

Amputation versus Conservative Treatment of a Stage IV Pressure Ulcer

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Purpose: To demonstrate the effectiveness of conservative treatment modalities utilized to prevent amputation of a patient's lower leg.

Clinical Problem: A clinically complex 86 year old black female with diagnoses of diabetes mellitus type II, severe peripheral vascular disease, anemia, low albumin level, ASCAD, CHF, right femoral-popliteal bypass, left eye blindness and degenerative joint disease presented with a non-healing left heel pressure ulcer acquired, November 1997. Initially, the ulcer was an area that had a purplish to black eschar with surrounding erythema. Numerous modalities were utilized without success. In January, a vascular surgeon recommended below knee amputation as the only effective treatment of this wound. The patient requested a more conservative approach to maintain the integrity of her leg.

Current Clinical Approach: The multi-disciplinary team developed an on-going plan of care to manage the wound with a focus on effective dressing product choice, debridement, pressure relief, pain management, and a Heelift® Suspension Boot. Sharp debridement was chosen to quickly eliminate gross amounts of necrotic tissue. Amorphous hydrogel in conjunction with a synthetic platelet derived growth factor gel provided further tissue debridement and promoted tissue healing.



11/17/97



2/3/98

Patient Outcome:

Date	Size:LxWxD (centimeters)	Necrotic/ Healthy Tissue	Wound Treatment	Pressure Relief	Physical Therapy/ Debridement
11/06/97	2.4x2.4x0	Intact, purplish	None	Heelift Boot	
11/17/97*	3.6x8.4x0.2	20% / 80%	Panafil® Ointment	Heelift Boot	Debr. 11/25/97
12/14/97	3.4x7.8x0.2	95% / 5%	Collagenase Santyl®	Heelift Boot	
01/02/98	2.8x7.5x0.3	85% /15%	Collagenase Santyl®	Heelift Boot	Debr. 01/05/98
01/06/98	3.6x8.6x0.3	80% / 20%	Wet to Dry Dressing	Heelift Boot	01/02/98-01/21/98
01/20/98	3.0x7.4x0.6	100%	Wet to Dry Dressing	Heelift Boot	Debr. 01/12, 19/98
02/03/98*	3.4x7.3x0.7	70% / 30%	Hydrogel Sheet	Heelift Boot	
03/12/98*	3.2x6.0x1.0	60% / 40%	Intrasite Gel® & Sheet	Heelift Boot	
03/19/98	3.2x6.3x0.3	50% / 50%	Intrasite Gel® & Sheet	Heelift Boot	
04/14/98*	2.0x3.8x0.4	40% / 60%	Intrasite Gel® & Sheet	Heelift Boot	04/04/98-04/18/98
05/15/98	2.2x1.8x0.4	20% / 80%	Intrasite Gel® & Sheet	Heelift Boot	
06/04/98*	0.9x1.9x0.3	20% / 80%	Intrasite Gel® & Sheet	Heelift Boot	
07/08/98	0.3x1.8x0.2	20% / 80%	Intrasite Gel® & Regranex	Heelift Boot	
08/26/98*	Wound closure	0%	None	Heelift Boot	
11/04/98	Remained healed	0%	None	Heelift Boot	

*[see photo](#)



03/12/98



04/14/98



06/04/98



08/26/98

Conclusions: The combination of the multidisciplinary team efforts combined with heel pressure relief, resulted in the successful closing of the chronic pressure ulcer while preserving this patient's limb.

References:

1. Piascik, P: Use of Regranex® gel for diabetic foot ulcers. J Am Pharm Assoc. 1998, 98(5):628-30.
2. *Wound healing alterations in Management* ,2nd Edition. McCulloch, J., Kloth, L., Feeder, J., F.A. Davis Company, Philadelphia, 1995
3. Clinical Practice Guideline #15. Treatment of Pressure Ulcers. AHCPR Publication No. 95-0652, December 1994.