

3M™ Tegaderm™ Matrix

Matrix Dressing with PHI™

Treatment of an intractable pressure ulcer with Tegaderm Matrix

The care of Mrs Roper

Mrs Roper (*name changed*) a 72 year old lady with a pressure ulcer was admitted to a nursing home from hospital, in May 2005. Mrs Roper had severe Parkinson's disease, but was fully compus-mentus and bright and knew exactly how to direct her care. With a little help she was mobile with a little help and directed the health care professionals in how she wanted her wound photographed at each visit. Sometimes when standing, sometimes when lying down. Previous dressings used were a simple foam at a cost of £1.70 per dressing. The dressing was changed daily at a material cost of £51 per month. The wound appeared to have clean granulating tissue in the base which normally indicates a healing wound. Nevertheless, the wound was not progressing and had been static for several months.

Tegaderm Matrix was commenced on the 12th August. A secondary dressing was required to hold the Tegaderm Matrix in place, and an adhesive bordered foam was the selected dressing at a cost of £3.40 per dressing. Dressing changes were gradually reduced from daily to weekly and by the 20th October (*69 days*) the wound healed at a material cost of £321.00. Although the material cost of this treatment was higher than than the initial dressing costs, cost-effectiveness was still fully demonstrated as this previously non-healing wound went on to heal without complications and without any pain in less than 10 weeks. A very successful outcome for the patient and the funders.



Figure 1.

4th August: Eight days before start of Tegaderm Matrix treatment. The wound measured 5 x 4cm. Wound bed is clean but non-healing



Figure 2.

18th August: Six days after commencement of therapy, the wound had changed in appearance and had a strange 'skin' covering the base of the wound



Figure 3.

24th August: Six days later the wound no longer has the 'skin' and has the appearance of potentially over granulating. The surrounding skin is slightly macerated but Mrs. Roper did not complain of discomfort



Figure 4.

2nd September: Twenty days after commencement the wound is still red around the peri wound area, but there is now closure of the wound edges



Figure 5.

30th September: 7 weeks As the wound heals, the exudate reduces and the redness dissipates



Figure 6.

18th October: After 10 weeks the wound is significantly reduced in size. A reduction in wound surface area of 7.8 sq cm