



case study programme interim results

ARCHIMED CASE STUDY OXY CS003:
THE USE OF IODOZYME® ON INFECTED
WOUNDS.




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IDOZYME[®] CASE STUDY PROGRAMME

IOD CS003-02/01: THE USE OF IDOZYME[™] ON INFECTED WOUNDS



SUMMARY

- 63 year old female
- Venous leg ulcer
- 8 years duration
- HEALED

PATIENT INFORMATION

Patient BW is a 63 year old female who presented with an 8 year old venous leg ulcer. Medical History: angioplasty right leg, hypertension. Current Medication: None Previous Dressings: honey, silver, alginates, compression therapy.

WOUND CONDITIONS

On entry into the case study programme the wound was described as a shallow venous leg ulcer located on the right leg. The wound measured 2.8cm². The wound bed was assessed as 50% slough and 50% granulation tissue. There was a moderate amount of clear wound exudate. The surrounding tissue was dry. The wound had been static for 2 months.

Iodozyme was applied with Sorbion as the secondary dressing. The wound was to be redressed twice a week.



Fig.2. Wound on entry into study

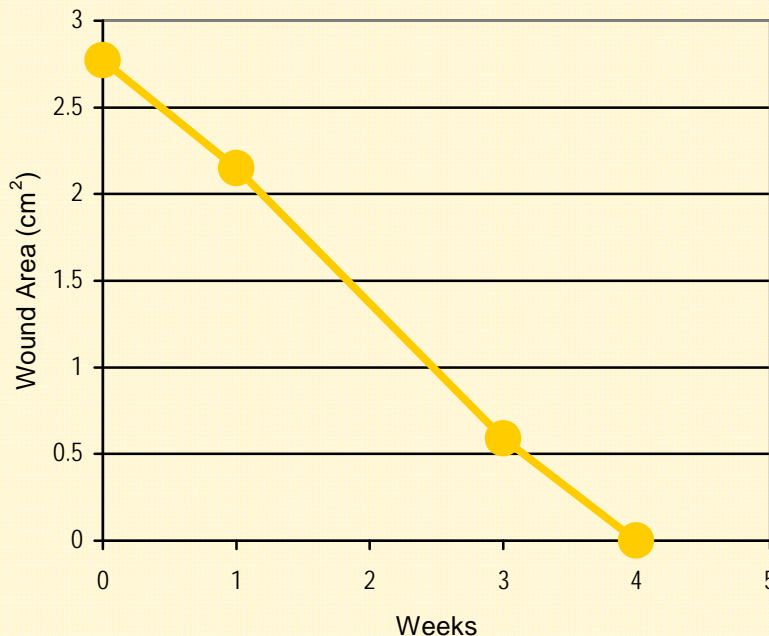


Figure 1: Wound area progress.

ASSESSMENTS

Week 1

There was a reduction in wound area. There was a reduction in slough in the wound bed. There was no exudate present. The surrounding tissue remained dry but healthy.



Fig.3. Wound at week 1

Week 3

There was a further reduction in wound area of 70%. The wound bed was 100% healthy granulation tissue. There was a minimal level of clear wound exudate. The surrounding tissue was described as healthy.



Fig.4. Wound at week 3

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Week 4

The wound bed had fully epithelialised. There was a build up of dry skin and superficial iodine staining of the skin.

The clinician assessed the wound as healed.



Fig.5. Wound at week 4

COMMENTS

The wound proceeded to full healing.

The wound had been static for 2 months prior to inclusion into the case study programme.

The patient had a history of recurrent wound infections and was frequently treated with antimicrobials.

The clinician noted that using Mepore and Sorbion dressings to cover the Iodozyme system allowed the hydrogel sheet to dry out. The Telfa Clear secondary dressing kept the Iodozyme hydrated.

SATISFACTION

Both the clinician and the patient were happy with the performance of Iodozyme and very pleased with the outcome.

The patient described Iodozyme as very comfortable.

IDOZYME[®] CASE STUDY PROGRAMME

IOD-CS003-03/01: THE USE OF IDOZYME[®] ON CHRONIC WOUNDS



SUMMARY

- 72 year old female
- Venous Leg Ulcer
- 4 months Duration
- **HEALED**

PATIENT INFORMATION

Patient A.M is a 72 year old female who presented with a non-healing venous leg ulcer of 4 months duration.

Medical History: Arthritis, Hypertension

Current Medication: Candestartin, Celebrex, Co-Proxamol, Vitamin B

Previous Dressings: Oxyzyme, Acticoat, Inadine.

WOUND CONDITIONS

On entry into the case study programme the wound was described as a shallow venous leg ulcer situated on the left leg. The wound had been static for several weeks. The estimated wound measurement was 3cm². The wound bed was assessed as 100% granulation tissue which was dark in colour. The surrounding tissue was healthy. There was a moderate level of haemoserous exudate present.

The wound was dressed with Iodozyme and covered with Lyofoam. The wound was to be redressed twice a week.

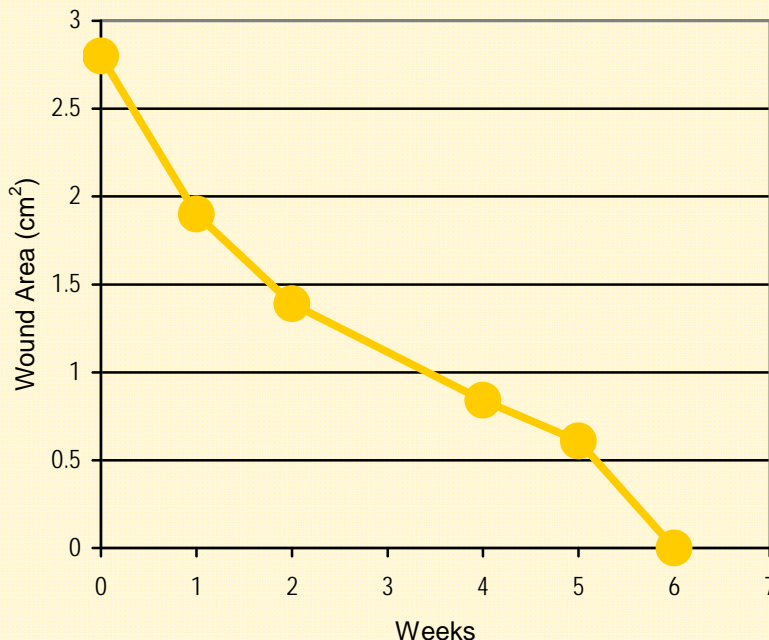


Figure 1: Graph of change in wound area with time.

ASSESSMENTS

Week 1

Following treatment with Iodozyme for 1 week a reduction in wound area was documented by the clinician. The granulation tissue was brighter and healthy in appearance. The surrounding tissue remained healthy. Haemoserous exudate levels remained the same.



Fig.3.Wound at week1

Week 2

A further reduction in wound area was recorded (27%). The condition of the wound bed continued to improve. Exudate levels reduced slightly and had become clearer. The surrounding tissue remained healthy.



Fig.4.Wound at week 2

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IOD-CS003-03/01: THE USE OF IDOZYME[®] ON CHRONIC WOUNDS



Week 5

A reduction in wound area of 56% was documented. Haemoserous exudate present at dressing change. The wound bed was 100% healthy granulation tissue. Gauze was applied as the secondary dressing due to the reduction in wound exudate.



Fig.5. Dressing in situ



Fig.6. Wound after cleaning at week 5

Week 6

The wound was assessed as almost healed. Exudate levels were greatly reduced. The wound was reviewed 3 days later and the wound was healed.

COMMENTS

The wound had previously been treated with Oxyzyme. Following an initial improvement in the condition of the wound it became static. The wound did not appear to be infected however the clinician believed that the delay in healing was due to microbial burden. The wound healed at 6 weeks. The clinician followed the patient up 4 weeks later and reported that the wound was still closed.



Fig.7. Wound healed at 4 week follow up

SATISFACTION

The clinician and the patient were happy with the performance. The patient found the dressing with the outcome. The patient found the dressing comfortable at dressing change and throughout the study.