

Managing a complex and uneven wound

using eakin **Wound Pouches™**

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PATIENT HISTORY

- 62-year-old lady
- History of Crohn's Disease and multiple small bowel resections
- Admitted for mesh repair of a large incisional hernia.
- Developed intra-abdominal sepsis and required a laparotomy and excision of perforated small bowel.
- The surgical team was unable to close the abdominal wound.
- Due to her complex needs, the lady remained in hospital for six months.

CARE MANAGEMENT PLAN

- The Eakin Wound Pouch™ was used successfully in hospital, changed twice a week.
- The family wanted to handle care at home, but the husband experienced leakage over the weekend.
- The family hesitated to call for help, fearing readmission.
- A community nurse found the family distressed and arranged a joint visit with a nurse specialist.
- It was revealed that stress, visitors, and improper pouch application contributed to the leakage.
- The leakage was also due to increased output and the lady's increased mobility.
- The nurse specialist taught wound management basics to the family and community team for more confidence.





TIP: Pull skin folds apart to fill in the creases

PROCESS

Here you will see the steps taken by the nurse specialist to minimise leakage around the wound opening and improve the lady's quality of life.

1. Periwound area cleansed with normal saline and dried with gauze.
2. Powder is applied to excoriated skin.
3. small eakin **Cohesive**® seal is broken into pieces and inserted into deep creases to obtain an optimal level skin surface.
4. eakin Wound Pouch™ applied to the area and connected to continuous drainage due to the high output nature of the wound.

The lady is now achieving extended wear time from each eakin **Wound Pouch**™ and is still able to be managed at home via a combination of community nursing and family care.

PRODUCT USED

Extra-large eakin Wound Pouch ™	839265
small eakin Cohesive ® Seal	839002

