

Topical Oxygen Treatment in Two Cases With Pressure Ulcers in Finland

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Introduction

In spring 2009 I tried the Topical Oxygen* (TO) therapy with two patients with spinal cord injuries caused by an accident. For the treatment I used the sacral patches designed for wounds at the trunk of the body. This system delivers humidified oxygen at a contious pressure of 30mbar to the wound bed. The required oxygen was obtained by a SeQual Oxygen CE-Marked for wound care. The course of treatment was 1 hour per day.

Case 1:

A 26 year-old female patient with an entire spinal cord injury caused by a car accident. On the sacrum, above the cross bone, there was a II grade pressure (EPUAP) ulcer of size of 1,5 cm x 1,5 cm. The healing of the ulcer was stalled despite many different approaches of treatment. TO therapy was given once per 24 hours with duration of one hour. During the treatment the patient was in bed lying on his side. After the treatment the wound was of scarlet colour and "bloodish". After nine days of treatment the maceration was vanished and the uneven/rough edges of the wound were tidy. The TO™ therapy was administered further to support the standard local treatment. The wound showed good granulation tissue after a few days. TO was continued for a period one month. During this time the wound did not close but showed very good granulation tissue as well as reduction in wound size and depth.

Case 2:

A male patient with a partial spinal cord injury after being run over by a train. In the lower back was a re-opened post surgical wound that probably developed due to pressure. After starting TO the wound healed drastically quicker compared to the previously used treatment. Within 3 weeks the wound was closed.

Conclusion

TO seems to enhanced granulation, cleaning and healing of pressure ulcers. Administering the therapy does not require any skilled medical personal, but a trained wound care nurse should follow up the healing process.

Case 1: May 27



Case 1: June 21



Case 2: April 26



Case 2: May 4

