

A case study on a burn patient treated in a University Hospital Burn Center.

- 69-year old man with burn injuries on both legs.
- The injuries were 5% superficial dermal, 6% deep dermal and 0,35% full thickness burns.
- The wounds were treated with standard procedure together with DryMax Extra Soft for 3 days, during an exuding phase, and prior to skin transplantation.
- The patient was anesthetized during cleaning and dressing changes.





Method and treatment

- The damaged skin was cleaned according to the standard operation procedure.
- For prophylaxis of infection, the wound area was treated with silver sulfadiazine cream (1% w/w)¹.
- A thin non-adherent wound contact layer² was placed on the area covered with cream.
- The DryMax Extra Soft was placed on top of the non-adherent wound contact layer.
- Finally the dressings were fixed with a stretching tubular bandage^{3,4}.

¹Flamazine (Smith&Nephew), ²Dermanet (DeRoyal), ³Tubifast (Mölnlycke) ⁴Surgifix (Lohmann & Rauscher).



The new procedure step with DryMax

- In this case the DryMax Extra Soft was used as the third dressing layer with the primary purpose to take care of the wound fluid.
- DryMax Extra Soft was placed on top of the thin wound contact layer. This step was new compared to normal procedure. Normal procedure is to use fluffy gauze swabs, which are placed on top of the contact layer.



The Result

- DryMax Extra Soft was conformable and easy to use.
- The close contact between DryMax Extra Soft and wound area enhanced the absorption of wound fluid and prevented decreasing skin temperature.
- Thick wound fluid was managed efficiently compared to other dressings.
- Blood was absorbed into the dressing, although red blood cells were trapped on the dressing surface.
- Big dressing sizes could cover large areas.
- No skin maceration on surrounding skin.
- Decreasing skin temperature did not occur.
- No infection occurred during treatment.
- DryMax Extra Soft could be stacked by placing them on top of each other.



Conclusion

- The burn center's standard procedure together with DryMax Extra Soft worked out very well.
- DryMax Extra Soft effectively transported the wound fluid away from the wound and surrounding skin area, which reduced the risk of maceration and decreasing skin temperature.
- The close wound contact between dressing and wound reduced the risk of leakage.
- DryMax Extra Soft managed thin and thick wound fluid as well as blood.
- The high fluid handling capacity of the DryMax Extra Soft would potentially allow dressing change intervals to be reduced.