Case Study B
Sorbion® application not delayed by wound bed debridement

V Skinner
Honours BSocSc UOF, Diploma Reflexology CHC Pta, Private Nurse Practitioner: Woundcare, PTA

The objective of this case study was to show that there is no need to wait for the wound bed to be debrided before Sorbion® is applied. The suggested application of Sorbion® Sachet S and the ability to cope with high levels of serosanguineous exudate is demonstrated.

History
- 88-year-old frail female patient presenting with an unstageable pressure injury on her left buttock. NPUAP Guidelines as a staging tool.¹
- The patient has been bedridden for the past two years

Co-morbidities
- Cardiomyopathy.
- Osteoarthritis.
- Macular degeneration.
- Chronic renal failure and incontinence

Wound description
**Dime model Sibbald et al.²**
- Type of wound: Chronic healable
- Position: Left buttock
- Appearance: Yellow / brown sloughy
  - 30 mm x 50 mm on surface
  - Undermining
- Peri-wound area: Painful erythema
- Exudate: Copious amounts (3+) of very offensive purulent drainage

Treatment Plan
- Autolytic debridement with antimicrobial honey ointment. The honey ointment addressed the bacterial burden even though there were no clinical signs of infection. Nerds and Stonees as per Sibbald et al.³ Daily dressing changes until debridement completed.
- Moisture management with Sorbion® Sachet S.
- Pain management as prescribed.
- Keep wound area pressure-free. Nurse on sides only.
- Change position two-hourly to prevent further complications.
- Maintain optimal nutritional status.
- Ensure dry diapers at all times to prevent further skin loss/damage due to incontinence-associated moisture.

Conclusion
Sorbion® does not only manage copious exudate levels effectively but it also assists with debridement and stimulates granulation.

References
1. NPUAP-EPUAP. Staging/Classifications Definitions.