Management of Calcaneous Ischemic Ulcers

Clinical Case Study

Introduction

The prevalence and incidence of ischemic ulcers (pressure ulcers) of the heel continues to be a challenge across the health care spectrum. The following case study involves the management of a Stage III ischemic ulcer of the heel.

Background

Ms. H. N. is a 95 year old, living in an extended care facility for assistance with ambulation and activities of daily living. She sustained a left wrist fracture and left hip fracture during a fall on January 14, 1996. She underwent closed reduction of the left wrist and open reduction and internal fixation of the left hip. The client was involved in a physical rehabilitation program to restore strength and ambulation.

One month after Ms. H.N. fell, she developed a Stage III ischemic ulcer (measuring 1.5 cm x 2 cm after debridement) with necrotic tissue, to her left posterior calcaneous (Fig. 1). Prior to this development, foam type heel protectors were utilized.

She was alert and oriented to person and place. Her dietary intake was adequate with-feeding assistance. She had no known chronic illnesses.

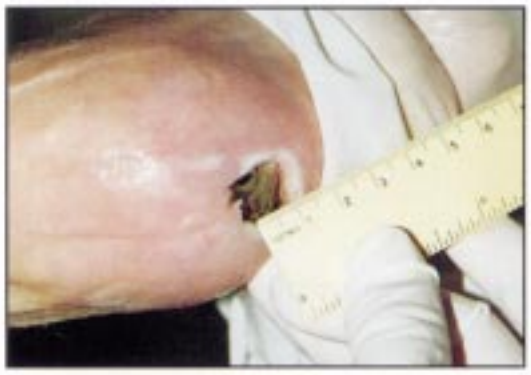

Figure 1. Left posterior calcaneous 1.5 cm x 2 cm ischemic ulcer with necrotic tissue.

Management of Care

Ms. H. N. was evaluated for her calcaneous ischemic ulcer on February 14, 1996. At this time, ROHO® HEAL PADS® (Fig 2) were applied bilaterally. Wet-to-dry dressing changes were done twice daily until the necrotic tissue was removed (Fig 3). After debridement, the wound bed was pink and granulation tissue proliferated. Wet to dry dressings were then discontinued and a hydrogel was used until wound closure.

Figure 2. ROHO HEAL PAD initiated.

Figure 3. Left posterior calcaneous ischemic ulcer debrided Stage III.

Figure 4. Left posterior calcaneous 30% granulated.

Conclusion

At approximately six week intervals, the following photos were obtained (Fig. 4-8). The calcaneous ischemic ulcer healed to closure after six months use of the therapeutic ROHO HEAL PAD.

The ROHO HEAL PAD offered protection from friction and shear. The compression therapy provided enhanced wound healing by improving oxygenation and nutrient transfer to the wound and surrounding tissue.

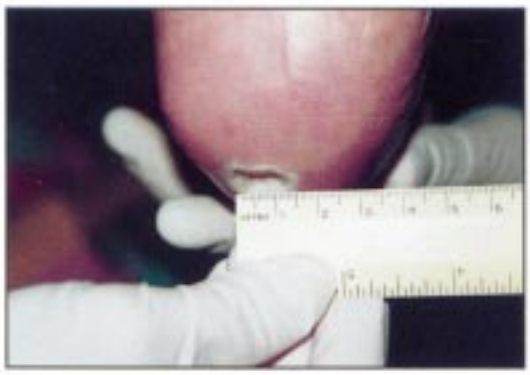

Figure 5. Left posterior calcaneous 70% granulated.

Figure 6. Left posterior calcaneous 80% granulated.

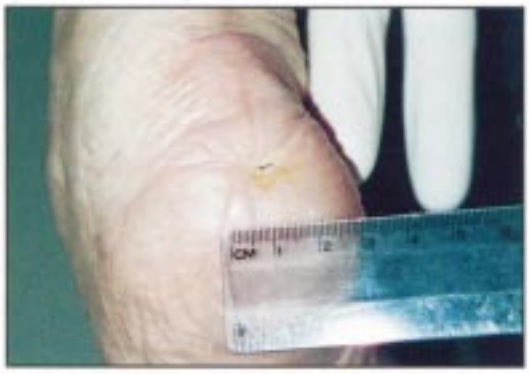

Figure 7. Left posterior calcaneous 95% granulated.

Figure 8. Left posterior calcaneous 100% granulated and epithelialized to closure with use of the ROHO HEAL PAD.

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