

EWMA | GNEAUPP 2025 CONFERENCE

The 35th Conference of the European
Wound Management Association

Abstracts & Presentations



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EWMA 2025



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26 — 28 MARCH 2025



Presentations

Wednesday March 26th

Abstract title	Author(s)	Country	Time
Enabling Patient Empowerment: The Impact of Versatile Dressings on Wound Healing and Quality of Life – A Case Series	Iva Pranjić, Mary Costello	IRE	14:15 - 16:00
Addressing antimicrobial resistance in wound care: a quality improvement project investigating stewardship and effective solutions	Elise Dehaes	BE	14:15 - 16:00
Navigating challenges in treating extensive wounds through a case series: insights, best practices, and clinical guidance	Kris Bernaerts	BE	14:15 - 16:00
Evaluating Hydro-Active Colloid Gel for Preventing Deterioration of Incontinence-Associated Dermatitis in Critical Care	Danielle Burnside, Charlotte Johnson	UK	14:15 - 16:00
Use of the enzyme alginogel in the local approach to complex traumatic wounds in the pediatric population: clinical cases.	Rita Cabral	PT	14:15 - 16:00

Thursday March 27th

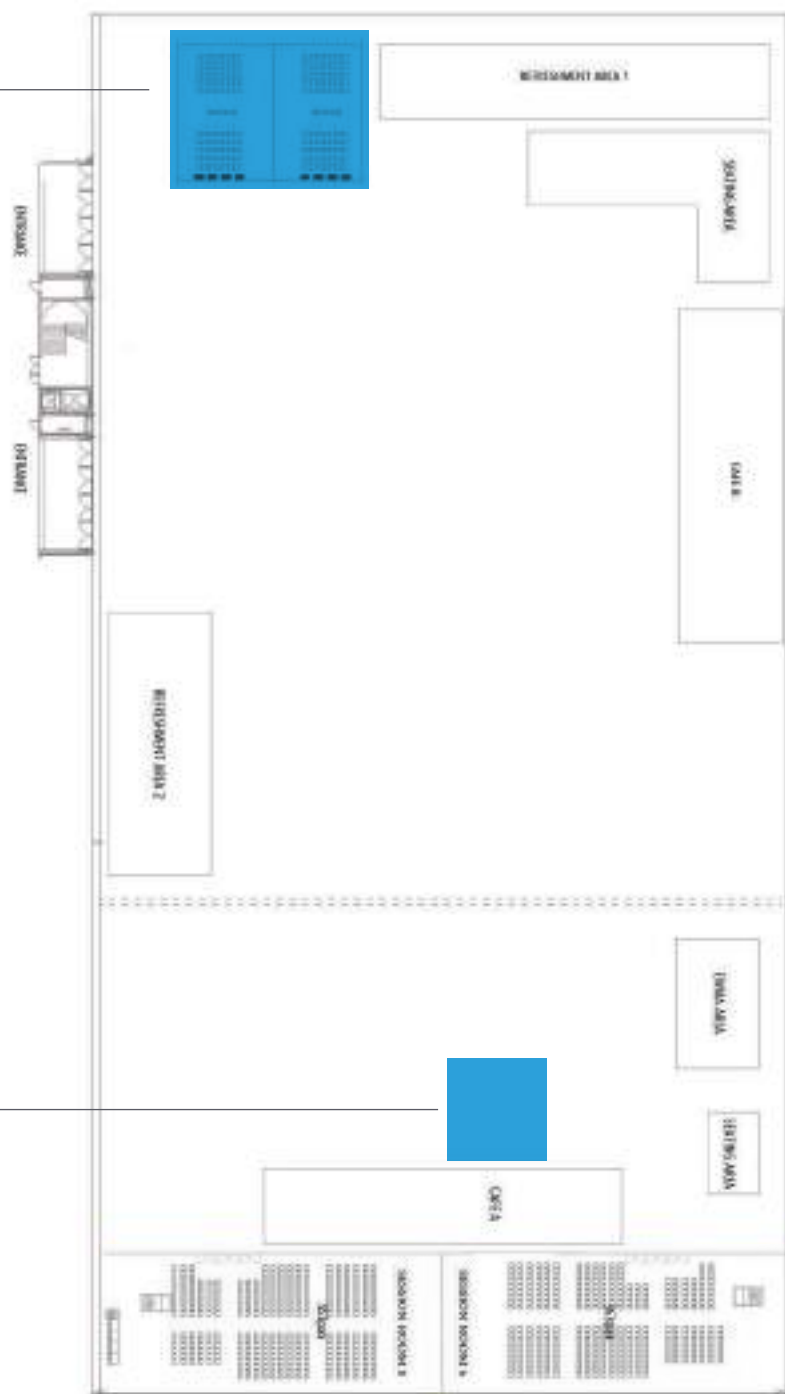
Abstract title	Author(s)	Country	Time
Navigating high-risk paediatric wound care with consistent treatment strategies: 20 years of clinical insights.	Eric Roovers	BE	09:45 - 11:15
Bridging the Gap: Accessible Wound Care for the Homeless Community	Ciara Cotter, Caitriona Doyle	IRE	12:45 - 14:15
Wound follow-up with enzyme-alginogenic pomade in neuroischemic diabetic foot wounds	Miray Kalınbaçoğlu	TUR	12:45 - 14:15

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Presentations

Poster area

Flen Health stand



Advanced Wound Care & Innovative Treatments

- **Kris Bernaerts, Maryline Vandeputte, Iris De Smet**
Navigating challenges in treating extensive wounds through a case series: insights, best practices, and clinical guidance
- **Elise Dehaes**
Addressing antimicrobial resistance in wound care a quality improvement project investigating stewardship and effective solutions
- **Danielle Burnside, Charlotte Johnson**
Evaluating Hydro-Active Colloid Gel for Preventing Deterioration of Incontinence-Associated Dermatitis in Critical Care
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Enabling Patient Empowerment The Impact of Versatile Dressings on Wound Healing and Quality of Life – A Case Series
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Easy to use and economic benefits of an enzyme alginogel
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Optimización del protocolo de curas en heridas oncológicas complejas: un enfoque basado en la evidencia y casos clínicos
- **Elizabeth Canarias**
Con casco y en pantalón corto. La ayuda del alginato hidratado
- **Izar Madinabeitia Serrato**
Herida compleja en lesión postquirúrgica de un año de evolución
- **Miray Kalınbaçoğlu**
Wound follow-up with enzyme-alginogenic

Kris Bernaerts, Maryline Vandeputte, Iris De Smet

NAVIGATING CHALLENGES IN TREATING EXTENSIVE WOUNDS THROUGH A CASE SERIES: INSIGHTS, BEST PRACTICES, AND CLINICAL GUIDANCE

Krist Bernaerts

Kris Bernaerts finished his studies as a Master of Science in Nursing in 1996. Following this, he worked in the Burn Centre and Intensive Care Unit in the University Hospitals of Leuven and then later as the Head Nurse. In 2004 he was appointed as a Clinical Nurse Specialist in Wound Care, a job he likes very much.



Kris is the vice-president of the Wound Care Consultant Society of Belgium, a Flemish wound management society. He's giving several presentations in Belgium and Internationally. He's a guest lecturer in the Catholic University of Leuven and Antwerp for students in Medicine, Pharmacy and Nursing Sciences and for nursing students in the University colleges of Leuven and Limburg. Furthermore, he's also active in wound care in Africa where he coordinated a wound care project in a regional hospital in the Democratic Republic of Congo.

Maryline Vandeputte

Maryline Vandeputte is a dedicated wound care nurse consultant at UZ Leuven Gasthuisberg in Belgium for the past two years. In addition, she has been working for 4.5 years in the intensive care unit, specializing in burn treatment. Her passion lies in providing advanced wound care, improving patient outcomes, and staying up to date with the latest innovations in the field.



NAVIGATING CHALLENGES IN TREATING EXTENSIVE WOUNDS THROUGH A CASE SERIES: INSIGHTS, BEST PRACTICES, AND CLINICAL GUIDANCE

Kris Bernaerts^{1,2}, Maryline Vandeputte^{1,2}, Iris De Smet²

¹ Wound care support team UZ Leuven, Leuven, Belgium;

² Burn Centre UZ Leuven, Leuven, Belgium

Aim: Large surface area wounds, including partial and full thickness burns, traumatic wounds, and soft tissue injuries may present with specific challenges, such as an increased infection risk, cytotoxicity of dressing material and quick and easy application procedures. Negative pressure wound therapy (NPWT) is a preferred option with extensive wounds, however alternatives may be required. The aim of this study is to present specific and challenging large area wounds and to demonstrate a safe and effective complementary solution in a case series.

Methods: In this descriptive study, 6 specific large surface area wounds will be discussed. These wounds include two burn injuries, two deglovements and two soft tissue injuries. The TBSA of these wounds range between 10% and 60% and each presents with its specific challenges. An enzyme alginogel was selected as alternative for or complement to NPWT with the objective to stimulate granulation tissue in preparation for surgical closure or complete healing.

Results: All 6 wounds – including TBSA wounds of 11%, 14%, 17%, 20%, 27% and 58% - healed within a time frame of 7 and 21 weeks. Patient-specific challenges, such as exposed bones and tendons, will be part of the detailed description.

Conclusion: Extensive wounds (TBSA > 10%) often present with specific challenges. Within this case descriptive study, 6 large area wounds of different aetiologies healed successfully using a complement to or alternative for NPWT.

Elise Dehaes

ADDRESSING ANTIMICROBIAL RESISTANCE IN WOUND CARE A QUALITY IMPROVEMENT PROJECT INVESTIGATING STEWARDSHIP

Wound Care Clinic, UZ Brussels

The Wound Clinic of the UZ Brussels exists since 2007. Currently, 4 nursing consultants are active within this team: Sabine Raes, Kelly Ruysch, Elise Dehaes and Jeannine Spinnael. With their extensive expertise and years of experience, they guarantee high-quality care for patients with complex wounds, both acute and chronic.



Our multidisciplinary services are aimed at both outpatients and hospitalized patients, with care tailored to the individual needs of each patient. We treat a wide range of wounds, including venous and arterial ulcers, pressure ulcers, postoperative wounds, acute wounds and oncological wounds.

We adopt a holistic vision in which the patient is put centrally. This means that we not only look at the wound, but also at the underlying causes, the general health of the patient and the psychosocial impact of the wound problem. Our treatment strategies are based on the most recent scientific insights and evidence-based guidelines, so that the patient always receives the most effective care.

ADDRESSING ANTIMICROBIAL RESISTANCE IN WOUND CARE A QUALITY IMPROVEMENT PROJECT INVESTIGATING STEWARDSHIP

Sabine Raes¹, Elise Dehaes¹, Jeannine Spinnael¹, Kelly Ruysch¹

¹Wound Care Clinic, UZ Brussels, Brussels, Belgium

Aim: Antimicrobial resistance (AMR) is a growing challenge in wound care, undermining treatment efficacy and increasing healthcare costs. Effective antimicrobial stewardship (AMS) is essential to optimize treatment and reduce unnecessary antimicrobial use, particularly for chronic wounds in aging and immunocompromised populations. This quality improvement project (QIP) assessed the implementation of the 7 EWMA AMS principles at the wound care clinic of University Hospital Brussels.

Methods: Over 20 weeks, AMS principles were integrated using baseline adherence assessments and education for the wound care team, patients, and caregivers. Emphasis was placed on hygiene and wound cleaning over disinfection. Interventions addressed challenges like managing infected wounds while minimizing antimicrobial prescriptions. Data were collected through questionnaires and clinical evaluations.

Results: Five of the seven AMS principles, led by nurses, were successfully implemented by the wound care consultant. These included promoting hygiene adherence, wound cleaning over disinfection, and supporting patient education. Challenges remained in reducing unnecessary prescriptions and supporting interdisciplinary collaboration. AMS-compliant care in three cases (burn, decubitus, and leg ulcer; mean age 67 years) achieved excellent outcomes: full granulation of a deep 2nd-degree burn in 13 days, 50% reduction in decubitus size in 7 days, and complete leg ulcer healing in 3 weeks. Results were achieved with an enzyme alginogel and daily wound care.

Conclusion: This QIP highlights the importance of AMS-focused education and patient empowerment in improving wound care outcomes. Enzyme alginogel is a promising adjunctive therapy, and further case analyses will enhance understanding of AMS efficacy in clinical settings.

Danielle Burnside, Charlotte Johnson

EVALUATING HYDRO-ACTIVE COLLOID GEL FOR PREVENTING DETERIORATION OF INCONTINENCE - ASSOCIATED DERMATITIS IN CRITICAL CARE

Danielle Burnside

Danielle has served as a Skin Integrity Specialist Nurse since January 2023. In this role, she focuses on enhancing patient safety, improving quality of care, and elevating the patient experience. She is also committed to staff education and the reduction of skin integrity-related issues across the Trust. Since taking on this position, Danielle has significantly advanced her role, demonstrating exceptional dedication and innovation.



Her contributions were recognized with the prestigious Journal of Wound Care 2024: Michelle Deeth New Talent Award, which honours excellence and innovation in practice. This award specifically acknowledges Danielle's outstanding efforts in promoting skin integrity within the first 12 months of her role.

Emma Hale, Senior Tissue Viability Nurse, will be presenting this work on Danielle's behalf.

EVALUATING HYDRO-ACTIVE COLLOID GEL FOR PREVENTING DETERIORATION OF INCONTINENCE - ASSOCIATED DERMATITIS IN CRITICAL CARE

Danielle Burnside¹, Charlotte Johnson¹

¹North Tees and Hartlepool NHS Foundation Trust

Aim: Moisture-associated skin damage (MASD), especially incontinence-associated dermatitis (IAD), is common in critical care units due to faecal incontinence and diarrhoea, leading to discomfort and infection risks. Historically, a locally produced skin integrity guide promoted assessments and barrier creams but lacked treatment guidance to prevent deterioration of excoriation. Through internal research, a hydro-active colloid gel was identified. An evaluation was commenced to assess its efficacy in preventing IAD deterioration compared to existing treatments.

Method: A pathway for preventing and managing MASD in the CCU was introduced. A 14-week evaluation in intensive care and high dependency units assessed the clinical efficacy of a hydro-active colloid gel for treating excoriation and preventing deterioration. Clinicians were instructed to apply the product upon identifying excoriation and monitor MASD. Feedback was collected from staff, patients, and relatives.

Results / Discussion: To compare clinical outcomes, data on pressure ulcers (PUs) and moisture lesions were collected 24 weeks before and 14 weeks during the evaluation. In the CCU, moisture lesions averaged 0.62 per week and PUs averaged 0.88. After introducing the hydro-active colloid gel for 15 patients, moisture lesions decreased by 53% to 0.29 per week, while pressure ulceration dropped by 84% to 0.14 per week. Staff found the gel easy to apply and effective, with 100% recommending continued use. The connection between PUs and MASD was noted for further investigation.

Conclusion: This quality improvement initiative aimed to reduce MASD in critical care by implementing a structured pathway and introducing a hydro-active colloid gel. Based on recorded outcomes and staff feedback, it has launched across the CCU and will soon be implemented Trust-wide.

Mary Costello, Iva Pranjin

ENABLING PATIENT EMPOWERMENT: THE IMPACT OF VERSATILE DRESSINGS ON WOUND HEALING AND QUALITY OF LIFE – A CASE SERIES

Iva Pranjin

Iva has been a wound care nurse specialist since 2021, with prior experience in complex wound management since 2019. She holds dual roles at St. James's Hospital (SJH) Dublin, Ireland's largest teaching hospital (1,033 beds, 5,652 staff), overseeing the Medical-Surgical Outpatient Department and Nurse-Led Wound Clinic.



With a background in critical care and cardiothoracic nursing, Iva has extensive experience in managing surgical wounds. She leads the Complex Surgical Wound Clinic for the general surgery team. Iva is a member of the European Wound Management Association (EWMA), the Wound Care Association – Croatian Initiative, an associate of the European Specialist Nurses Organisations (ESNO), and is registered in Croatia, Ireland, and Australia.

In May of last year, Iva launched the “Complex Surgical Wounds and Their Management” course for SJH and external staff. She frequently presents at national and international conferences, advocates for continuous professional development, and mentors colleagues across disciplines. She is currently pursuing a master's degree in Nursing and conducting a systematic review in wound management.

Iva's work has been published in Wounds UK, and she has created several case study posters. Her expertise in managing medical device complications earned her a gold award from the Journal of Wound Care in London last February.

Presenter: Iva Pranjin

ENABLING PATIENT EMPOWERMENT: THE IMPACT OF VERSATILE DRESSINGS ON WOUND HEALING AND QUALITY OF LIFE – A CASE SERIES

Dr Mary Costello, RANP TVN¹, Iva Pranjić²

¹Mountmellick PCC, Republic of Ireland

²St James's Hospital, Dublin, Republic of Ireland

Aim: Wound management requires a tailored approach based on the patient's specific condition. Identifying treatment aims, along with location, size, and depth, plays a significant role in determining appropriate care. The right dressing promotes healing, prevents complications, and suits both the wound type and the patient's overall condition. This case series will explore the versatility of an Enzyme Alginogel in treating various wound types.

Method: A retrospective review examined 30 patients treated with the Enzyme Alginogel in acute and community settings in Ireland. Enzyme Alginogel promotes healing by facilitating debridement of devitalised tissue, absorbing exudate and providing antimicrobial protection. Over 12 weeks, the study assessed wound types, patient demographics, tissue type, moisture management, time to closure, and quality of life improvements, including pain and independence.

Results / Discussion: The study showed that Enzyme Alginogel effectively reduced pain, managed moisture, and facilitated debridement. Pain levels dropped significantly, with average VAS scores decreasing from 9.4 to 0.6 over 12 weeks. Debridement improved, noted by 90% of healthcare professionals. Patients also experienced reduced signs of infection and enhanced independence in wound care. Overall, the product contributed positively to wound healing and quality of life, addressing pain and enhancing self-management.

Conclusion: Enzyme Alginogel is a versatile wound dressing that can assist patients to actively manage their healing whilst significantly reducing pain. Demonstrating proven efficacy across various wound and tissue types, this product facilitates supported self-care, ensuring primary treatment objectives are achieved. Furthermore, it positively influences patients' quality of life enhancing overall experience during recovery.

Sandra Janssen, Jennifer Boereboom

EASY TO USE AND ECONOMIC BENEFITS OF AN ENZYME ALGINOGEL

Sandra Janssen

Sandra Janssen works as a Nurse Specialist in Wound and Vascular Care at Elkerliek Hospital. In 1995, she obtained her diploma as an oncology nurse. However, her interest in wound care grew stronger, and in 2004, she completed her Master Advanced Nursing Practice (MANP), after which she established the wound clinic at Elkerliek Hospital.

In 2010, she successfully completed the Vascular Specialization, a valuable addition considering that many wounds are related to vascular issues. During her MANP (Nurse Specialist) training, she developed an interest in conducting and participating in scientific research. In 2014, she obtained her Master's in Health & Social Care from the University of Birmingham.

In 2023, she earned her PhD at Radboudumc, focusing on:

"Tailored decision-making with patients suffering from open wounds. The impact of negative pressure wound therapy on the quality of life of patients with wounds."

In addition to her role as a Nurse Specialist in Wound and Vascular Care, Sandra is also a lecturer and thesis supervisor at the Wound Care program of the Radboud Health Academy and serves as a board member of V&VN Wound Expertise.



Jennifer Boereboom

Since 2016 I am a wound nurse. From 1999 I followed the HBO_V nurse in Catharina hospital, then worked 2 years in surgery. Then followed the IC nurse training and from 2006 until 2020 worked in the IC of the Catharina hospital in Eindhoven as IC nurse and one day a week (from 2016) I did there all wound care, pressure ulcer care on the department. Since 2020 working at the Elkerliek hospital as wound specialist and since September 2024 as nursing specialist wound car. (In 2022 I also did the vascular specialization).



EASY TO USE AND ECONOMIC BENEFITS OF AN ENZYME ALGINOGEL

Sandra Janssen¹, Jennifer Boereboom¹

¹ Elkerliek Hospital

Aim: To explore the ease of use of an enzyme alginogel with patients of different ages. To report experiences of the patients who performed the dressing changes by themselves. Lastly, also cost savings are considered.

Method: A case series of four patients using an enzyme alginogel for wounds with different etiologies, at home, was collected. Patients did get instructions for use from the health care professional and performed the dressing changes themselves at home. Wound healing time was noted. Easiness of use of the enzyme alginogel and the level of comfort with doing the dressing changes themselves were discussed with the patients at every outpatient clinic visit. Differences in costs were calculated.

Results / Discussion: Four patients, two young and two elderly patients, were included and shared their experiences. All four patients experienced the enzyme alginogel as very easy to apply and to remove. None of the patients reported pain during and in between dressing changes. All four patients indicated that they could perform the dressing changes by themselves and that they did not require home care assistance.

Conclusion: An enzyme alginogel is a valuable treatment option for patients with wounds of different etiologies. Our patients were able to perform the dressing changes by themselves at the home of the patient. This resulted in reduced healthcare costs and a higher sense of self.

Maria Del Coral Robles Benitez

OPTIMIZACIÓN DEL PROTOCOLO DE CURAS EN HERIDAS ONCOLÓGICAS COMPLEJAS: UN ENFOQUE BASADO EN LA EVIDENCIA Y CASOS CLÍNICOS

OPTIMIZACIÓN DEL PROTOCOLO DE CURAS EN HERIDAS ONCOLÓGICAS COMPLEJAS: UN ENFOQUE BASADO EN LA EVIDENCIA Y CASOS CLÍNICOS

Maria Del Coral Robles Benitez¹

¹Hospital Universitario de Badajoz, Badajoz, Spain

Objetivo: Determinar la efectividad de un protocolo de cuidados basado en la evidencia para el manejo de heridas oncológicas, enfocado en promover la cicatrización, controlar la carga bacteriana, aliviar el dolor y el olor, y mejorar la calidad de vida de los pacientes mediante un plan de cuidados integral.

Métodos: Se seleccionaron pacientes oncológicos con heridas de diversa etiología, incluyendo lesiones asociadas a la humedad y Radiodermatitis. El protocolo incluyó una solución limpiadora de acción hipertónica con propiedades antimicrobianas y un Alginogel enzimático para facilitar el desbridamiento autolítico y la regeneración tisular. Las heridas fueron evaluadas durante un período de 4 semanas, con revisiones semanales para monitorear la cicatrización, el control del exudado, el alivio del dolor y la reducción del olor.

Resultados: Los pacientes presentaron mejoras significativas en la cicatrización de sus heridas, con una reducción marcada del exudado y control eficaz de la infección. Asimismo, se observó una rápida formación de tejido de granulación, acompañada de una disminución notable del dolor y el olor, lo que contribuyó a una mejora global en la calidad de vida de los pacientes.

Conclusiones: El protocolo evaluado ha demostrado ser una intervención eficaz en el manejo de heridas oncológicas complejas, acelerando la cicatrización y mejorando síntomas como el dolor y el olor, con un impacto positivo en la calidad de vida de los pacientes. Los casos clínicos revisados apoyan su implementación rutinaria en el manejo de estas lesiones, promoviendo tanto la recuperación física como el bienestar emocional de los pacientes.

Elizabeth Canarias

CON CASCO Y EN PANTALÓN CORTO. LA AYUDA DEL ALGINATO HIDRATADO

CON CASCO Y EN PANTALÓN CORTO. LA AYUDA DEL ALGINATO HIDRATADO

Elizabeth Canarias

Objetivo: Dar a conocer la eficacia del alginogel enzimático en lesiones de piel producidas por abrasión en asfalto.

Métodos: Varón que sufre abrasiones profundas en cara externa de miembro inferior izquierdo tras caída accidental con una motocicleta sin la vestimenta adecuada. Derivado a consulta desde urgencias tras 48h posteriores a la lesión.

Se aborda la abrasión mediante cura en ambiente húmedo, con la siguiente pauta: limpieza con suero fisiológico, aplicación de una capa de alginogel enzimático de unos 5mm y apósito secundario de poliuretano dos veces en semana.

Resultados: El abordaje permite pasar de una una escala Resvech 2.0 de 17 puntos en la primera visita del paciente, donde refiere escala visual analógica del dolor (EVA) de 9 puntos, a escalar Resvech de 8 puntos en tan solo 7 días de tratamiento con unEVA de 4 puntos. Se consigue la epitelización completa en 18 días .

Conclusiones: La cura en ambiente húmedo permite reducir el dolor de las lesiones por abrasión y el tiempo necesario para su epitelización. El uso de alginato en formato gel, frente a otros productos utilizados en este tipo de lesiones, demuestra un elevado poder enzimático que permite desbridar las lesiones con un bajo nivel de dolor, minimizar el riesgo de infección y permitir la regeneración de la lesión en un corto periodo de tiempo.

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Izar Madinabeitia Serrato

HERIDA COMPLEJA EN LESIÓN POSTQUIRÚRGICA DE UN AÑO DE EVOLUCIÓN

HERIDA COMPLEJA EN LESIÓN POSTQUIRÚRGICA DE UN AÑO DE EVOLUCIÓN

Izaskun Arriaran Mendiadua¹, Izar Madinabeitia Serrato², Jokin Martínez Gallardo²

¹Osakidetza OSI Debagoiena, Mondragón, Spain,

²Osakidetza OSI Debagoiena, Mondragón, Spain

Objetivo: Mostrar el beneficio del alginogel enzimático e hipoclorito de sodio en una herida compleja por dehiscencia de un año de evolución.

Métodos: Paciente de 47 años institucionalizado en psiquiatría, antecedentes de consumo de alcohol, tabaco y diabetes. Intervenido por fractura del calcáneo con dehiscencia posterior.

Curas locales durante 1 año, finalmente traumatología extrae material de osteosíntesis (EMO).

Primera valoración postquirúrgica; sin signos de infección aparentes, bordes macerados y escaso exudado serohemático. Se trata con polihexanida, zinc en piel perilesional, terapia de presión negativa sin contenedor y venda de Zinc.

Valorado conjuntamente por traumatología y referente de heridas complejas se retira la TPN por mala evolución. Se modifica pauta de cura manteniéndola hasta la completa cicatrización:

- Limpieza y desinfección con Polihexanida
- Curetaje del lecho
- Fomentos de hipoclorito de sodio con sal marina 10 min
- Protección de bordes con zinc
- Aplicación de alginogel enzimático
- Apósito secundario de alginato
- Contención con venda de zinc

Primera cura en 72h, posteriormente en 7 días e incluso alguna en 10 días a petición del paciente.

Resultados: En 75 días se ha conseguido la epitelización completa de la herida tras un año de evolución tórpida.

Conclusiones: El uso de un tratamiento que reduzca el tiempo de cicatrización de la herida combinando, manejo del exudado, desbridamiento y control de la infección supone una opción coste eficiente y una mejora en la calidad de vida del paciente. Disminuyó el dolor, dejó de precisar muleta, y obtuvo permiso para visitar a su familia.



Miray Kalınbaçoğlu

WOUND FOLLOW-UP WITH ENZYME-ALGINOGENIC POMADE IN NEUROISCHEMIC DIABETIC FOOT WOUNDS

Miray Kalınbaçoğlu

Miray was born in Ankara in 1995. She graduated from Hacettepe University Faculty of Medicine (English medicine) in 2019. In January 2021, she started working as a resident in the Plastic, Reconstructive and Aesthetic Surgery Department of Gulhane Training and Research Hospital. She is in the 4th year of her residency. She has done various studies in the field of wound care.

She had an oral presentation titled "Our Experiences in Using a Dermal Substitute in Deep Burns of Various Etiologies" at the Recent Advances in Surgery and Burn Meeting held in 2023. This study was published in the 2023/2 issue of Burn Care and Prevention journal. She had another oral presentation titled "Combination of Surgical Excision with Pre and Postoperative Radiotherapy in Treatment of Keloids Resistant to Steroid Injections" at the 12th Balkan Association of Plastic Reconstructive and Aesthetic Surgery Congress held in 2023. The study called "EFFECTIVENESS OF SUPRATHEL ON SCAR QUALITY IN DEEP PARTIAL THICKNESS BURNS", which was conducted by her clinic and in which she took part as a co-investigator, was presented orally in the same congress.



WOUND FOLLOW-UP WITH ENZYME-ALGINOGENIC POMADE IN NEUROISCHEMIC DIABETIC FOOT WOUNDS

İlteriş Kağan Türkyilmaz, Miray Kalinbaçoğlu, Nesrin Tan Başer

Introduction: Diabetic foot wounds are chronic wounds that significantly affect the quality of life of patients. Patients with diabetic neuropathy are prone to wound dehiscence and recurrence even when treated surgically. When ischaemia caused by peripheral arterial disease is added to this, flap closure is no longer an option.

Methods: We report an 84-year-old patient with type 2 diabetes mellitus and a 20-year history of coronary and peripheral artery disease. The patient presented with an enlarged wound on the plantar surface of the first metatarsal head of the right foot. He had a 2 cm open wound the plantar surface of the first toe of the right foot and cellulitis affecting the dorsum of the foot. The patient was on 2 blood thinners. Therefore, limited surgical debridement was performed. Tissue culture was taken. The wound area was closed with enzyme-algino-gel pomade to reduce bacterial load and sloughing. Daily dressings were applied for the first 2 weeks. Then enzyme-alginogel pomade was applied every 3 days.

Results & Discussion: Wound surface area and volume, exudate levels and wound tissue were regularly evaluated. *Klebsiella pneumoniae* was grown in the first tissue culture. No growth was detected in the 3rd week cultures. Cellulitis regressed in the 1st week. In the 2nd week, granulation started to form in the wound. Complete wound healing was achieved in the 10th week.

Conclusion: In diabetic foot ulcers, radical and repeated debridement, frequent examination, careful and moisture-balanced dressing to control bacteria and prevent maceration are essential. However, radical and repeated debridement is not appropriate in the neuroischemic foot. We believe that close wound management with a product with antimicrobial activity that provides both continuous wound debridement and a balanced moist environment is the most appropriate approach in neuro-ischemic patients.



Figure 1: Before Admission to the Hospital



Figure 2: Hospitalization process



Figure 3: : After our treatment



Figure 4: : After our treatment

Burn Wound Management

- **Silvia Mínguez Abia**
Nuevo enfoque en el tratamiento de las quemaduras pediátricas que requieren ingreso hospitalario con el uso de alginogel enzimático
- **Fátima Cerón Molina**
Tratamiento de quemaduras de espesor parcial con alginogel enzimático antimicrobiano: experiencia y protocolo de aplicación en la unidad de quemados
- **İlteriş Kağan Türkyılmaz**
Comparison of the use of alginogel enzyme in the treatment of burnt hands with standard of care

Silvia Mínguez Abia

NUEVO ENFOQUE EN EL TRATAMIENTO DE LAS QUEMADURAS PEDIÁTRICAS QUE REQUIEREN INGRESO HOSPITALARIO CON EL USO DE ALGINOGEL ENZIMÁTICO.



Silvia Mínguez Abia

NUEVO ENFOQUE EN EL TRATAMIENTO DE LAS QUEMADURAS PEDIÁTRICAS QUE REQUIEREN INGRESO HOSPITALARIO CON EL USO DE ALGINOGEL ENZIMÁTICO.

Silvia Mínguez Abia

Objetivo: Las quemaduras pediátricas representan una causa significativa de morbilidad y mortalidad a nivel mundial, generando un impacto profundo en la salud física y emocional de los pacientes. El objetivo de este estudio es compartir nuestra experiencia con el uso de alginogel enzimático en niños menores de 14 años hospitalizados por quemaduras, describiendo los cambios a nivel asistencial y los beneficios obtenidos tanto para el niño como para su familia.

Métodos: Tras los buenos resultados observados en pacientes quemados adultos a los que se les fue aplicado el protocolo de uso del alginogel enzimático, se inicia su uso en niños en el 2023. Se realizó una revisión retrospectiva de los casos tratados con alginogel enzimático entre 2023 y 2024.

Resultados: Se analizaron los casos de menores de 14 años hospitalizados por quemaduras en los que se aplicó alginogel enzimático. Entre los beneficios destacados se incluye la posibilidad de espaciar los intervalos de curas, lo cual disminuyó la necesidad de sedoanalgesia, redujo el uso de recursos humanos y materiales, y aminoró la ansiedad percibida por los pacientes y sus familias.

Conclusiones: Nuestra experiencia sugiere que el uso de alginogel enzimático en pacientes pediátricos permite espaciar las curas, posibilitando el alta domiciliaria entre estas. Esto ha contribuido a reducir el impacto psicosocial de la hospitalización en los niños y sus familias.

Fátima Cerón Molina

TRATAMIENTO DE QUEMADURAS DE ESPESOR PARCIAL CON ALGINOGEL ENZIMÁTICO ANTIMICROBIANO: EXPERIENCIA Y PROTOCOLO DE APLICACIÓN EN LA UNIDAD DE QUEMADOS

TRATAMIENTO DE QUEMADURAS DE ESPESOR PARCIAL CON ALGINOGEL ENZIMÁTICO ANTIMICROBIANO: EXPERIENCIA Y PROTOCOLO DE APLICACIÓN EN LA UNIDAD DE QUEMADOS

Paula Álvarez Hernández¹, Fátima Cerón Molina¹, Jose Ramón Martínez Méndez¹, Francisco Leyva Rodríguez¹

¹Hospital Universitario La Paz, Madrid, Spain

Objetivo: Este trabajo tiene como objetivo describir el protocolo de aplicación de alginogel enzimático antimicrobiano en el tratamiento de quemaduras de espesor parcial en una unidad de quemados, así como evaluar su efectividad en términos de cicatrización y manejo de infecciones en heridas.

Métodos: Se llevó a cabo un estudio retrospectivo y observacional de pacientes atendidos entre enero de 2020 y diciembre de 2022 en la unidad de quemados del hospital. Se incluyeron pacientes con quemaduras de espesor parcial tratados exclusivamente con Flaminal, sin comparaciones con otros tratamientos. El protocolo consistió en la aplicación tópica de Flaminal a diario o cada dos días, evaluando la evolución de la herida en términos de exudado, dolor y signos de infección.

Resultados: Se incluyeron pacientes entre junio de 2022 y julio de 2023 con quemaduras de espesor parcial de distintas etiologías y áreas anatómicas. Los resultados sugieren que Flaminal es eficaz en el control de infecciones y en la promoción de una cicatrización rápida y sin complicaciones.

Conclusiones: La aplicación de alginogel enzimático antimicrobiano en quemaduras de espesor parcial demostró ser segura y efectiva, facilitando la cicatrización y previniendo infecciones. El protocolo presentado puede servir como guía para la implementación en otras unidades de quemados, optimizando el manejo de este tipo de lesiones.

İlteriş Kağan Türkyılmaz

COMPARISON OF THE USE OF ALGINOGEL ENZYME IN THE TREATMENT OF BURNT HANDS WITH STANDARD OF CARE

İlteriş Kağan Türkyılmaz

İlteriş was born in Ankara in 1995. He graduated from Baskent University Faculty of Medicine in 2020. In January 2022, he started working as a resident in the Plastic, Reconstructive and Aesthetic Surgery Department of Gulhane Training and Research Hospital. He is in his 3th year of his residency.

He had an international oral presentation titled "Results of Magnetic Resonance Imaging-Assisted Surgery in Hidradenitis Suppurativa Hurley Stage 3 Patients" at the 10th king's international symposium on Diabetic foot reconstruction in 2024.



COMPARISON OF THE USE OF ALGINOGEL ENZYME IN THE TREATMENT OF BURNT HANDS WITH STANDARD OF CARE

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Enzyme alginogel prevents infection with its glucose oxidase/lactoperoxidase enzyme content, absorbs liquid exudate formed on the wound with its alginate content, and helps autolytic debridement.

Application frequency varies depending on the wound condition. While it is applied daily for draining wounds, it is generally applied with an average frequency of 1-4 days. First, the wound area is cleaned with physiological saline or chlorhexidine solutions. Then, 3-5 mm thick gel is applied. A second dressing, such as gauze or hydrocolloid dressing materials, is required over the gel

Aim: Deep partial and full-thickness burns of the hand are a significant source of morbidity. As functionalisation of the hand is important at the end of treatment. The aim of burn care is to restore wound healing and movement within 14-21 days. Different types of dressings and skin grafts are used to achieve this goal. The aim of this study was to evaluate the results and efficacy of enzyme alginogel application and standard of care (SOC) in patients with deep second and third degree burns of both hands admitted to our burn centre.

Method: In 5 patients with flame burns on both hands, the right hand was treated with SOC (paraffin gauze dressing with chlorhexidine and mechanical debridement), while the left hand was treated with enzyme-alginogel containing pomade for autolytic debridement. Patients were analysed for number of days to healing, skin graft requirement and wound bacterial load.

Results / Discussion: All 5 SOC-treated hands were grafted on days 13-20. Of the 5 hands treated with enzyme alginogel, 2 (3rd degree burns) were grafted on day 20. The other 3 hands were epithelialised on days 13-20. In terms of bacterial load, 4 of the 5 hands followed up with SOC had growth (*P. Aeruginosa* and *Enterobacter hormaechei*), 2 of the 5 hands with enzyme-alginogel application had *P. Aeruginosa* growth and the others had no growth.

Conclusion: Our limited patient data show that the use of enzyme-alginogel in partial-thickness deep 2nd and 3rd degree burns of the hand provides antimicrobial protection and rapid healing results. It was also found to be effective in preparing the wound for grafting in 3rd degree burns.

A.E. Male Age:35 TBSA:%13 Flame Burn Total hospital stay: 25 Days

	Day 0	Day 1	Day 2	Day 6	Day 7	Day 13	Day 17	Day 24	Day 45
(Alginate)									
L									
(SOC+STSG)									
R									

I.Y. Male Age:40 TBSA:%28 Flame Burn Total hospital stay: 45 Days

	Day 0	Day 5	Day 7	Day 8	Day 12	Day 14	Day 19	Day 26
(Alginate+STSG)								
L								
(SOC+STSG)								
R								

Multidisciplinary & Personalized Wound Care

- **Ciara Cotter, Caitriona Doyle**
Bridging the Gap: Accessible Wound Care for the Homeless Community
- **Dennis de Bie**
Atypical leg ulcers and their requirement for a multidisciplinary team approach.
- **Diana Romero Navarro**
Alternativas a la cirugía: estrategias de manejo conservado
- **Eladia Gonzalez**
Úlcera por presión (UPP) asociada al uso de dispositivos médicos
- **Ester Vilchez**
Cierre de herida isquémica crónica infectada tratada con alginogel enzimático
- **Maria De La Cruz Vaca Suárez**
Enfermería y cuidados compartidos: pilar clave en el tratamiento multidisciplinar de la gangrena de Fournier

Ciara Cotter, Caitriona Doyle

BRIDGING THE GAP: ACCESSIBLE WOUND CARE FOR HOMELESS COMMUNITY



Ciara Cotter, Caitriona Doyle

Ciara Cotter

Ciara is a registered mental health nurse with extensive experience in both acute and forensic psychiatry across Ireland and Australia. Most recently, she has been working in Dublin with a homeless organization, where she is part of a nurse-led primary care team. During her time in this role, she has gained valuable expertise in wound care, ensuring that high-quality care is delivered to a vulnerable population while meeting the specific demands of the service. This role has further enhanced her skills in providing comprehensive and compassionate care in challenging environments.

Caitriona Doyle

Caitriona spent 10 years working in haemodialysis at a major Dublin hospital, where she developed the first renal-specific wound care policy. She now serves as a TVN CNS in the Dublin North Central Community. Passionate about social inclusion, Caitriona collaborated with the HSE and the Simon Community to establish a TVN wound clinic for the homeless and active drug users.

She is an expert panel member for new HSE developments and serves on the committee for the Tissue Viability Nurses Association Ireland. Recently, Caitriona returned to university to pursue a nurse prescriber course.

BRIDGING THE GAP: ACCESSIBLE WOUND CARE FOR HOMELESS COMMUNITY

Ciara Cotter¹, Caitriona Doyle²

¹The Dublin Simon Community, Dublin, Ireland,

²North West HSE, Dublin, Ireland

Aim: Homeless populations face heightened risks for acute and chronic wounds due to complex factors such as unstable living situations, multi-faceted comorbidities and limited healthcare access, all of which complicate wound management. Our aim was to address these barriers by delivering adaptable, effective wound care solutions within the homeless community.

Methods: Homeless clients are often transient and may not attend regular appointments, we established wound care clinics in homeless accommodation aiming to reduce barriers to wound care for homeless clients. Our integrated care plan offered on-site wound care clinics in hostels, offering walk-in access without the need for appointments.

We chose an Enzyme Alginogel, a dressing that debrides, has antimicrobial properties, and absorbs exudate, making it ideal for clients who may not return for weeks. It allows longer intervals between changes while maintaining wound integrity, enhancing management and overall healing for patients with inconsistent wound care.

Results: We succeeded in overcoming specific wound care challenges for homeless clients, whose transient lifestyle often limits follow-up. For client safety, we found that using a natural Enzyme Alginogel dressing is especially beneficial for homeless clients, reducing the risk of tissue damage from embedded dressings.

Conclusion: Considerations need to be made when treating homeless clients, the clinician must adapt their choice of dressings to suit the lifestyle of the person. We found that by using a natural Enzyme Alginogel, it acts as the ideal dressing of choice for homeless clients as it reduces the incidence of embedded dressings causing tissue damage.

Dennis de Bie

ATYPICAL LEG ULCERS AND THEIR REQUIREMENT FOR A MULTIDISCIPLINARY TEAM APPROACH

Dennis de Bie

Since 1990, Dennis de Bie has been working in the Division of Surgical Specialties as a nurse and team leader in Surgery and Medium Care Surgery.

In 2000, Dennis became Chair of the Wound Treatment Working Group at UMCU.

Since 2006, Dennis has been part of the Surgical Outpatient Clinic, specializing in wound treatment, VAC therapy, and vascular surgery, focusing on peripheral arterial disease (Fontaine IV), diabetic foot, and aortic aneurysms.

In addition to clinical practice, Dennis is actively involved in medical education, teaching medical students and contributing to U-Consultancy.



ATYPICAL LEG ULCERS AND THEIR REQUIREMENT FOR A MULTIDISCIPLINARY TEAM APPROACH.

Dennis de Bie¹

¹UMC Utrecht, Utrecht, The Netherlands

Aim: To describe the treatment of atypical leg ulcers with an enzyme alginogel alginate as part of a multidisciplinary medical approach.

Methods: Case reports of 1) a 65-year-old patient with IgM-related cryoglobulinemia ulcers and 2) a 77-year-old woman with a painful leg ulcer due to limited cutaneous systemic sclerosis (lcSSc). Wound photography and the TIME-S model (Tissue, Infection/inflammation, Moisture balance, Edge of wound, and Surrounding skin) were used to evaluate wound healing, with patients' consent.

Results: The enzyme alginogel treatment was painless, facilitated debridement, and supported self-management, enabling the patients to manage their own wound care. A home nurse monitored wound progress weekly, and the patients visited the outpatient wound clinic every two to three weeks. Despite persisting disease, the ulcers healed within six months.

Conclusions: Extensive diagnostics and a multidisciplinary approach, involving a hematologist, dermatologist, rheumatologist, pathologist, vascular surgeon, and nurse specialists, are crucial for the treatment of atypical leg ulcers. Systemic treatment alongside local treatment with an enzyme alginogel led to successful wound healing. The enzyme alginogel supported the patients' self-management, was applicable in the use of an ibuprofen-containing secondary dressing, and no local infections occurred.

*Enzyme alginogel known as Flaminal®.

Diana Romero Navarro

ALTERNATIVAS A LA CIRUGÍA: ESTRATEGIAS DE MANEJO CONSERVADO

ALTERNATIVAS A LA CIRUGÍA: ESTRATEGIAS DE MANEJO CONSERVADO

Diana Romero Navarro¹ , [Eva Sánchez Roch¹](#)

1GNEAUPP, Alicante, Spain

Objetivo: Mejorar la calidad de vida de la paciente a través de un enfoque conservador y personalizado en el tratamiento de la herida.

Métodos: Paciente mujer de 87 años con antecedentes de hipertensión arterial, dislipemia, insuficiencia cardíaca crónica, insuficiencia renal crónica, hiperuricemia, enfermedad pulmonar obstructiva e insuficiencia venosa. No tiene deterioro cognitivo, vive sola con apoyo familiar. Desplazamiento en silla de ruedas y con andador.

La paciente se cayó el 09/06/24 produciéndose hematomas y heridas con pérdida de sustancia en miembros inferiores. Se realizaron curas en su centro de salud y fue ingresada para realizarle un desbridamiento quirúrgico, posteriormente se trató con terapia de presión negativa de un solo uso. El 16/07/24 se deriva a cirugía plástica para valorar la realización de injertos. Debido a sus comorbilidades se decide aplazar quirófano y ver evolución.

El 24/07/24 se retira TPN e iniciamos curas (cada 72 h) con solución hipertónica de sal marina y ácido hipocloroso como antiséptico, alginogel enzimático, crema barrera y vendaje compresivo.

La paciente se dio de alta el día 08/10/2024

Resultados: En un periodo de 84 días, se alcanzó la cicatrización completa de la herida, evitando así la necesidad de cirugía en la paciente.

Conclusiones: Hemos logrado evitar una intervención quirúrgica en una paciente con múltiples comorbilidades con un plan de tratamiento centrado en mejorar su calidad de vida. La combinación del alginogel enzimático con la solución de sal marina y ácido hipocloroso como antimicrobiano favoreció significativamente la regeneración del tejido, facilitando una pronta recuperación y eliminando la necesidad de cirugía.

Eladia Gonzalex

ÚLCERA POR PRESIÓN (UPP) ASOCIADA AL USO DE DISPOSITIVOS MÉDICOS

ÚLCERA POR PRESIÓN (UPP) ASOCIADA AL USO DE DISPOSITIVOS MÉDICOS.

Eladia Gonzalex

Objetivo: Aumentar el grado de satisfacción tanto a nivel individual como familiar, optimizando los recursos y dificultades en el tratamiento.

Patient Reported Experience (Prems)

Patient-Reported Outcome Measure (Proms)

Métodos: Acude al centro de salud una paciente de 64 años con UPP asociadas a dispositivos antirotatorio, con antecedentes de enfermedad pulmonar obstructiva crónica, adenocarcinoma de pulmón estadio IV-C, insuficiencia arterial periférica y prótesis parcial de cadera. Hasta el momento estaba siendo tratada con cura seca cada 48 horas (gasa con yodo) prescrito por cirugía vascular debido el estadio del adenocarcinoma. La familia no estaba de acuerdo con esta decisión debido a que la lesión era yatrogénica.

Se decide junto con la familia hacer un abordaje centrado en conseguir la cicatrización de la herida para mejorar la calidad de vida del paciente.

Las UPP están localizadas en la cara interna del maléolo izquierdo y en el antepié con un tamaño de 6x4 cm y 1x1 cm respectivamente. La úlcera de menor tamaño tenía tendón expuesto. El tejido presente era de 90% tejido necrótico y 10% esfacelo. El exudado era seropurulento. No presentaba signos clínicos de infección. Los bordes y la piel perilesional estaban eritematosos y macerados. Las UPP eran de grado IV.

Se inicia el 22/03/2024 una cura con alginogel enzimático con el objetivo de desbridar el tejido necrótico y controlar el exudado. Se realizaron las curas cada 2-3 días. Durante los primeros días la paciente refirió dolor.

Resultados: Después de 16 semanas de tratamiento se dio de alta con la herida completamente epitelizada.

Conclusiones: El alginogel enzimático permitió un buen control exudado, disminuyó el eritema, la maceración de los bordes y debido a su capacidad antibacteriana no precisó antibioterapia oral.



22/03/2024



27/03/2024



22/04/2024



03/05/2024



05/06/2024



23/07/2024

Ester Vilchez

CIERRE DE HERIDA ISQUÉMICA CRÓNICA INFECTADA TRATADA CON ALGINOGEL ENZIMÁTICO

CIERRE DE HERIDA ISQUÉMICA CRÓNICA INFECTADA TRATADA CON ALGINOGEL ENZIMÁTICO

Ester Vilchez

Objetivo: Este estudio tiene como finalidad describir el manejo y la evolución de las heridas en un paciente de 73 años con celulitis derivada de úlceras vasculares isquémicas de larga duración (más de un año). El paciente presenta múltiples comorbilidades, incluyendo trombocitemia esencial, EPOC, ictus isquémico, hipertensión arterial, dislipemia y es portador de un stent femoral. Además, es alérgico a la plata.

Métodos: Se realizó un cultivo del exudado de las úlceras, que resultó positivo para *Pseudomona aeruginosa* multirresistente y *Enterococcus faecalis*. Se realizó tratamiento con antibiótico endovenoso ceftolozano/abivactam durante 10 días. El 06/02/2024 se iniciaron curas diarias que incluyeron el uso de solución de polihexanida betaina, crema barrera para proteger los bordes perilesionales, alginogel enzimático y apósitos de silicona.

Resultados: Se observó una mejora significativa en el aspecto del lecho de las heridas y en el tamaño de las lesiones, lo que sugiere la efectividad del tratamiento implementado. El paciente fue dado de alta con curas ambulatorias el 19/02/2024. La epitelización completa se produjo el 04/04/2024.

Conclusiones: El uso de alginogel enzimático se presenta como una alternativa valiosa en la práctica clínica para el tratamiento de heridas crónicas isquémicas infectadas. Este enfoque es especialmente relevante para pacientes que presentan alergia o intolerancia a la plata, quienes a menudo enfrentan limitaciones en las opciones de tratamiento disponibles. La aplicación de alginogel enzimático no solo promueve un manejo efectivo del lecho de la herida, sino que también favorece una epitelización temprana.

Maria DE LA Cruz Vaca Suárez

ENFERMERÍA Y CUIDADOS COMPARTIDOS: PILAR CLAVE EN EL TRATAMIENTO MULTIDISCIPLINAR DE LA GANGRENA DE FOURNIER

ENFERMERÍA Y CUIDADOS COMPARTIDOS: PILAR CLAVE EN EL TRATAMIENTO MULTIDISCIPLINAR DE LA GANGRENA DE FOURNIER

Maria DE LA Cruz Vaca Suárez¹,

¹Hospital Universitario de Badajoz, Badajoz, Spain

Objetivo: Resaltar el papel fundamental de la enfermería en la implementación y seguimiento de un protocolo de curas avanzadas para la Gangrena de Fournier, fomentando la colaboración entre el equipo multidisciplinar, el paciente y sus cuidadores, para asegurar la continuidad de los cuidados.

Métodos: Caso clínico de un varón de 63 años con una Gangrena de Fournier. El tratamiento incluyó dos desbridamientos quirúrgicos y la implementación de un protocolo avanzado de curas basado en una solución de hipoclorito de sodio y sal, un alginogel enzimático, y una gasa de captación bacteriana. Este enfoque permitió la creación de un entorno húmedo óptimo, controlando la infección y promoviendo la formación de tejido de granulación.

Resultados: El manejo multidisciplinar y el protocolo de curas avanzadas controlaron eficazmente la infección y aceleraron la cicatrización. El tejido necrótico fue eliminado completamente a los 22 días, logrando un lecho de granulación adecuado. El paciente fue dado de alta a los 25 días, con la continuidad de los cuidados domiciliarios bajo la supervisión de un familiar capacitado, lo que permitió una reepitelización completa a los 115 días.

Conclusiones: El manejo exitoso de la Gangrena de Fournier requiere un enfoque multidisciplinar, donde la enfermería es clave tanto en los cuidados avanzados como en la formación de cuidadores para asegurar la continuidad del tratamiento. Además, se destaca la efectividad de los productos antimicrobianos y la importancia de un protocolo bien definido para lograr la cicatrización completa y la recuperación de las actividades diarias.

Paediatric Wound Management

- **Rita Cabral**

Use of the enzyme alginogel in the local approach to complex traumatic wounds in the pediatric population: clinical cases.

- **Eric Roovers**

Navigating high-risk paediatric wound care with consistent treatment strategies: 20 years of clinical insights.

- **Naiara Santín Pérez**

Pediatric burn injuries: presentation of a multidisciplinary protocol implemented in a tertiary center in Spain.

Carla Santos, Paulo Ramos, Rita Cabral

USE OF THE ENZYME ALGINOGEL IN THE LOCAL APPROACH TO COMPLEX TRAUMATIC WOUNDS IN THE PEDIATRIC POPULATION: CLINICAL CASES

USE OF THE ENZYME ALGINOGEL IN THE LOCAL APPROACH TO COMPLEX TRAUMATIC WOUNDS IN THE PEDIATRIC POPULATION: CLINICAL CASES

Carla Santos¹, Paulo Ramos², Rita Cabral¹

¹Specialist Nurse in Child and Pediatric Health, Pediatric Outpatient Clinic, ULS Trás-os-Montes e Alto Douro | ²Specialist Nurse in Community Health at ULS Póvoa de Varzim/ Vila do Conde - Usf Corino de Andrade

Introduction: Caring for a child with a complex traumatic wound requires an assertive approach that includes a thorough assessment, pain management, cleaning with an antimicrobial solution, debridement, and the application of appropriate dressing materials, while ensuring close follow-up.

Methods: Traumatic wounds with about 2 weeks of evolution, with necrotic tissue formation in more than 90% of their area. The necrotic tissue was removed through autolytic debridement, using the enzyme Alginogel, which led to the exposure of the tendon in the wound of clinical case 4. This therapeutic option aimed to prevent infection, protect the vital structures, and manage exudate. Since the wounds were not highly exudative, we opted for the use of 3.5% Alginogel enzyme, as well as the application of a non-adherent silicone dressing to minimize trauma during dressing changes, maintaining a moist environment favorable for healing.

Results:

Clinical Case 1

A 5-year-old child with avulsion of the left forearm and an open fracture of the distal third of the radius and ulna, caused by an animal bite.



Clinical Case 2

A 17-year-old adolescent with a distal fracture of the left leg bones and multiple avulsions, due to a motorcycle accident. Fracture reduction and osteosynthesis with a plate and screws were performed.



Clinical Case 3

A 17-year-old adolescent with avulsion with a muscle-cutaneous 'flap' from the medial border of the hallux and a wound on the first interdigital commissure, due to a motorcycle accident.



Clinical Case 4

A 9-year-old child with an open fracture and dislocation of the left ankle, underwent avulsion surgery and bimalleolar fixation with K-wires, as a victim of a run-over accident. Pain control was required with nitrous oxide. Tendon exposure.



Conclusion: In the cases presented, the age ranged from 5 to 17 years. The Alginogel enzyme is a safe dressing material in the pediatric age group, easy to apply and remove, without causing trauma or discomfort. To maximize therapeutic efficacy, the use of nitrous oxide was required for pain control.

It allowed the wound to remain free of infection, facilitating granulation and re-epithelialization, and no antibiotic therapy was needed in any of the cases presented.

Complete healing of the lesions occurred within a maximum period of 9 weeks, and in clinical case 4, the need for plastic surgery was avoided, which, for the child and parents, was crucial in minimizing the effects of a new invasive procedure.

Eric Roovers

NAVIGATING HIGH-RISK PAEDIATRIC WOUND CARE WITH CONSISTENT TREATMENT STRATEGIES: 20 YEARS OF CLINICAL INSIGHTS

Eric Roovers

Eric has been a wound care nurse since 1995. Since 2002, he is a wound care coordinator at ZAS (Ziekenhuis aan de Stroom) in Antwerp, Belgium. With 3,300 beds, 10,000 staff, including 1,000 doctors, ZAS is the largest health organization in Belgium and one of the largest in Europe.

Eric works full-time in wound care with a team of nine wound care nurses. He regularly gives lectures in Belgium and internationally. He also teaches at various colleges and gives guest lectures at the University of Antwerp.

Eric is a board member of the Woundcare Consultant Society.



NAVIGATING HIGH-RISK PAEDIATRIC WOUND CARE WITH CONSISTENT TREATMENT STRATEGIES: 20 YEARS OF CLINICAL INSIGHTS

Eric Roovers¹

¹Wound Care Clinic, Ziekenhuis Aan de Stroom (ZAS) Middelheim, Antwerp, Belgium

Aim: Paediatric wound care poses unique challenges due to fragile skin, communication barriers, and complex clinical scenarios. This case series reviews over 20 years of experience in managing high-risk paediatric wounds using a consistent treatment strategy, focusing on safety and efficacy.

Method: Six cases spanning neonates to adolescents illustrate the difficulties in high-risk wound management. These included staphylococcal scalded skin syndrome (6-day-old premature infant, 80% TBSA), impetigo bullosa (5-year-old patient), a post-operative abdominal wound (3-year-old patient with giant omphalocele), self-inflicted wounds (16-year-old patient), an extravasation injury (6-day-old premature infant), and a medical device pressure injury (12-year-old patient). Treatment consisted of daily or alternate-day dressing changes with an enzyme alginogel, supplemented by systemic antibiotics when necessary.

Results / Discussion: All cases achieved complete healing. Staphylococcal scalded skin syndrome resolved within 12 days with systemic antibiotics, safely managed in an incubator. Impetigo bullosa healed in 9 days with appropriate local and systemic care. The post-operative abdominal wound required over three months of treatment, demonstrating the safety of extended use. Extravasation (covering the entire foot) and a 9 cm² pressure injury healed within two weeks, with the latter incorporating preventive measures.

Conclusion: This case series highlights the importance of consistent treatment strategies in paediatric wound care, offering reassurance to clinicians, patients and families while promoting optimal outcomes in high-risk scenarios.

Naiara Santín Pérez, Silvia Minguez Abia,
Patricia Martín Playa

PEDIATRIC BURN INJURIES: PRESENTATION OF A MULTIDISCIPLINARY PROTOCOL IMPLEMENTED IN A TERTIARY CENTER IN SPAIN



Naiara Santín Pérez

PEDIATRIC BURN INJURIES: PRESENTATION OF A MULTIDISCIPLINARY PROTOCOL IMPLEMENTED IN A TERTIARY CENTER IN SPAIN

Naiara Santín Pérez¹, Silvia Minguez Abia¹, Patricia Martín Playa²

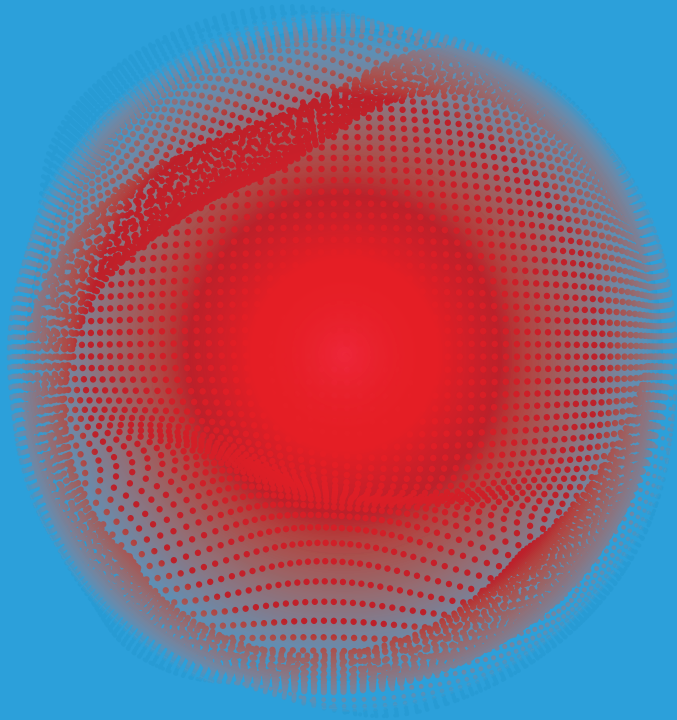
¹Osakidetza, Cruces - Barakaldo, Spain, ²Osakidetza, Cruces- Barakaldo, Spain

Aim: Burn injuries in the pediatric patient are a source of morbidity and mortality implying a social, physical and psychological impact to the patient and family requiring specialized and standardized treatment. We are presenting Cruces University Hospital's protocol for the management of pediatric burns and our results after its implementation.

Method: The protocol was established in our center in 2021, in order to standardize dressing changes for burn infants. We have reviewed all the patients treated at our center using this protocol from 2021-2024, treated using both enzymatic debridement and standard of care.

Results / Discussion: Our center treats 90 burn patients under 14 years per year, of which 8-10 require admission. We use this protocol both at the initial evaluation in the Emergency Department and subsequent dressing changes. Adapting it to the age of the patient, severity of the burns, and need for hospital admission. We reviewed and highlighted six key points: specialized team required for each dressing change, type of sedoanalgesia, selection of type of dressing, use of specific dressing fixation methods, frequency of dressing changes, and attention to parents during the process.

Conclusion: In our experience, a multidisciplinary approach taking into account the characteristics of each patient and type of injury is crucial to manage pediatric burns, as it decreases complications and psychological stress derived from the injury and the treatment itself. We believe that a tailored protocol for each center is crucial to properly manage pediatric burn patients.



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