

Stalled Diabetic Foot Ulcer Closed In Six Weeks After Switch to PolyMem Silver Dressings

Background A 68-year-old diabetic male long term care resident with severe contractures, a seizure disorder, peripheral neuropathy, dysphagia, CVA with left hemiparesis, Norton Scale: 6, and bowel and bladder incontinence developed a recurring partial thickness neuropathic ulcer of right bunion. Treatment for two months with conventional modern foam dressings q3days and PRN plus off-loading resulted in very slow healing. Finally, the wound stalled measuring 1.0cm x 0.9cm.

Purpose: Stalled diabetic foot wounds are a common problem. Since silver in other forms inhibits inflammation, and an extended inflammatory phase is thought to be a factor in stalled wounds, it was hypothesized that silver dressings may “jump-start” stalled wounds. PolyMem Silver’s superabsorbency might also pull detrimental fluid out of the wound bed. PolyMem cleans wounds; therefore no manual wound cleansing is usually needed, allowing for less disruption or cooling of new growth.

Methods: After an initial saline flush, a PolyMem Silver dressing was applied. No wound cleansing or rinsing was done during dressing changes.

Results: Despite the co-morbidities and prior set-backs, using PolyMem Silver dressings the wound closed completely in six weeks. Dressing changes were quick and easy. Since the dressings are cuttable and wound cleansing supplies were not needed, the total cost of treatment was minimal.

Conclusion: Through the use of PolyMem Silver dressings, this wound quickly changed from stalled to granulating to closed. Further studies are warranted to validate PolyMem Silver’s ability to “jump-start” stalled wounds.