A 57-year-old male presented on 24th June 2014 to the Complete Wound Clinic (CWC) with a history of a left medial leg ulcer which had recurred several times over 5 years previously. The original ulcer was first seen following hospital admission for a DVT when he also underwent varicose vein surgery of the left leg which healed in April 2013. The patient experienced further episodes in July 2013, November 2013, and May 2014. The ulcer had never healed for longer than three months despite wearing class 3 compression hosiery, and the patient stated that “the wound had never properly healed this time.”

His pain score was 7/10 and he was being Co-Codamol 150mg 8 hourly. He was unable to tolerate an increase since he stated it made him feel drowsy and affected his concentration.

Ankle Brachial Pressure Index (ABI) Right leg 0.85 and Left leg 0.75 indicated arterial compromise. A Doppler ultrasound was arranged to confirm the diagnosis. The ultrasound was normal and the absence of any arterial compromise meant that further non-invasive tests were to be arranged.

Treatment

- Top with Polyhexanide (PHM) and UrgoVendropur/Polysporin (Baltimore) wound irrigation solution.
- Weekly dressings with Primary silver dressing for 4 week period.
- Due to slippage of the bandage with the inelastic bandage, the compression system was changed to a combination dynamic bandage system with inelastic and elastic components. Dressings were reduced to weekly.

Progress

- The wound healed completely on 23rd October 2014. He was seen twice weekly for 4 weeks and thereafter weekly until April 2015 and this will be monitored. The patient was discharged with class 3 compression and to perform AGM and CME.

Results

- 6 weeks following treatment with the electroceutical therapy*, the wound had never healed and had a score of 10/10 with no pain. The patient reported significant improvement in mobility. The wound continued to heal, and healed on 12th February 2015 with the patient stating the “healed tissue feel much stronger and less delicate than anytime previously.”

The patient was discharged home on 14th February 2015 and will be monitored. The patient reported he was able to perform activities such as playing golf whereas previously the healed tissue could not tolerate this and had to endure like warm showing.

Cath M. Ovens, BSc, PhD, 2014

Use of electroceutical therapy* in combination with standard dressings, compression therapy, AGM and CME, significantly reduced the pain, encouraged rapid healing of the ulcers with evidence of good deposition of inelastic and elastic components. The lesions of VLU remained healed and monitoring will continue. Both patients had improved quality of life and improved self-rated quality of life and integrity of the healed tissue, allowing them to resume normal activities of living.

*Accl Heal electroceutical therapy