Wound Fluid Management in Wound Care:
The Role of a Hydroconductive Dressing

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Message:

Drawtex® Hydroconductive Dressing appears to debride wounds and remove adherent slough and debris. It also draws excessive wound exudate containing bacteria and deleterious cytokines out of the wound. This case series demonstrates the debridement and healing outcomes of patients whose wounds were managed with this dressing.

Methods:

Eight patients with wounds that had adherent slough and necrotic tissue, and varying levels of wound exudate were treated with Drawtex as a primary wound dressing for three weeks. No other dressing or debridement techniques were used. Digital photos were taken once a week and submitted for wound bed analysis using iCLR technology powered by Elixr, Imago Care Ltd. England.

Results:

The average area of necrotic tissue and slough was reduced by 36% by week 1, 52% by week 2, and 77% by week 3. There was a corresponding reduction of wound area: 15% by week 1, 35% by week 2, and 47% by week 3.

Conclusions:

The use of the Drawtex dressings resulted in debridement of necrotic tissue and slough from the wound bed. Using an artificially intelligent pattern recognition software program, areas in the wounds containing healthy granulation tissue were observed to be preserved and expanded into areas that were debrided of fibrin, slough, and harmful cytokines. All wounds in this series healed without any adverse events.
Case Study (II)

A 72-year-old male exhibited a wound of infected venous and arterial etiology. A Drawtex® dressing was placed on the wound with light compression; no other debridement techniques were employed. The wound bed initially consisted of 29% granulation and 71% slough. After two weeks of hydroconductive debridement, the wound bed consisted of 63% granulation and 37% slough.

Wound Image Tissue Analysis

Effect of Drawtex® Hydroconductive Debridement After Two Weeks

Author’s References:

1Scottsdale Healthcare Osborn Medical Center, Scottsdale, AZ
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