

CASE STUDY: J.S., 69 year old white male. S/P MI, long history of venous stasis ulcers & DM

[Photo below]

11/1/96 Started with flu symptoms. Had been using Sorbsan (calcium alginate) on venous stasis ulcers that were open for over 1 year.

11/4/96 Patient presented with left extremity red and swollen with watery blister on dorsum of foot. Suspected staph infection, patient started on antibiotics.

11/8/96 In PT presented with pimple at location where he pivots his wife on his upper thigh to transfer her into her wheelchair. Culture proven MRSA and admitted to acute care facility on 11/9/97.

11/10/96 The ulcer over metatarsal on dorsum is 7.5 cm. long x 5 cm wide oval shaped with yellow slough at the base of the wound.

11/14/96 Mesalt to dorsum of foot.

11/15/96 Hole getting deeper to dorsum of foot (edema decreased). Three tendons visible.

11/18/96 Whirlpool to LLE .

11/22/96 Culture of dorsal ulcer = very few Staph A seen. Started on *hyCURE*®.

11/25/96 Admitted to ECF for continued *hyCURE*® treatments.

12/5/96 Had CVA - admitted to acute care. Dorsal wound measured 5 cm long x 2.5 cm wide. PT off his legs and venous stasis ulcer improved.

12/16/96 Dorsal wound measured 2.5 cm long x 1.25 cm wide and filled to skin level.

1/28/97 Dorsal wound and venous stasis ulcers healed.



"It is amazing that the tendons were exposed and the wound healed in 2 months."

Edna Keister, BBA, RN, CETN, OCN.

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