Evaluation of a polymeric membrane Finger/Toe dressing containing a cleanser and moisturiser on podiatry patients following nail avulsion surgery

Introduction

It is an essential requirement for dressings to provide an optimal environment for wound healing, be of low adherence to facilitate painless dressing change and prevent damage to the wound bed. In podiatry patients it is especially important that the dressing is easily accommodated in the patient’s own footwear. Many of our patients carry out their own dressing changes following toenail removal. Sorbsan calcium alginate dressing is a haemostat and is commonly used following nail avulsion surgery. PolyMem Finger/Toe dressings are simple to apply and contain a cleanser and a moisturiser providing the optimum environment for wounds to heal.

Method

An evaluation was carried out on 6 podiatry patients (11 wounds in total) who have undergone surgical removal of ingrowing toe nails. The treatment plan being a primary dressing of Sorbsan calcium alginate and secondary dressing of PolyMem Finger/Toe. The objectives of this evaluation were to assess patient comfort whilst wearing the dressings, ease of use and the ability of the patient to change their own dressing therefore negating the need for district nurse involvement and thus being more cost effective. Most patients only require one application of Sorbsan but needed several PolyMem dressing changes which are often carried out by the patient themselves at home. This regime would also reduce the frequency of dressing changes from the standard dressings procedure. The patients recruited were those judged to require toe shaped polymeric membrane dressing and capable of carrying out their own dressing change.

Case Study 1

Ms. C, A 72 year old female with type 2 diabetes had total nail avulsion to three toes. Initially a conventional dressing regime was used following surgery but Ms. C went on to develop itchy, painful, inflamed peri-wound skin. Following changing to PolyMem dressings, there was prompt resolution of her symptoms and she progressed to healing without further issues.

Case Study 2

Mr. M is a 25 year old male with pelvic, sacral and spinal fractures following cauda equina injury. Mr M. had tibial and fibular fractures, bilateral calcaneal fractures and was wheelchair bound as a result. The patient had unilateral partial nail avulsion to left 1st toe previously when he used conventional dressing regime, this time he used PolyMem dressings which he found easier to use, more comfortable and did not adhere to the wound. Mr. M healed after 5 weeks.

Case Study 3

Mr. L is a 62 year old male with type 2 diabetes, gross oedema, angina, hypertension, COPD and asthma. Mr. L had a bilateral partial nail avulsion to both first toes and developed pseudomonas infection in the wounds which was possibly connected with his oedema causing excessive wound exudate. The infection was managed without antibiotic therapy, by the addition of Sorbsan Silver for two weeks. He then progressed to healing within four weeks.

Results

The patients recruited for this evaluation have all undergone surgery to treat ingrowing toe nails. Feedback from those recruited has shown that the dressings were comfortable and did not adhere to the wound and were quick to apply. Initially they found it tricky to cut to the correct size but quickly became proficient. The dressings were accommodated in patients own footwear. One patient who had used standard dressing regime found her wound pain disappeared when she started to use the polymeric membrane dressing and her dressing changes became less frequent. A second patient who used standard dressing regime on one toe and polymeric membrane dressing on the other found the polymeric dressing more comfortable and had less pain in this wound.

Discussion

It is standard practice within podiatry to use alginate and/or antimicrobial dressings in conjunction with absorbent dressings such as Melolin, retained in position with tubular bandage and tape following nail removal. It is often quite awkward for patients to apply themselves and requires a significant amount of manual dexterity. This more conventional regime usually requires daily dressing change and has been used for many years. It is helpful to have a good alternative which is less complex for patients to use and requires less frequent changes.

Conclusion

It is often difficult to apply dressings to toes due to problems with patients bending down to reach their toes. It is advantageous to have a dressing that is quick to apply, doesn’t adhere to the wound, requires less frequent dressing changes and does not require fixation with tape - therefore lessening the risk of trauma to the surrounding skin. PolyMem Finger/Toe dressings were easy for the patient to apply themselves, did not adhere to the wound. All the patients found the dressing very comfortable and were even able to wear their own footwear throughout the course of the evaluation.

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