and epithelium. Pain at dressing changes much improved.

No evidence of wound infection when using Promogran Prisma*



Case Study 2: A 63 year old lady with a 7 year history of venous ulcerations and recurrent wound infections.



Promogran Prisma* was used in conjunction with Coban 2 Layer compression. Minimal granulation tissue with evidence of slough. Initial measurement of the ulcer 2.0 x 1.1 x 0.1cm.

After 7 weeks, ulcer size had reduced and pain levels were much improved. An increase in granulation tissue and reduction in slough was evident.

After 4 months of using Promogran Prisma* the ulceration reduced in size to 0.5 x 0.4cm with no depth and a healthy granulating wound bed and evidence of epithelisation.

No evidence of wound infection was identified whilst using Promogran Prisma*

Results: Of the 14 patients in this series, one wound achieved complete healing, eight wounds showed evidence of epithelisation with 7 of these wounds demonstrating an increase in granulation tissue and reduction in slough. Two patients had the treatment discontinued due to wound infection and a further two due to an increase in wound size.

Conclusion: It is recognised that patients referred to a tertiary referral centre often have complex problems. Throughout the treatment period 60% of the patients included progressed without developing any signs of clinical infection. This highlights the unique combination of collagen, oxidized regenerated cellulose (ORC) and silver helped to maintain an environment suitable to promote epithelisation and optimal wound healing whilst delivering silver to the wound





