

## Non-healing post amputation wound

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### HISTORY

This 91-year-old male has suffered from a non-healing below knee amputation (BKA) stump wound for 22 weeks. As a direct result of complications relating to long-standing diabetes and peripheral arterial disease (PAD) the patient underwent a BKA on the left lower extremity. In addition to non-insulin dependent diabetes and PAD the patient's past medical history included atrial fibrillation, chronic obstructive pulmonary disease, hypertension, hyperlipidaemia and bradycardia. While individually, these medical conditions would not stop wound healing from occurring the

accumulative effect of them will certainly make this a very difficult and challenging wound to heal.

Clearly the goal of any therapy is to achieve complete wound healing, however in this particular case, healing needs to be robust. Once wound closure is achieved, he will be reintroduced to wearing his prosthetic leg again. For any patient this can be an uncomfortable process while the fit of the limb is adjusted and the skin adapts however, if skin is fragile further ulceration can occur.



### PREVIOUS MANAGEMENT

Previous wound dressings had included alginate and collagen products; however, the wound had failed to progress. Upon initial presentation the wound measured 1.5cm x 1.6cm x 0.2cm and was covered

in eschar. Skin perfusion pressure was performed to assess the patient's likelihood of healing and was recorded as 78mmHg meaning wound healing was possible.



### NATROX<sup>®</sup> OXYGEN WOUND THERAPY

The wound was sharp debrided and once free from eschar, NATROX<sup>®</sup> oxygen wound therapy was applied directly to

the wound bed. The NATROX<sup>®</sup> oxygen delivery system was covered with a non-adherent foam interface and secured with a bandage. Dressing changes were carried out weekly and the patient found the device relatively easy to cope with at home.

Following only 3 weeks of therapy wound closure was achieved and the patient was referred to the orthotist for reconfiguring of his prosthetic leg.

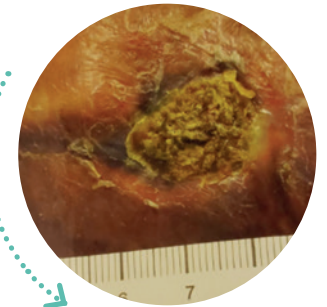
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NATROX<sup>®</sup>



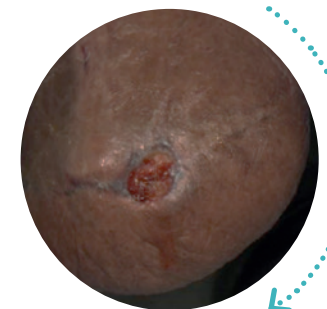
### CONCLUSION

Taking into account the underlying medical history of this patient the speed of healing was impressive considering the wound had already been present for

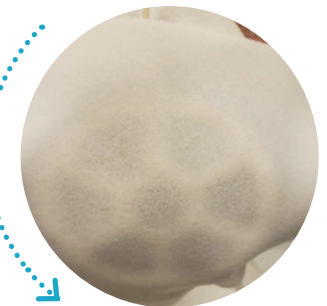
22 weeks. NATROX<sup>®</sup> was both efficacious for this patient and easy to implement and manage in the home environment.



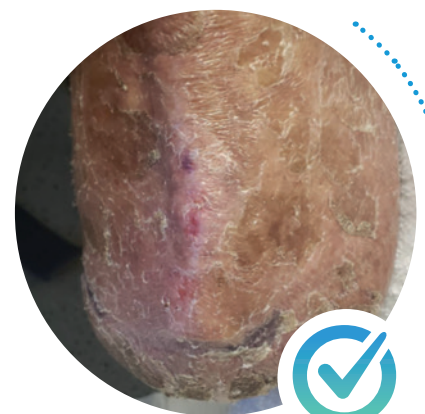
On presentation



Following sharp  
debridement



NATROX<sup>®</sup> applied with  
foam interface



Complete wound closure  
following 3 weeks of NATROX<sup>®</sup>

# How to enhance clinical outcomes through increased patient engagement<sup>1</sup>

## ENCOURAGE CONCORDANCE

Management options that reduce the impact on patient lifestyle can improve concordance

## PROMOTE EMPOWERMENT

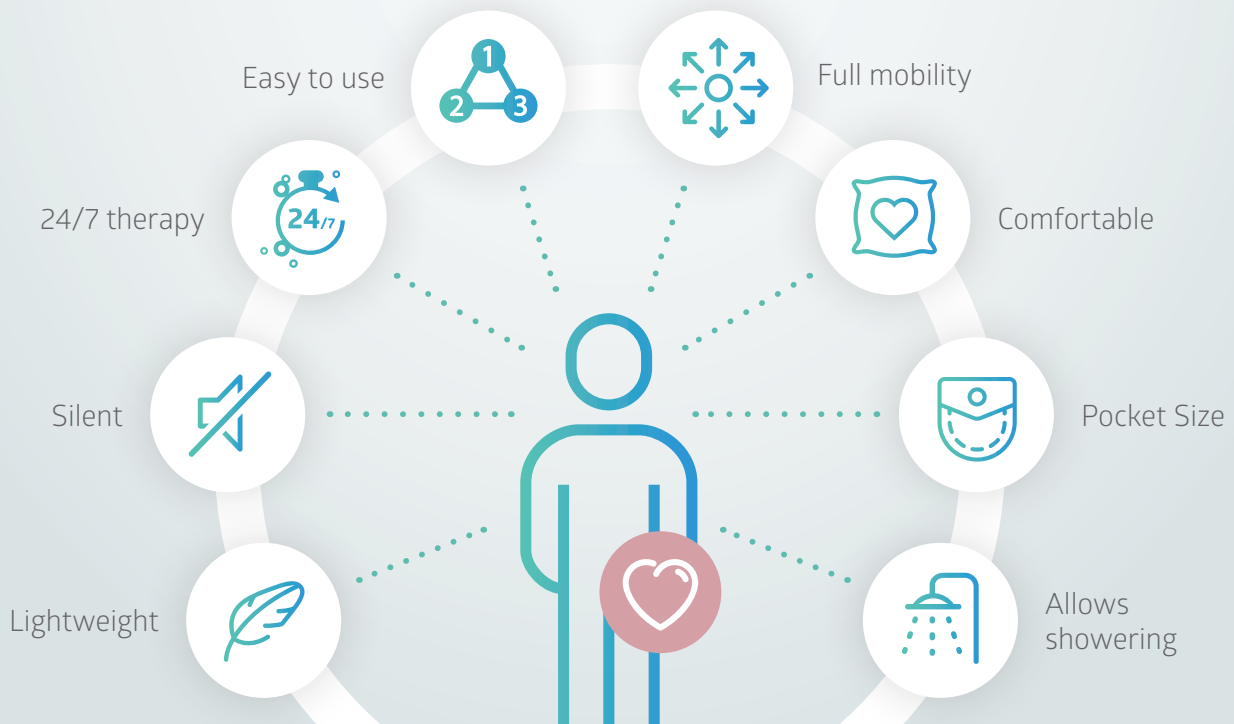
Ensuring that therapy strategies reduce wound symptoms and increase patient well-being

## ENDORSE INVOLVEMENT

Encouraging patient participation and engagement in their own wound care whenever possible

How can NATROX® help?

## Patient Benefits of NATROX® Oxygen Wound Therapy



To find out more

Call: +44 (0)1223 661830 or email: [info@natroxwoundcare.com](mailto:info@natroxwoundcare.com)

[www.natroxwoundcare.com](http://www.natroxwoundcare.com)

1. Wounds UK (2018), Consensus round table meeting: Portable topical oxygen therapy for healing complex wounds.

