Askina® SilNet

Clinical Case Studies

Frans Meuleneire
Wound Centre AZ St Elisabeth
Zottegem – Belgium
Clinical studies

Introduction

Askina® SilNet is a soft silicone wound contact layer designed to protect the wound site from mechanical disruption during dressing changes. It prevents adhesion of the secondary dressing to the wound surface and minimizes the trauma associated with dressing changes. Askina® SilNet has been used successfully in several European countries for a wide range of indications.

This booklet presents five specific clinical cases which confirm the effectiveness of Askina® SilNet and bear out its non-adherent and pain reducing properties.

Our special thanks go to Mr. Frans Meuleneire from the AZ St. Elisabeth Clinique in Zottegem, Belgium, for presenting us these studies.

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Askina® SilNet facilitated the passage of large amounts of exudate, which were produced during the inflammatory phase, into the absorbing dressing. The fact that the dressing could be left in place during 11 days ensured undisturbed wound healing. Askina® SilNet proved to be an efficient protector for the newly formed tissue and helped to avoid the formation of scabs.
CONCLUSION

Despite the patient’s age and general condition, the wound was almost completely epithelialised within 19 days, thanks to the efficient removal of the exudate and an undisturbed healing process. Dressing changes were completely painless.

PATIENT: 82 year old woman

WOUND DESCRIPTION:
Large very painful pretibial wound resulting from a fall. The wound was treated for 5 days with an alginate dressing. The dressing adhered to the wound bed and to the edges, causing additional trauma to the patient.

REASONS FOR USE OF ASKINA® SILNET:
As the wound was heavily exuding and very painful, it was important to avoid trauma during daily dressing changes to the patient. By using Askina® SilNet only the secondary dressing was changed, without any pain or damage to the newly formed tissue.

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CASE 3

PAINFUL SECOND DEGREE PRESSURE ULCER ON THE HEEL

PATIENT: 81 year old woman hospitalised for a hip fracture

WOUND DESCRIPTION:
Very painful second degree pressure ulcer, previously treated with a foam dressing that adhered to the wound surface.

REASONS FOR USE OF ASKINA® SILNET:
Askina® SilNet was used to avoid painful dressing changes and to protect the fragile wound surface.

Day 1 - 10. 2. 2009
Start of treatment: Pressure ulcer with fragile surrounding skin.

Day 1 - 10. 2. 2009
Askina® SilNet was easy to apply on the wound despite it being a difficult to dress area. Askina® SilNet was covered with a secondary absorbing dressing that was fixed with a non-compressive bandage.

Day 35 - After 5 weeks - 16. 3. 2009
The healing process was almost complete and the wound almost completely closed.

Day 4 - 13. 2. 2009
After 4 days, Askina® SilNet was changed. It did not adhere to the wound surface and the dressing change was totally painless.

Day 8 - 17. 2. 2009
After only 1 week, healthy granulating tissue appeared and the wound size significantly decreased.

CONCLUSION
The general condition of the immobilized, elderly patient did not favour a good wound healing process. However, the treatment was successful and use of an atraumatic interface dressing prevented pain to occur during dressing changes.
Skin graft following extended knee trauma

PATIENT: 48 year old woman hospitalized for an extended traumatic wound on the knee caused by a bicycle fall.

WOUND DESCRIPTION:
8 days after the accident, a hematoma was removed surgically. Because of the large tissue loss a skin graft was necessary. Negative pressure therapy was used for two weeks to prepare the wound bed and stimulate the granulation process before graft.

CONCLUSION
After 11 days the skin graft was vital and in perfect condition. Almost all of the wound surface was covered with epithelium. This case demonstrated the usefulness of Askina® SilNet for the protection of the skin graft especially when negative pressure was applied.

REASONS FOR USE OF ASKINA® SILNET:
To ensure that the graft would take, negative pressure was applied. Askina® SilNet was placed on top of the graft to ensure that it remained undisturbed during this phase and to avoid adherence of the graft to the GranuFoam™ dressing.

Day 1 - 17. 8. 2009
Initial state: Wound after the injury, with hematoma surgically removed.

After two weeks of V.A.C. ® Therapy, the condition of the wound bed was optimal for receiving a meshed split thickness graft, taken from the opposite thigh. The skin graft was fixed with staples.

The graft was covered with Askina® SilNet to ensure that it remained undisturbed during this sensitive phase.

GranuFoam™ dressing was placed on top of Askina® SilNet and covered with a transparent film dressing to seal the wound. Askina® SilNet slightly overlapped the wound edges. A negative pressure of 150 mm Hg was applied for 6 days.

Day 21 - 6. 9. 2009
Removal from the top of the skin graft: After 6 days of continuous negative pressure therapy, Askina® SilNet did not adhere to the graft. Removal of the dressing was surprisingly easy and non-traumatic.

Day 26 - 11. 9. 2009
Results: The skin graft was vital and did not move at all. All staples were removed. The treatment was continued using Askina® SilNet (changed every 3 days) and Askina® Foam as a secondary dressing. The dressing came off very easily.

Askina® SilNet protected the graft from moving and from adhering to the GranuFoam™ dressing. Askina® SilNet was completely compatible with V.A.C. ® Therapy, allowing for an excellent pressure transmission and efficient exudate elimination.

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CONCLUSION

Askina® SilNet was fully compatible with V.A.C.® Therapy: transfer of exudate was very efficient, and there was no damage caused to the granulating wound surface or to the wound surrounding skin as a result of using the interface dressing.

No in-growth of granulation tissue was observed despite the high level of negative pressure applied. Dressing removal was completely painless.

PATIENT: 23 year old man was operated on after an injury on the right thigh. After surgical closure, the site became infected, with the presence of an oedema that caused dehiscence of the wound.

WOUND DESCRIPTION:
Dark, red wound with signs of delayed healing.

REASONS FOR USE OF ASKINA® SILNET:
In order to stimulate the healing process, V.A.C.® Therapy was used. Askina® SilNet was used as an interface to avoid any adherence of the GranuFoam™ dressing to the wound bed and to prevent excessive pain during dressing changes.

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