

# Wound bed preparation in case of Sacrococcygeal Unstageable pressure injury.

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## Background

Coccyx pressure ulcers are most common in bed-bound patients, where improper care can lead to chronic ulcers and possible infection. The key to wound healing is to prepare the wound surface. (Preparation of wound bed) wound management in 3 areas:

1. Management of necrosis by debridement
2. Exudate Management by Negative Pressure Wound Therapy (NPWT)
3. Resolution of bacteria balance) by using silver sulfadiazine/ Povidine Solution

The case study is a 63-year-old Thai male, case bed ridden, comes with a coccyx pressure ulcer, wide wound, seepage, black, necrotic, smelly, 1 month before the first hospital, received the wound, black slough, about 70% yellow slough 10 % And red wound 20%

## Study method

Eliminate black slough and yellow slough by debridement in both OR and bedside combined with Prontosan Solution and silver sulfadiazine / Povidine Solution.

Control Infection and Exudate by performing Negative Pressure Wound Therapy (NPWT) by changing 2 times / week for a total of 6 weeks along with peripheral Antibiotic.

Increase the moisture of the wound surface by using hydrogel as a process to promote wound healing.

## Results

Exudate volume has decreased markedly. The wound was shallow and narrower from 12x10 cm. to 5x6 cm. Wound bed granulation 100% total patient was cared for by Wound care 90 Days.

## Conclusion

Techniques for manipulating Wound Bed Preparation in chronic wound pressure ulcers using Control Infection and Exudate combined with Negative Pressure Wound Therapy resulted in wound healing process and accelerated granulation tissue activation. Reduces the workload of wound dressing Patients and relatives were 100% satisfied.

## Reference

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