

Treatment report
Oil dispersion footbath for treating decubitus ulcer on the heel
(by Chris Vree, physiotherapist, May 2011)

End result

After 4 weeks of daily oil dispersion baths with arnica, a noticeable improvement of the decubitus wound has become apparent. The wound edges show marked improvement. The wound itself looks much less angry, and the very unpleasant odour of dying tissue has disappeared. Herr v. L.'s general wellbeing is better: he is calmer, more relaxed and has less pain in his leg.

General information

Herr v. L. is 95. He lives alone and is cared for 24 hours a day by two people. His daughter has organized this home help. She oversees all care of her father.

Pre-history

Herr v. L. has Alzheimers. In March 2010 he falls over at night in his house and next day is taken to hospital. No fracture is found, but diagnosis of urinary tract infection with delirium leads to the proposal to admit him to hospital. After a few days there, Herr v. L. is placed in a wheelchair without supervision. He falls over and is then found to have a complex acetabular fracture, following which he spends a further month in hospital. After the hospital stay no place can be found for him in an old people's home, and nursing at home therefore continues.

In October 2010, the out-patient vascular surgery consultant finds poor circulation in the right leg: large arteries are blocked (arteriosclerosis) but circulation is still present via the small arterial vessels. The vascular surgeon knew Herr v. L. previously due to an arterial problem in the aorta.

Anamnesis

Since October 2012, Herr v. L. has been confined to bed, and lies with raised legs. The right leg is bent and the right foot is often cramped behind or under the left leg. At present he sits upright for half an hour twice a day in a stand-up chair.

After the acetabular fracture in March 2012, this has to heal conservatively and gives rise to much pain and cramps. His general wellbeing is also greatly impaired. After x-rays show the fracture has healed in July, reactivation/rehab starts. Until the end of September, Herr v. L. revives, and walks with help and the support of a walking frame. Due to progressive Alzheimers, from October onwards Herr v. L. is no longer able to move, and suffers pains in his heels. In the second half of November an incipient decubitus becomes apparent on the right foot. Two decubitus wounds (grade 4) develop on the right foot, accompanied by a very unpleasant odour caused by dying tissue.

Treatment from November 2010 until now

The wounds have been tended once a day by a trained nurse, who rinses them with water and applies various ointments and solutions.

In addition, the wounds are tended twice a day by the homecare nurses. For one week a honey-gauze treatment is used, which gives rise to visible improvement both to the wound edges and to the odour.

The tissue necrosis is removed once by the consultant during a home visit.

Care problems

Ongoing deterioration of the patient's overall constitution. Generalised cramps, worst in the legs. These are greatly elevated and are hard to relax either in lying or sitting. Marked pain in the right foot. Highly unpleasant odour when tending the wound (3 times daily). The right lower leg is cold. Massage is used to try to stimulate circulation in the lower leg, and this proves successful.

Dermatological examination

Two decubitus wounds on the right foot, grade 4. One on the heel, 8 x 8 cm, with black tissue necrosis, one on the instep, 3 x 6 cm, tissue necrosis with yellow film. Also a highly unpleasant odour from the wounds. The lower leg is oedematose and feels somewhat cold.

Medical diagnosis

On the right heel and the instep: decubitus wounds grade 4.

The treatment so far has had little to no effect. The daughter suffers greatly from her father's condition and can no longer bear to witness his suffering. In her search for alternative forms of treatment she finds a report on decubitus wound treatments using the oil dispersion bath (see *Derma Novum – tijdschrift voor huidzorg*, year 8, no. 2, June 2007). At her request this treatment starts from 22 January 2011.

Treatment

Daily for 4 weeks without break, oil dispersion baths as footbath for the lower right leg (if possible up to knee-level). The footbath is prepared with 2 ml Arnica e flor W 5% Oleum (WALA®) and applied using the Jungebad® oil dispersion apparatus.

The water temperature is 36°C, which is felt to be "pleasant".

Each footbath lasts ten minutes, and later usually 15.

Following the bath, the foot is wrapped in a hand towel and sheet dressing, and covered warmly, after which Herr v. L. rests in his stand-up seat for half an hour.

After this he is put back to bed, and the foot is dressed with wet Betadine® solution compresses and an absorbent Tubifast® bandage.

After the first week, the intact tissue is further activated through light brushing with a bath brush. After the third week, the left leg is also separately treated in a footbath.

Course of treatment

It is decided to check each week how the treatment is progressing, so as to be able to decide whether therapy should continue or not.

After week two, the daughter is pleased with the progress: Herr v. L. is much calmer and more relaxed. In the middle of the second week the consultant surgeon does a home visit and is surprised at the results of treatment: both the appearance of the wounds and the fact that they are smelling far less than expected.

After the third week, the state of the wounds is satisfactory, and there is scarcely any further odour detectable. The lower leg is now less oedematose, and the foot less swollen and tense.

After week 4 the wounds looks good, and no wound odour remains.

At the end of this week, the surgeon removes the necrosis on the instep.

The treatment was supported by:

Chris Vree, physiotherapist, trained in oil dispersion therapy.

He practises in Bergen, North Holland.

email: chris@therapeuticum-egellantier.nl