LevaFiber Skın Contact Layer, Fuzzy Wale Elastic Textile & Short Stretch Cohesive Wrap Enhances Venous Leg Ulcer Healing; healing stasis dermatitis decreases skin pain and enables delivery of robust compression

PROBLEM
- Painful refractory stasis dermatitis behind the knee.

CONCLUSION
- LevaFiber wrap as a skin contact layer appears to efficiently heal venous stasis dermatitis.
- Resolution of painful dermatitis allows for higher levels of elastic compression to heal ulcers.

OUTCOME
- Poor response to standard therapy over 2 weeks.
- LevaFiber wrap used in place of cast padding for first layer of Profore-type dressing. Dermatitis response is dramatic at 1 week.
- Complete healing of ulcers over 3 weeks.

PROBLEMS
- Improvements in elastic compression with troublesome maceration and bacterial colonization.
- Porous leaky wound bed preparation in VLU patients with painful stasis dermatitis that precludes the tight wrapping in a 3 layer VLU compression dressing for VLU patients with painful stasis dermatitis that precludes the tight wrapping in a 3 layer VLU compression dressing.

METHODS
- LevaFiber skin contact layer was used to wrap the calf, and a tapered fuzzy wale stockinet* were used to treat one patient with refractory VLUs over a 4 week period.
- Photos document details of therapy, improvement of stasis dermatitis, and ulcer healing.

RESULTS
- Levels of skin pain, drainage of per-ulcerous stasis dermatitis, and wound bed preparation was documented in photographs. Results are compared to standard of care controls.

CONCLUSIONS
- A thin LevaFiber skin contact layer appears to 1. improve per-ulcerous stasis dermatitis, 2. decrease pain in the limb, 3. control maceration by wound exudate, perhaps by evaporation, and 4. speed wound bed preparation in compression dressings in place for 3 to 7 days.

References

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