

Successful exudate management of a dehisced abdominal wound using Advadraw® & Advadraw Spiral®

Introduction

The production of exudate begins in the inflammatory phase of wound healing and continues until epithelialisation has occurred. Therefore the successful management of exudate will maintain an environment conducive to wound healing.

Advadraw® (Advancis Medical) is a new capillary action dressing which rapidly removes fluid from the wound bed into the dressing. It is distributed by the central layer resulting in sustained movement of exudates from the wound bed. The wicking of fluid from the wound bed provides autolytic debridement. (Timmons et al 2008)

Case Study

The case study presented here relates to the use of Advadraw® on a dehisced abdominal wound with the added complication of the loss of peri stomal skin.

22/05/08

A female patient aged 51 presented with a dehisced abdominal wound post renal transplant, which required further



abdominal surgery and formation of a stoma and ilioostomy.

29/05/08

The wound edges became necrotic resulting in further surgical debridement. The patient was initially treated with VAC following debridement.

15/06/08

Due to the absence of peri stomal skin difficult wound management decisions were



made. Initially topical negative pressure was applied to aid granulation tissue formation, and the stoma was isolated.

09/07/08

The topical negative pressure was discontinued as the wound began to granulate, but the exudate posed a clinical challenge. Advadraw Spiral® was applied at the base of the wound and a hole was easily



cut out of the Advadraw® to isolate the stoma. The dressing was then secured with adhesive film and the stoma device applied. Initially the dressings were renewed daily.

29/07/08

The exudate was successfully managed, and epithelialisation occurred. The wound bed continued to improve and successful coverage with a skin graft was completed on the 16/08/08.

Discussion and Conclusion

The application of Advadraw® successfully managed the high levels of exudates in a dehisced abdominal wound without adhesion and was easily removed. This prevented further wound deterioration and avoided any infection.