

## Case Study - 1

# Management of Complex Chronic Bilateral Leg Ulcers

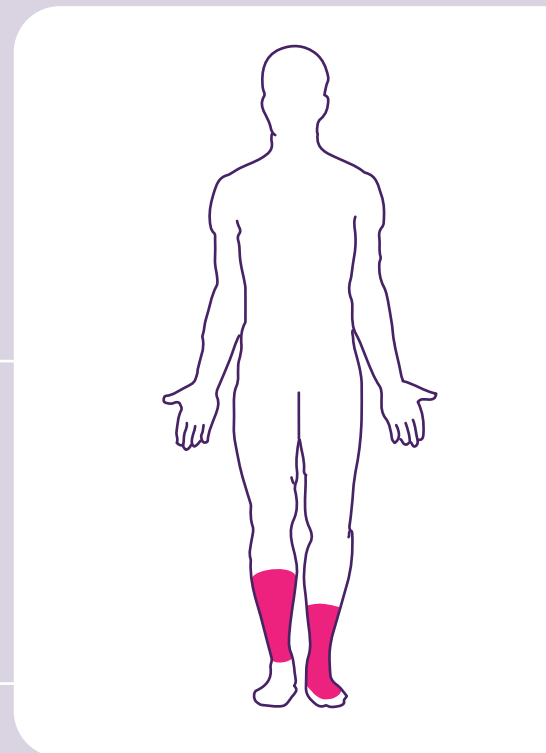
## EmSorb MAX Backed Super Absorbent Dressing in the Management of Wound Exudate

### Authors -

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### Key Challenges

Complex Wounds

Bilateral Leg Ulcers

Very Highly Exuding

Wound Progression

Moisture Balance

Erythema Reduction

### Background

78 year old female, complex medical history, long standing wound management history for bilateral leg ulcers. The right lower limb is predominantly affected by **peripheral arterial disease (PAD)** with wounds static >12 months (Figure 3 & 4) and left lower limb deteriorating with additional recent breakdown (Figure 2). Following a recent vascular assessment, lite compression therapy was temporarily withheld pending further vascular investigations.

Wound management challenges include pain control, currently managed with self-administered morphine under supervision, exudate management despite PAD involvement very high volumes are present, wound bed and peri wound protection to prevent skin and further wound deterioration and protection of thin, frail vulnerable surrounding skin.

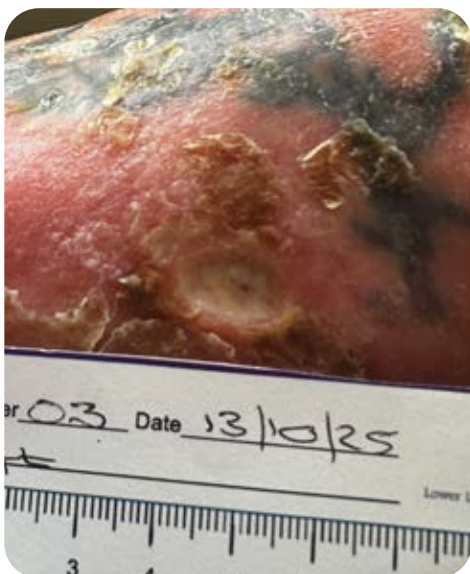
## Pre-evaluation

Wound management performed three times per week comprised of leg hygiene, mechanical debridement of hyperkeratosis, skin hydration, peri-wound barrier, hydro fiber primary wound dressing, superabsorbent dressing and Lite compression therapy. Following 72 hours wear visible strikethrough was noted (Figure 1)



(Figure 1). Pre Evaluation strikethrough of left and right lower limb

## Initial Presentation of Wound



(Figure 2). Initial presentation of left foot - 13/10/2025



(Figure 3). Initial presentation of right lower limb - 13/10/2025



(Figure 4). Initial presentation of right lower limb - 13/10/2025

## Evaluation

Wound management regime remained unchanged except for a direct swap of the previously used superabsorbent dressing for EmSorb MAX Backed superabsorbent dressing. Following the vascular assessment undertaken at 24 hours post evaluation commencement the lite compression was also removed from the regime. (Figure 5&6)



(Figure 5). Right lower limb with EmSorb MAX applied for evaluation



(Figure 6). Left lower limb with EmSorb MAX applied for evaluation

## Four Visits Were Undertaken

1. Initial assessment (Figure 2, 3 & 4) and change to EmSorb MAX Backed.
2. 24 hours post initial visit due to vascular clinic appointment rather than dressing change being required.
3. 48 hours post initial visit.
4. 72 hours post initial visit (Figure 7, 8 & 9).



(Figure 7). Post 72 hours evaluation of left foot - 17/10/2025



(Figure 8). Post 72 hours evaluation of right lower limb - 17/10/2025



(Figure 9). Post 72 hours evaluation of right lower limb - 17/10/2025

# Findings

EmSorb MAX Backed demonstrated effective management of very high volumes of wound exudate. The dressing functioned as intended, containing the exudate and preventing lateral spread, strikethrough and lateral leakage. Notably the dressing promoted a stable peri wound, reduced erythema, minimised plaque and debris sustaining tissue integrity. Patient comfort and concordance was elevated.



## Conclusion

The EmSorb MAX Backed dressing effectively managed very high volumes of wound exudate, optimized moisture balance, and demonstrated significant impact on wound progression and erythema reduction during this 72 hour evaluation.