

Case Study - 2

Management of a Complex Chronic Venous Leg Ulcer

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

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Key Challenges

Viscous Exudate

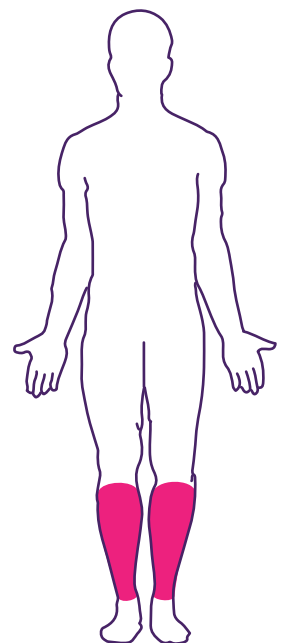
Compression Bandaging

Copious Exudate

Tissue Erosion

Lymphoedema

Chronic Wound



Background

77-year-old female, complex medical history, long standing multi-disciplinary team approach under the care of Tissue Viability and Lymphoedema services. Chronic recurrent bilateral lower limb wounds, static >12 months complicated by longstanding **lymphoedema, chronic venous insufficiency** and reduced mobility.

Both limbs display thin, fragile, **vulnerable skin, medial and lateral wounds**, exhibiting **maceration**, inert granulation tissue, widespread tissue erosion and significant devitalised wound bed tissue. Exudate level left leg (**Figure 1**) moderate **viscous type exudate** and right leg (**Figure 3 & 6**) saturated to **copious exudate level**.

Wound management challenges include pain control, currently managed with prescribed analgesia and atraumatic primary dressing use, exudate management to control and contain heavy fluid loss to safeguard surrounding skin and prevent further skin integrity deterioration.

Pre-evaluation

Wound management performed three times per week comprised of leg hygiene, mechanical debridement of hyperkeratosis, skin hydration, peri wound barrier, hydro fibre silver primary wound dressing, superabsorbent dressing, yellow line, wool padding and short stretch compression therapy one layer to right leg and 2 layer reverse spiral to left leg. Following 72 hours wear visible strikethrough was noted.

Evaluation

Wound management regime remained unchanged except for a direct swap of the previously used superabsorbent dressing for EmSorb MAX Backed superabsorbent dressing.

Three Visits Were Undertaken

1. Initial assessment (Figure 1, 3 & 6) and change to EmSorb MAX Backed.
2. 48 hours post initial visit whereby the left leg dressing was left intact due to zero strikethrough and the right leg only dressing changed (Figure 4 & 7).
3. 96 hours for left leg and 48 hours for right leg post previous visit (Figure 2, 5 & 8).

Left Leg Progression



(Figure 1). Initial presentation of left lower limb - 13/10/2025

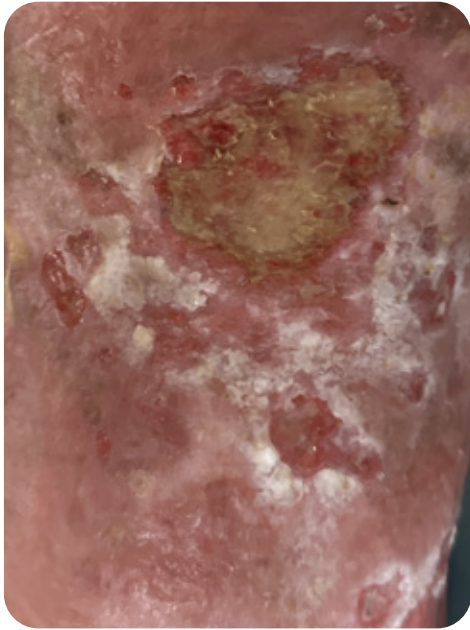


(Figure 2). Post 96 hours presentation of left lower limb - 17/10/2025

Findings

Post 96 hours wear the left leg exhibited a healthier, granulating wound bed, reduced redness, diminished maceration, and strengthened overall skin integrity.

Right Leg Progression



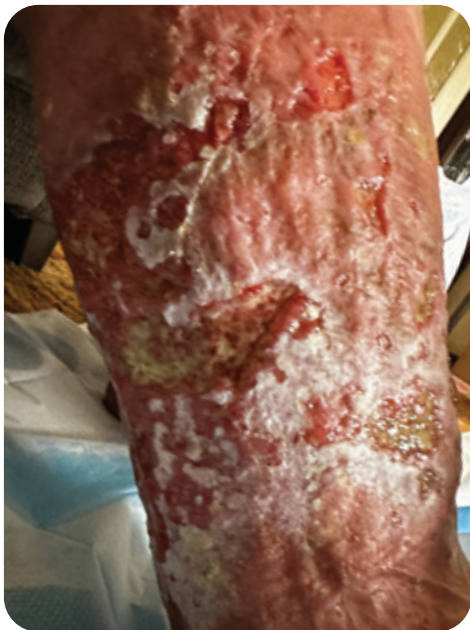
(Figure 3). Initial presentation of right lower limb - 13/10/2025



(Figure 4). Post 48 hours presentation of right lower limb - 15/10/2025



(Figure 5). Post 96 hours presentation of right lower limb - 17/10/2025



(Figure 6). Initial presentation of right lower limb - 13/10/2025



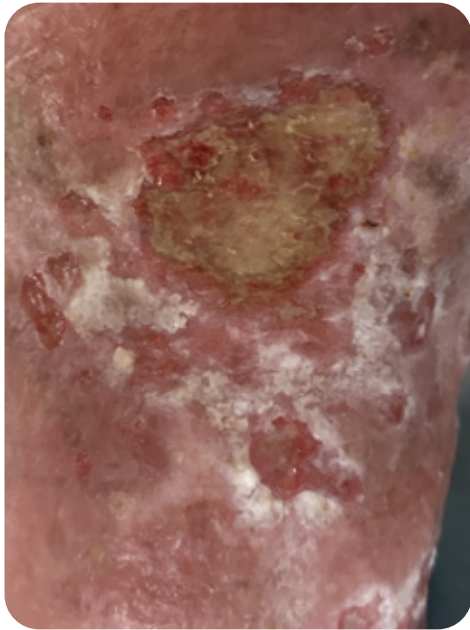
(Figure 7). Post 48 hours presentation of right lower limb - 15/10/2025



(Figure 8). Post 96 hours presentation of right lower limb - 17/10/2025

Findings

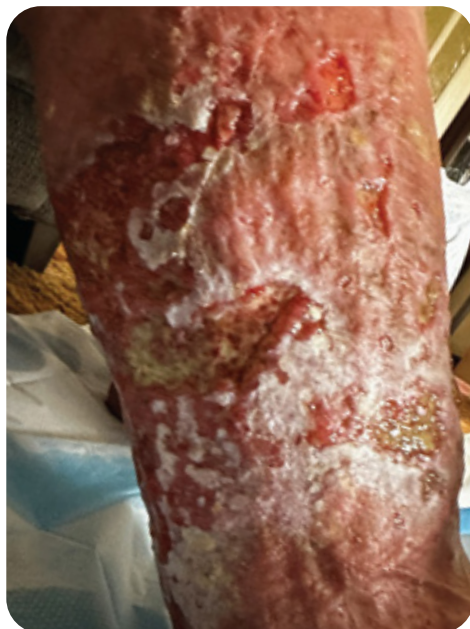
Post 48 and 96 hours wear the right leg progressed to resolution of superficial skin erosion with notable wound progression, reduced redness, diminished maceration, and strengthened overall skin integrity.



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



(Figure 5). Post 96 hours presentation of right lower limb - 17/10/2025



(Figure 6). Initial presentation of right lower limb - 13/10/2025



(Figure 8). Post 96 hours presentation of right lower limb - 17/10/2025

Conclusion

This case study demonstrates consistent moisture management resulting in wound progression, reduced redness, reduced maceration and improved overall tissue integrity.

The EmSorb MAX Backed dressing demonstrated effective containment of both viscous and copious volumes of wound exudate beneath compression bandaging.