

THE USE OF A NEW TWO IN ONE TREATMENT (K TWO START) IN A VENOUS LEG ULCER PRESENTING RISK FACTORS OF DELAYED HEALING

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INTRODUCTION:

Delayed wound healing affects a number of patients within clinical practice; having implications in terms of delivery of service and operational costs.

*This case study demonstrates the treatment of a patient with a long standing wound, the outcome of appropriate management with a new wound care treatment (**K Two Start**) in addition to the implications to practice for the nursing team.*

MATERIALS AND METHODS:

A team of nurses working in a primary care setting identified a female 87 year old patient who had two, long standing mixed aetiology leg ulcers on her left leg (the larger measuring 75cm²). Despite appropriate management the wound had recurred over a period of 48 months, remaining static in the past 12 months (Figure 1). She experienced strong pain, and her wound was heavily exuding and malodorous.

*Following discussion with the patient a new treatment which re-balances the cellular imbalance was commenced (**K Two Start**), comprising a two layer compression bandage system (**K Two**), and a wound contact layer (**Urgotul Start**) designed to kick-start healing in venous leg ulcers at risk of delayed healing.*

RESULTS:

- *At the end of the first week the **pain** previously experienced at dressing changes **was absent**, indeed from this point onwards dressing changes remained painless for the patient and atraumatic to the wound and surrounding skin. Exudate levels had decreased to moderate and the surrounding skin was healthy.*
- *By week five the wound had progressed to 100% granulation tissue, with healthy wound edges and surrounding skin and low levels of exudate. There was no malodour.*
- *By week eight the wound had reduced to an overall size of 6cm² (Figure 2).*
- ***Complete healing** was achieved by week 16 (Figure 3) with healthy, robust epithelial closure. The nursing team found the dressing **easy to apply** and remove throughout the case study with very positive outcomes for the patient.*
- *Within this case nursing visits were also decreased from an average of four per week to two per week with the associated **time and financial saving**.*

CASE STUDY:

Figure 1
Wound before use of **K Two Start**



Figure 2
After 8 weeks of treatment with **K Two Start**



Figure 3
Complete healing achieved after 16 weeks



(1) (Schmutz JL. et al. Evaluation of the nano-oligosaccharide factor lipido-colloid matrix in the management of venous leg ulcers: results of a randomised controlled trial. *International Wound Journal* 2008; 5 (2): 172-82) (2) (Munter KC. UrgoCell Start - Results of an observational study in Germany, Poster presentation, Wounds UK November 2008). (3) Benigni JP. Et al. Efficacy, safety and acceptability of a new two layer bandage system for venous leg ulcers. *J Wound Care* 2007; 16 (9): 385-390.

CONCLUSION

This case study shares the experiences of one primary care nursing team and a patient with a long standing leg ulcer, allowing an insight into the use of K Two Start challenging the outcomes of previously published work (1,2,3).