

# Use of UrgoStart contact to heal a complex pressure ulcer

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## INTRODUCTION

Managing complex pressure ulcers (PU) is challenging, significantly limiting an individual's physical, social, financial, and psychological quality of life (QoL)<sup>1</sup>. This can affect the morale of clinical staff, alongside difficulties with categorising ulcers, poor inter-agency working and sporadic equipment provision<sup>2,3</sup>. The daily financial impact of PUs to the NHS is approximately £1.4 million<sup>4</sup>, with 90% of this cost attributed to nursing time<sup>5</sup>. The average cost of treating a Category 4 PU is estimated at £14,108, and increases with ulcer severity<sup>5</sup>.

This case study focuses on a 65-year-old male with a history of paraplegia following a spinal stroke, cardiac failure and type 2 Diabetes. He was referred to the Tissue Viability (TV) team with an unstageable PU to his left ischial tuberosity, caused by problems with paraplegia-related seating and posture. The wound was significantly affecting the patient psychosocially and in relation to his overall quality of life. Due to his altered sensation, he was not able to perceive any pain to the area, but was frustrated at being restricted to bed. The patient spent the following year being cared for in a nursing home before being discharged home.

When initially referred, the extensive slough covering the wound bed was autolytically debrided, revealing that the ulcer was extending to bone and thus categorised as Category 4. Pressure mapping indicated high pressure levels to the affected area (Fig. 1) and very prominent ischial tuberosities observed. A new, more supportive wheelchair cushion was provided by wheelchair services, alongside other standard pressure-relieving equipment. A review by the plastic surgery team after two months led to a piece of floating bone being removed, but as the wound bed was covered in dull granulation tissue at this point, no further intervention was deemed necessary.

Over the next two years, the ulcer bed fluctuated between having bone covered or exposed, but always with a cavity or undermining present. A further referral was made to plastic surgery after another two years due to persistent non-healing, but no surgical intervention was possible due to the high risk of infection associated with the wound.

Due to the prolonged wound duration and challenges with non-healing, treatment was initiated with UrgoStart Contact to inhibit excess protease activity in the wound environment, achieve an appropriate moisture balance and to determine if providing a consistent and proven treatment regime<sup>6</sup> alongside standard practice for PUs would facilitate faster wound healing.

## METHOD

A variety of dressings had been used previously, alongside pressure relief and standard of care, but were unsuccessful in promoting sustained healing. Effective wound management

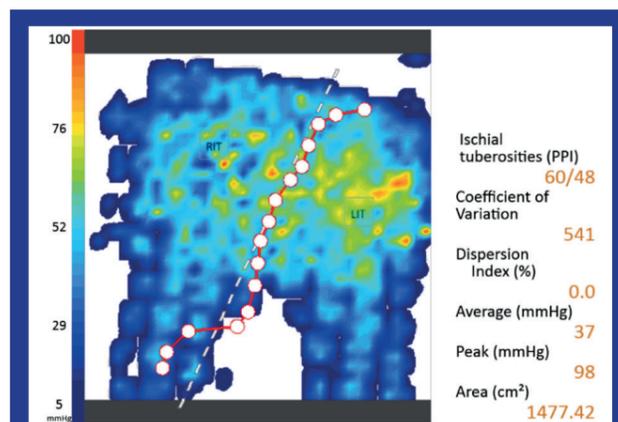


Figure 1: Pressure mapping indicating high pressure at the left ischial tuberosity

had been challenging due to high exudate levels, recurrent wound infections and difficulties with dressings adhering, despite daily dressing changes. Three months of Topical Negative Pressure Therapy had been tried immediately prior to treatment with UrgoStart Contact, but this had also not provided sufficient progress.

On commencement of UrgoStart, the PU measured 2 x 4.5cm, with a depth of 3cm and undermining of 7cm from the wound edge. The wound bed consisted of 100% dull, unhealthy granulation tissue and high exudate levels persisted, but no obvious signs of clinical infection. UrgoStart Contact layer was applied to the wound bed and lightly packed into the areas of undermining, with absorbent dressings layered to fill the cavity and UrgoTul Absorb Border was used to secure. Dressings were changed daily.

Photographs were taken regularly during assessments by the TV team, but are unable to be shared as the appropriate level of consent was not granted.

## RESULTS

After 1 week, undermining to the wound edge had reduced to 5cm, which was further reduced to 3cm after another 2 weeks. At the week 5 review, wound depth was reduced by 50%.

TV reviews continued regularly, and the patient's mood improved significantly, reassured that the wound was on a healing trajectory after so long without progress. He was happy to be able to sit out of bed for longer periods as the wound improved, confident the dressing was remaining securely in place. Several occurrences of local wound infection throughout the course of UrgoStart treatment were successfully managed with a two-week course of topical silver dressings, with UrgoStart Contact continued once infection had resolved.

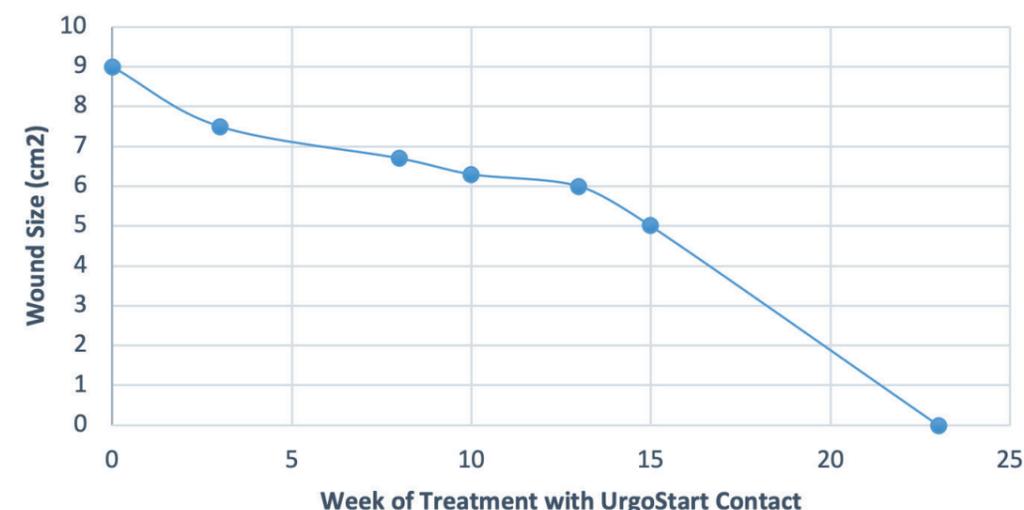


Figure 2: Reduction in wound area

Following less than 6 months' treatment with Urgostart and a wound duration of almost three years, at week 23 the wound was fully healed (Fig. 2)

## DISCUSSION

As highlighted in the literature, this non-healing PU was having a significant impact on the patient's QoL. With such prolonged duration, it was also having negative consequences for the clinician's workload and budget, and so it was imperative a treatment solution was found to promote healing.

Use of UrgoStart Contact resulted in complete healing and thus significant improvements in the patient's QoL. He was able to move around his home more freely in his wheelchair and spend more time with his family. Ultimate healing also positively impacted clinically and financially on the community and TV teams, with decreased need for health care visits, interventions and resources.

As a consequence of this case study and other positive evaluations, UrgoStart treatment range was included in the local dressing formulary. The next step to ensure these positive results are integrated into clinical practice is to implement a local pathway in the community setting to ensure early initiation and continued use of UrgoStart on all complex wounds and patients with co-morbidities in the future.

## CONCLUSION

UrgoStart used in conjunction with an appropriate overall management plan achieved complete healing of a complex

PU alongside multiple other positive outcomes. Previous treatments used with the same standard of care had been unsuccessful in promoting healing, suggesting UrgoStart's unique mode of action was the key variable in achieving this successful outcome. UrgoStart also benefits from being very easy to use, and thus a simple treatment regime to incorporate into standardised care pathways for improving healing outcomes and decreasing the burden of chronic wounds.

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