



DryMax Extra

A case study on venous leg ulcer with lymphoedema

Wound history

- 54-year old man with a leg ulcer with lymphoedema.
- Full time employee. Required time on health center for dressing change 3 times a week.
- 1 year without healing - the wound was stuck in the inflammation phase.
- Difficult to control the large amount of wound exudate which was leaking on clothes, bandages and sheets.
- Impaired quality of life for the patient.
- Healthcare provider who felt helpless and had run out of options.

Method and treatment



Effective debridement and cleansing was required before DryMax Extra was applied to the wound.



The treatment was combined with multi-layer compression therapy.



Treatment with DryMax Extra dressing in combination with compression therapy

- The dressing effectively transports away the wound fluid, which reduces the risk of maceration.
- The close wound contact between dressing and wound reduces the risk of leakage.
- The dressing absorbs under pressure and therefore works optimally with compression therapy.
- The dressing change interval can be reduced, allowing the wound to rest and heal.
- The dressings can be stacked by placing them on top of each other, thus handling the worst fluid peaks.
- Provide local anesthesia so that effective cleansing and debridement of the wound can be done.
- Care giver debrides fibrin and biofilm from the wound area during dressing changes.



Result

- The wound began to heal
 - Better moisture balance allowed healing.
 - Stagnated wound healing process was started.
 - The wound dressing worked optimally along with compression therapy.
 - Dressing change interval reduced from 3 to 1 or 2 times per week.
- No more macerated skin
 - Wound fluid was transported efficiently.
 - Sensitive skin was protected.
- No infection during treatment
 - Fibrin and biofilm were debrided and removed during dressing changes.

Result of the treatment with DryMax Extra



Day 1



Day 30



Day 60



Day 150