**The Use of PolyMem® Silver in Non Healing Burns and Surgical Wounds**

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**INTRODUCTION**
Chronic wounds management is estimated to cost over £1 billion per year with the additional cost to patients of reduced quality of life (White 2006). Wounds are labelled as chronic when compromised healing is anticipated, usually in relation to complex underlying pathologies such as diabetes. Chronicity in burn wounds is one of the least recognized areas of wound care. Often chronic burns, skin grafts and donor sites continue to be managed for many months as acute wounds. These wounds have similar problems in terms of quality of life, cost and nursing time as any other chronic wound, but often continue to be dressed with products considered to be “burn” products, e.g. Flamazine and Jelonet or other Vaseline derived products. There is little or no evidence or discussion about burn wound chronicity in the literature.

**AIM**
This was a proof of concept evaluation of the potential use of PolyMem® Silver in a range of chronic burn related wounds to see whether further evaluation was required.

**METHOD**
Polymeric membrane silver dressings (PolyMem® Silver) have a polyurethane matrix, with a semi-permeable thin film backing. These dressings contain components which draw and concentrate healing substances from the body into the wound bed to promote rapid healing while facilitating autolytic debridement. The liquefied slough is absorbed by the dressing, eliminating the need for manual wound bed cleansing during dressing changes.

After 5 weeks of treatment, 40% of the donor site had epithelialized and the rest is granulating.

**RESULTS**
The case studies demonstrate that PolyMem® Silver seems to be effective in managing complex non-healing burn and burn related wounds. All three of these wounds had been treated with numerous other modalities but PolyMem® Silver application was established. In these cases PolyMem® Silver proved to be effective at promoting wound healing as well as having good acceptability with both the patient and the nursing staff.

**DISCUSSION**
Delayed healing, increased pain and odour in chronic wounds are factors often associated with infection (Vowden & Cooper 2006). It appears from above case studies and other documented experiences we had at our unit that PolyMem® Silver is beneficial for addressing these factors. A number of patients were finding PolyMem® Silver comfortable when in-situ, as well as on removal.

**NON HEALING BURN AFTER PHOTODYNAMIC THERAPY**
Mrs H was a 62 year old lady, who had skin cancer and had photodynamic therapy to her back which unfortunately led to a full thickness burn. Additionally she had a myocardial infection and her first assessment of her burn was whilst she was in the Intensive Care Unit on an intra-aortic balloon pump awaiting Coronary Artery Bypass Grafts (CABG).

The wound was approximately two weeks old and had not had any previous dressing treatment, but had been managed with simple emollients. The surgeons were keen to take her to theatre and it was suggested that PolyMem® Silver may be appropriate for her wound.

**CONCLUSION**
These case studies have identified that PolyMem® Silver has the potential to be a useful adjunct in the management of this wound type. Further formal evaluations have been carried out on both acute burn wounds as well as chronic non-healing burn related wounds. The positive outcome from these evaluations has resulted in PolyMem® Silver being a part of our formulary.

**References**

PolyMem® Wound dressing, Manufactured by Ferris Mfg Corp, Burr Ridge, IL 60527 USA. This case study was unsponsored. Ferris Mfg. Corp. contributed to this poster design and presentation.