

TREATMENT OF VENOUS ULCERS WITH MULTIFUNCIONAL POLYMERIC MEMBRANE DRESSINGS UNDER COMPRESSION

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AIM

Most below-knee lower extremity ulcers are venous in origin, resulting from venous hypertension commonly associated with chronic venous insufficiency. The aim is to combine the primary treatment for venous ulcers, compression, with a multifunctional polymeric membrane dressing (MPMD).

METHOD

Application of MPMD under compression without using any other product on the wound. Assessment of: dressing change duration, pain reduction using the Visual Analog Scale (VAS), healing time, ease of application and removal. Eight individuals with venous wounds treated in primary care over the past year were evaluated. All signed informed consent and data transfer.

RESULTS / DISCUSSION

All participants were women with a mean age of 78.6 years. Ninety percent of the dressings were changed weekly, primarily using the highest absorption MPMD. Complete wound healing was achieved in an average of 7.5 weeks. Pain was reduced by 2 points on the VAS and remained at low levels in subsequent dressings. Ease of application and removal was positively evaluated by professionals.

CONCLUSION

MPMDs have demonstrated efficacy in healing venous ulcers under compression, reducing associated pain¹, positively impacting healing², reducing the use of multiple products, and improving patients' quality of life

1Beltz AJ, Newman A, Kahn AR et al. A polymeric membrane dressing with antinociceptive properties: analysis with a rodent model of stab wound. Journal of Pain 2004; 5(1): 38–47
2Kahn AR, Sessions RW, Apasova EV. A superficial cutaneous dressing inhibits pain, inflammation and swelling in deep tissues. Pain Medicine 2000; 1(2): 187

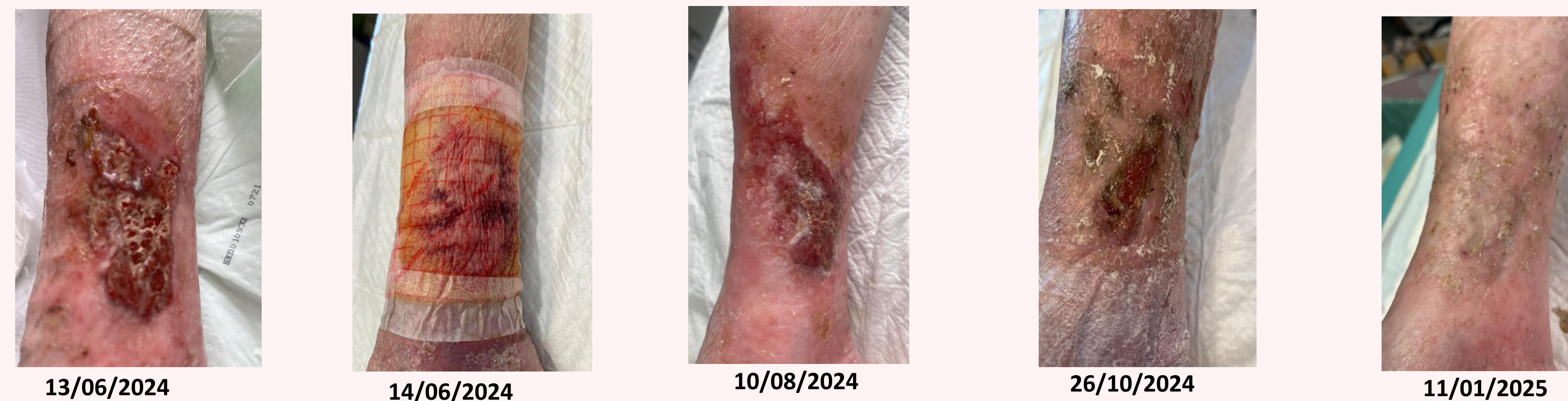
Polymem^R: Multifunctional polymeric membrane dressing

89-year-old woman with hypertension (HTN), chronic venous insufficiency (CVI), and obesity. 1-month-old traumatic wound, produced with a wheelchair. Previous dressings twice a week with silver gelling fiber dressing + adhesive foam + compression therapy. Pain VAS: 8. Required one week of antibiotics because of wound infection. Treatment initiated with MPMD + compression therapy, first dressing change at 24 hours, then changed to MPMD MAX + compression therapy, dressings twice a week for 1 week. VAS from 8 to 0 in one week. Started dressings with MPMD MAX and MPMD regular with compression therapy 40mmHg every week during two months, resulting in complete healing with no side effects nor infections.



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90-year-old woman with hypertension (HTN), chronic venous insufficiency (CVI), and osteoarthritis. 11-month-old wound. Previous dressings twice a week with silver gelling fiber dressing + adhesive foam + compression therapy. Pain VAS: 8. Treatment initiated with MPMD + compression therapy, first dressing change at 24 hours, then changed to MPMD MAX + compression therapy, dressings twice a week for 8 weeks. VAS: 6. The patient goes on vacation for 6 weeks and continues with self-care. Upon her return, the wound has reduced in size and exudate level. VAS: 4. Dressing changed to MPMD + compression therapy every 24 hours, twice a week, until the end of her treatment 7 months from its initiation.



M José Gil Mosteo. Servicio Aragonés de Salud

92-year-old woman with hypertension (HTN), diabetes mellitus (DM), hepatitis, and cognitive impairment. Skin tear following trauma, with a 3.5-month evolution. Previous dressings 3 times a week with various moist wound healing dressings + compression therapy. Treatment initiated with MPMD + compression therapy, first dressing for two sessions, then decided to change to MPMD MAX + compression therapy 3 times a week until complete healing at 5 weeks.



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