

## Painful non-healing mixed leg ulcer

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### HISTORY

92-year-old male with a 3 year duration of non-healing arteriovenous ulceration on the inner aspect of his left leg. Past medical history, suffered trauma to his left knee over 50 years ago which has led to frequent

ulceration in the same location. This has resulted in atrophie blanche and fragile skin in the area. Current medications, trombyl (acetylsalicylic acid), simvastatin and allopurinol.



### PREVIOUS MANAGEMENT

Due to the mixed aetiology of the wound full compression could not be utilised, however intermittent pneumatic compression (WoundExpress) and daytime compression stockings have been used with minimum success. Pico negative pressure wound therapy has also be utilised without significant improvement.

On presentation there were 3 small ulcerated areas with a punched out appearance the largest measuring 1.0cm x 0.9cm. The wound bed was clean but no active signs of granulation. ABPI was performed and recorded at 0.72 which is indicative of mixed arterial/ venous ulceration. Pain was reported as high by the patient.



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

Due to the underlying wound aetiology and the existence of scar tissue at the wound site it was assumed wound hypoxia would be a significant factor. Owing to the lack of wound progress and following discussion with the patient it was decided to commence NATROX<sup>®</sup> Oxygen Wound Therapy.

A silicone foam dressing was used as the secondary dressing to facilitate weekly dressing changes. During the first week of therapy wound pain completely resolved, however the wound exudate levels and wound size increased. Over the next 3 weeks exudate levels gradually reduced and the wound steady improved. By week 7 the wound had significantly reduced in depth and by week 11 the upper wound had healed complete. Wound progression continued until week 15 when the wound was deemed clinically healed. At this time NATROX<sup>®</sup> was discontinued.

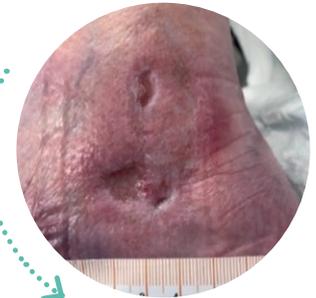
Commenced  
NATROX<sup>®</sup>



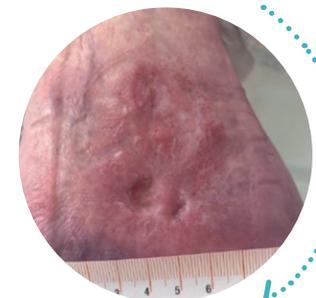
### CONCLUSION

Considering this wound had been present for 3 years achieving wound closure in 15 weeks was impressive. Pain control had been a significant challenge with this patient and as soon as NATROX<sup>®</sup> was commenced his

pain was resolved completely improving the patients quality of life radically. The device is easy to manage and could be useful in managing hard to heal wounds in the home care setting in particular.

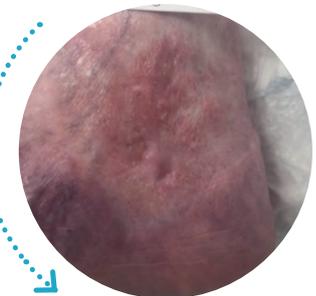


Commenced NATROX<sup>®</sup>



7 weeks of NATROX<sup>®</sup> therapy

Significant reduction in wound depth



11 weeks of NATROX<sup>®</sup> therapy

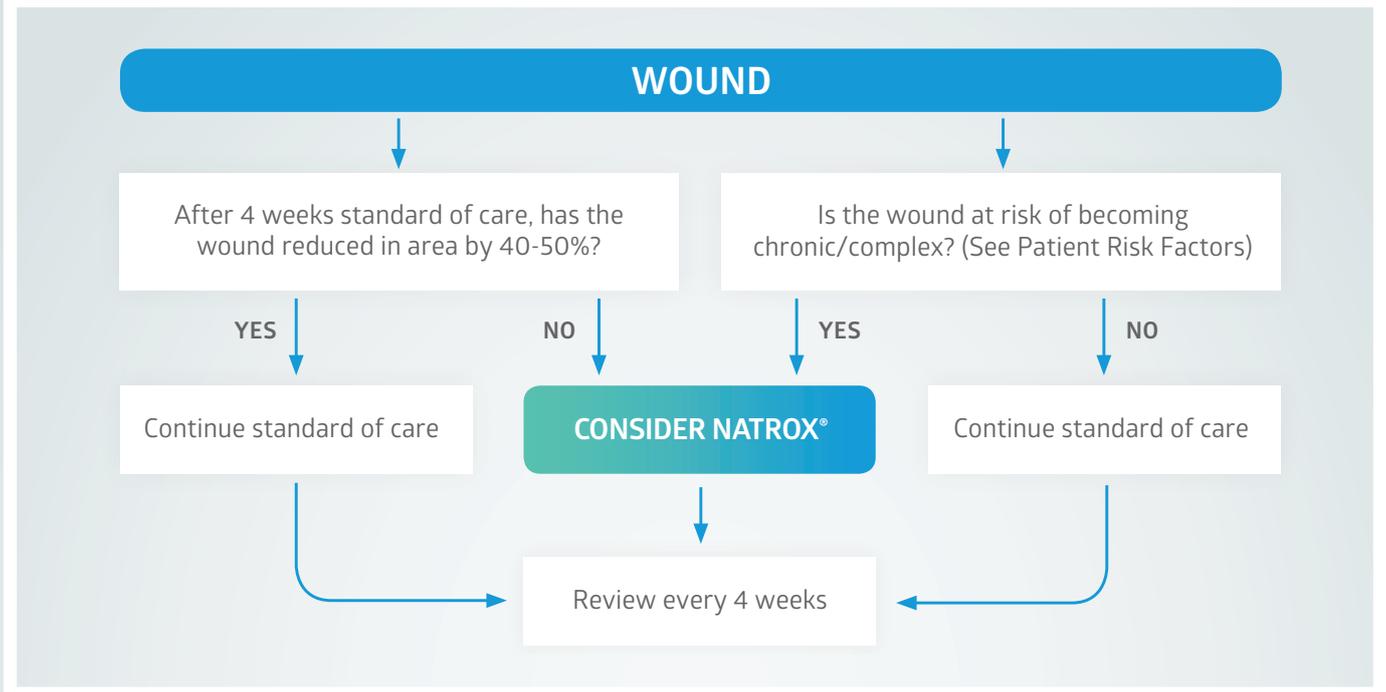
Significant reduction in wound size



15 weeks of NATROX<sup>®</sup> therapy

Healed

# When to use **NATROX® Oxygen Wound Therapy**<sup>1</sup>



## Patient Risk Factors when considering **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.

