FLAMINAL® IN THE MANAGEMENT OF INCONTINENCE ASSOCIATED DERMATITIS

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Background/Introduction

Incontinence Associated Dermatitis (IAD) is one of the four commonly encountered conditions that sit under the umbrella term of MASD that encompasses all causes where exposure to excessive moisture is the underlying feature of skin damage.[1] IAD has a prevalence estimated to vary between 5.7 and 22.8%.[2] The term IAD distinguishes the skin problem directly with the cause, namely urine and/or faeces and not with other conditions. It results in inflammation and excoriation of the skin surface which can rapidly deteriorate to cause swelling and blisters, leading to painful skin breakdown[3].

This case study describes the management of Margaret, a 94 year old lady who was admitted into a care home due to her deteriorating health and limited mobility. Margaret has diabetes, heart failure and chronic kidney disease; she suffers from urinary incontinence exacerbated by her limited mobility. She was also found to have long standing bilateral moisture lesions to her buttocks, which had been managed by District Nurses utilising a range of barrier creams for four years.

Methods

The IAD lesion on Margaret's left buttock measured 40mm x 45mm with a depth of 2mm, whilst the lesion to her right buttock measured 50mm x 20mm with a depth of 2mm; both areas were inflamed and extremely painful with white macerated surrounding skin. Margaret found the burning sensation almost unbearable at times and the whole experience was distressing for her, negatively impacting on her quality of life. She started to isolate herself in the home as she was embarrassed and depressed and in constant discomfort.

The Tissue Viability Nurses' (TVN) aims were to control the exudate, improve the surrounding skin, relieve her discomfort, prevent infection and ultimately heal the lesions. Flaminal® Forte (Flen Health), an Enzyme Alginogel® with a higher proportion of alginate than its Hydro sister, was selected due to the level of exudate. It was important that the wound bioburden was reduced and the exudate controlled; a silicone foam adhesive was utilised as a secondary dressing. Due to her incontinence the dressings were renewed on a daily basis which enabled the team to advise staff on a future regime for Margaret.

Results

The rapid improvement within the first seven days reduced Margaret to tears after suffering on a daily basis for four years. She found that the Flaminal® soothed the area and controlled the exudate enabling her to start to go to the dining room for meals and socialise, improving her overall mood and quality of life. Within 14 days the maceration had resolved and the lesions were healing rapidly with healthy granulation tissue present; by day 20 all areas were healed.

Discussion

The barrier function of the skin is aided by the 'acid mantle' or acidic surface of the skin with a pH of between 4 and 6. The pH of the skin increases when overhydrated with urea in urine being converted to the alkaline ammonia,[4] causing inflammation and an alkaline environment conducive to bacterial proliferation and infection. The TVNs considered that due to the long duration of IAD that the areas of eroded skin could be further compromised by the presence of secondary infection.[5]

Flaminal®, an Enzyme Alginogel®, was selected to encourage new granulation in the wound bed and in turn heal the wound. Flaminal® is available in two formulations, Flaminal® Hydro for low to moderately exuding wound and Flaminal® Forte for moderate to highly exuding wounds. Flaminal® Forte was used in this instance as exudate levels were moderate from the wound, this was then covered with a silicone adhesive foam dressing.

Flaminal® with its alginate polymers and enzymes (glucose oxidase and lactoperoxidase), has a proven broad-spectrum antibacterial activity7 thereby helping to control bioburden whilst absorbing exudate. It's mode of action thus negates the need for multiple products with a capability of absorbing excess exudate whilst remaining in a gelled state, controlling bioburden and easing wound discomfort.[6,7]

Clinical significance

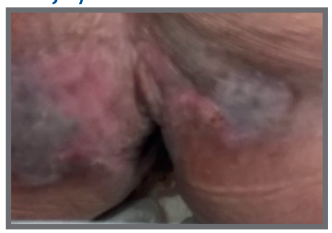
With an increasing elderly population coupled with the global health problem of urinary incontinence estimated to be in the region of 423 million[8] there is likely to be an increase in IAD. There is a burden not only on the NHS but importantly the individual with a disruption in activities and a reduction in quality of life.
By initiating an appropriate and timely management regimen suffering can be minimised and a cost saving to the NHS.

25th June 2018

8th July 2018

13th July 2018

31st July 2018



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