

Diane's story: healing a pressure ulcer

Diane had lived with multiple sclerosis (MS) for twenty years, often spending long periods of time in bed, putting her at ongoing risk of pressure damage. Unfortunately, Diane did develop a pressure ulcer after attending her son's wedding, as a consequence of spending all day (from early morning until 10pm) in her wheelchair.

When she went to bed that evening, a break in her skin was noticed by her carers and within four to five weeks it had developed into a pressure ulcer (also known as a bed sore) the size of an egg. Diane described it as a black hole, and had no knowledge of what a pressure ulcer was, and thought, when it was first noticed, that it would just heal on its own. However, she was told she would have to spend 20 hours a day in bed on a special pressure-relieving mattress if the wound was to have

any chance of healing since sitting would prevent healing and could also result in further damage to the affected area.

Diane described her life as being very difficult during that time as she was very restricted in what she could do. She said that being told she had to spend most of her life in bed wasn't nice. The pressure ulcer had a big impact on her life. It stopped her being able to come downstairs and she had to stay in bed on her pressure mattress to help the pressure ulcer to heal.

'The odour [from the wound] was unbelievable, it was like rotting flesh. My daughter came in and used sprays that emitted a nice smell, but she couldn't stay in the room with me sometimes, it was awful.'

To manage the wound, daily dressing changes were undertaken by two district nurses with a range of dressings and special wound pumps called negative pressure wound therapy. She had a variety of special wound pumps which would eventually stop working. This would result in another one being tried which had wires everywhere and alarms going off in the middle of the night.

'People don't realise how difficult it is to have a pressure ulcer. I eventually spoke to my doctor and asked if he could contact the plastic surgeon to see When



Diane.

if he could do anything about it. When he saw it, he said: 'I think we need to start thinking about surgery.'

It was at this time that Fleur, District Nurse and Community Practice Teacher, decided to try a dressing called Mepilex® Border Comfort (Mölnlycke Health Care), since it had a number of practical features as well as good clinical evidence to support its use on a pressure ulcer.

Fleur stated that having the dot marks (Exudate Progress Monitor) on the dressing to measure the exudate (wound fluid) levels was helpful. Not only for the district nurses, but for Diane and the carers. Diane or her carers could ring up the nurses in the morning and let them know if the dressing needed changing or not, depending on what the exudate progress monitor said. This helped to prevent an unnecessary journey to change the dressing for the nurse.

Diane commented: 'They [the dressings] are comfy, and you don't know you've got them on. They can actually last for two days which is great because it means that you're not interfering with the ulcer at all.'

Diane also described that another advantage of using the new dressing was being able to shower with it on. Before, every time she showered, her previous dressing would fall off. It became clear that Mepilex® Border Comfort provided better adhesion, conformability to the wound and reduced the need for dressing changes. This resulted in improved quality of life



Fleur with Mepilex® Border Comfort.

for Diane, reduced wound dressing costs and less need for nursing visits to change the dressing. Within weeks of using the new dressing the depth of the wound had gone from 6cm to 3cm and Diane immediately thought 'no surgery'.

Using Mepilex® Border Comfort improved the appearance of the wound bed, and throughout the treatment, no other dressings were needed. Fleur stated: 'There is talk of her not needing to have surgery and to us, that is just a blessing. It has reduced district nurse visits in Diane's case and improved her wound and her quality of life overall, which is so important to her.'



This patient story is shared in agreement with Diane's family and in her loving memory as she has passed away since sharing her story.