

# The use of a new two in one treatment (K Two® Start) in a venous leg ulcer

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## INTRODUCTION

Delayed wound healing affects a number of patients within clinical practice; having implications in terms of delivery of service and operational costs.

This case study demonstrates the treatment of a patient with a leg ulcer, the outcome of appropriate management with a new wound care treatment (**K Two® Start**) in addition to the implications to practice for the nursing team.

## PATIENT AND WOUND

A team of nurses working in a primary care setting identified a female 87 year old patient who had two leg ulcers on her left leg (the larger measuring 75cm<sup>2</sup>). Despite appropriate management the wound had recurred over a period of 48 months, remaining static in the past 12 months (Figure 1). The patient experienced strong pain.

Following discussion with the patient a new treatment which re-balances the cellular imbalance was commenced (**K Two® Start**), comprising a two layer compression bandage system (**K Two®**), and a wound contact layer (**Urgotul® Start**) designed to promote faster healing in leg ulcers.

## RESULTS

- At the end of the first week the pain previously experienced at dressing changes was absent, indeed from this point onwards dressing changes remained painless for the patient and atraumatic to the wound and surrounding skin. Exudate levels had decreased to moderate and the surrounding skin was healthy.
- By week five the wound had progressed to 100% granulation tissue, with healthy wound edges and surrounding skin and low levels of exudate.
- By week eight the wound had reduced to an overall size of 6cm<sup>2</sup> (Figure 2).
- Complete healing was achieved by week 16 (Figure 3) with healthy, robust epithelial closure. The nursing team found the dressing easy to apply and remove throughout the case study with very positive outcomes for the patient.
- Within this case nursing visits were also decreased from an average of four per week to two per week with the associated time and financial saving.

## CONCLUSION

This case study shares the experiences of one primary care nursing team and a patient with a longstanding leg ulcer; allowing an insight into the use of **K Two® Start** challenging the outcomes of previously published work <sup>(1,2,3)</sup> all be it at an anecdotal level. **K Two® Start** is a new therapeutic intervention which provides an additional wound management option for clinicians faced with leg ulcers.

## REFERENCES

1. Schmutz JL. *et al.* Evaluation of the nano-oligosaccharide factor lipido-colloid matrix in the management of venous leg ulcers: results of a randomised controlled trial. *International Wound Journal* 2008; 5 (2): 172-82)
2. Munter KC. Urgocell® Start – Results of an observational study in Germany, Poster presentation, Wounds UK November 2008).
3. Benigni JP. *et al.* Efficacy, safety and acceptability of a new two layer bandage system for venous leg ulcers. *J Wound Care* 2007; 16 (9): 385-390.

### Previous year (treated for the whole year without success)

1 Nursing costs (45 minutes visits)	£7287
2 Dressings costs (Aquacel + Allevyn Adhesive followed by NA Ultra + Sorbion)	£1596
3 Bandage costs (K-Soft + TensoPress)	£193

**Total cost for the previous year** **£9077**

**Total cost per week** **£174**

### Treatment with K Two® Start

1 Nursing costs (30 minutes visits)	£945
2 Dressings costs (Urgotul® Start + Urgosorb®)	£176
3 Bandage costs (K Two® 18-25 cm)	£208

**Total cost with K Two® Start** **£1329**

**Total cost per week** **£83**

**£7748 saving with K Two® Start, with healing of the ulcer**



Figure 1 – Wound before use of **K Two® Start**



Figure 2 – After 8 weeks of treatment with **K Two® Start**



Figure 3 – Complete healing achieved after 16 weeks