

The use of Algivon® in the treatment of a traumatic amputation to the right ring finger distal to the DIP joint

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Case study

Mr. M is a 54 year old self-employed contractor. He suffered a traumatic amputation to his right ring finger distal to the DIP joint caused by a pulley at work. The accident happened at 8am on 24th January 2013 and was dressed by his colleagues.

Mr. M was seen at Kenepuru Hospital at 5pm that day. The finger stump was not bleeding and had an almost straight (horizontal) amputation distal to the DIP joint; a tiny half moon of nail remains. Mr. M was able to flex both the PIP and DIP joints independently. The bone is visible.

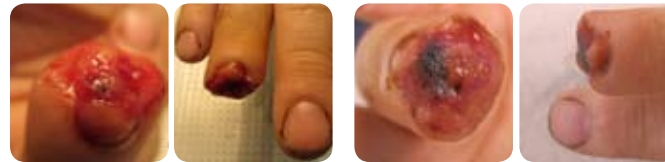
Kenepuru Hospital recommended that the patient be referred to Hutt Plastics Department for a surgical amputation of the finger tip at the PIP joint. The Doctor at KPH recommended surgery, as conservative treatment would mean longer healing time and a higher risk of infection. Mr. M declined the surgical option and wished to visit his own GP for treatment.

Mr. M came to the GP surgery the following day. The right ring finger was a very meaty wound with a blood clot sitting in the centre. The surgery option was discussed again in depth, however Mr. M declined as he wished to continue with conservative treatment consisting of the use of Algivon® alginate dressing impregnated with 100% Manuka honey.

The patient was reviewed for traumatic amputation of the right ring finger tip, occurring 4 days ago. The wound bed was healthy and clean with no visible signs of infection. Mr. M consented to photographs being taken to be used for educational purposes. A treatment plan was agreed between Mr. M, his GP and the wound nurse of the daily use of Algivon®.

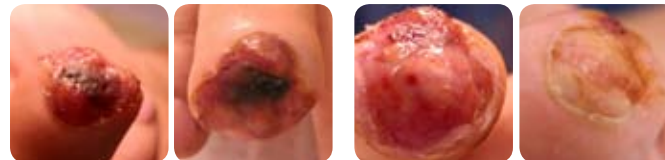
Dressing Regime

A daily dressing regime commenced. Normal saline was used to clean the wound and Algivon® used as the primary dressing. Interpose Lite was used as a secondary dressing with a Gauze padding and Tubifast to secure the dressings.



Initial assessment

30 January 2013



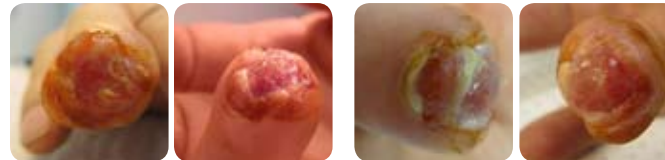
31 January 2013

4 February 2013



7 February 2013

11 February 2013



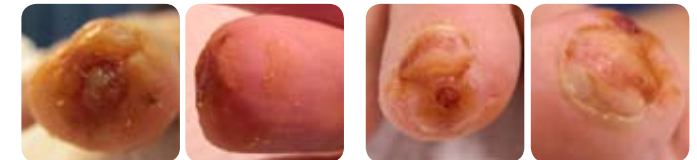
15 February 2013

18 February 2013



22 February 2013

25 February 2013



1 March 2013

4 March 2013



8 March 2013

22 March 2013

Summary of Treatment

The wound took 8 weeks to heal with the conservative treatment. No further antibiotics were required after the initial course prescribed by KPH. Mr. M could continue to work with no loss of income. The wound was pain free most days and the treatment met Mr. M's expectations.



22 March 2013 final review, finger tip healed and nail growing

Mr. M has

sensation and full movement in his finger and was very happy with the final result.