**INTRODUCTION**

Negative pressure wound therapy (NPWT) is an effective method to control large amounts of exudate whilst promoting debridement. The downside is that some patients find it too painful to be acceptable and anesthesia and/or sedation are often required prior to dressing changes.

Our patient was admitted to hospital due to trauma that led to a deep, painful, soft tissue injury on the inner leg by the knee. This area became infected and necrotic and needed to be surgically removed. We now had a large, very painful, exuding wound on a mobile patient.

**AIM**

To find a solution that could cope with copious wound fluid, debride the wound and reduce the excruciating constant pain the patient was experiencing.

**METHOD**

Surgical debridement was performed under anesthesia in the operating theatre. The patient’s pain level prevented us from using NPWT; she did not find it acceptable to be anesthetized several times a week for dressing changes. Polymeric membrane dressings were chosen due to their ability to continuously clean and debride whilst reducing inflammation and pain. The wound became less painful and started to look cleaner already after the first dressing change. However, due to the patient’s mobility combined with the location of the wound it was difficult to keep the dressings in place and the wound was still painful when handled. We needed to change the dressings every other day.

After a week we tried using polymeric membrane dressings as an interface layer together with NPWT. This worked out very well as she did not experience any pain during the treatment and we didn’t need to anesthetize her prior to dressing changes since the polymeric membrane dressing prevented the NPWT foam to adhere to the wound surface.

We changed the NPWT system and polymeric membrane dressing 1-2 times a week at the clinic.

**RESULTS**

Dressing changes were easy and pain free without any adhesion to the wound surface. New granulation tissue formed rapidly and a split skin-graft was performed 10 days later.

**DISCUSSION**

NPWT alone would not have been an option for this patient; her pain was too severe. Polymeric membrane dressings might have given us a clean graftable wound surface in the same amount of time but with more frequent dressing changes. By combining the two treatments we could save the patient from frequent dressing changes and unnecessary pain. The combination also allowed us to perform the dressing changes at the ambulatory clinic instead of at the operating theater.

**BIBLIOGRAPHY**


"PolyMem® WIC Cavity Wound dressing
Manufactured by Ferris Mfg Corp, Burr Ridge, IL 60527 USA. This case study was unsponsored. Ferris Mfg. Corp. contributed to this poster design and presentation."