

Nutech Health : Bulletin # 6 July, 2004

Case Studies, Nursing Home : 'B'

**A report on the use of Terraquant for pain and wound care at Nursing Home 'B'
from 30 April, 2004 to 30 June, 2004.**

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Nursing Staff.**

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INTRODUCTION

Terraquant is a medical device which combines Low Level Laser Therapy (Class 1M), Infrared and Red lights. Terraquant is distributed by Nutech Pty Ltd and is TGA (Therapeutic Goods Administration) approved in Australia as a Medical Device Class IIa product.

General comments and report from the Director of Nursing ("DON") and other nursing staff.

Nursing Home 'B' is a 60 bed low care facility. The Terraquant Low Level Pulse Laser (LLLT) was introduced to the nursing home following a recommendation from another facility in the region. A demonstration was conducted by Professor Remi Guibert, Nutech Health Chief Medical Advisor and Daniel Weinstock, Nutech Product Manager, with several staff and selected residents on 30 April 2004.

Benefits for residents:

1. Reduced pain
2. Increased range of movement
3. Rapid wound healing
4. Reduced costs

Benefits for Management and Staff:

1. Cost containment – higher scores in RCS claims and the ability to offset extra hours for staff to administer treatments
2. Evidence based practice
3. Visual (photos of wounds)
4. Enhanced nursing knowledge
5. More in depth understanding of resident's perception of pain with the introduction of the visual analogue scale for the outcome of pain rating

Case Studies

Resident #1.

94 year old female, PHx of MS, arthritis and repetitious venous ulcers. This lady complained of severe pain in (L) and (R) knees and a raised rash was noted on her (L) leg.

Programs 1 & 3 were introduced on 10 May 2004 and the rash was resolved within 3 days. On the 18 Jun 2004, she complained of pain in her (R) shoulder and on examination by her General Practitioner, she was diagnosed with a ruptured tendon. Laser treatment was recommended. Treatment was continued on all three areas using programs 1 & 3 with a positive result. Pain was reduced and she now has the ability to ambulate more freely. Long term MS Contin was prescribed and used in conjunction with programs 1 & 3.

Resident #2.

79 year old female, has a debilitating PHx of rheumatoid arthritis, osteoarthritis and joint replacements. Her current medication was ineffective in managing her pain, and laser treatment was recommended. The use of the laser over acutely painful areas of (L) shoulder, (L) clavicle and (L) humerus with programs 1 & 3 has proven to provide pain relief and as a result, treatment will be ongoing.

Resident #3.

79 year old female, PHX of dementia and osteoporosis. A fall from her bed on 06 Jun 2004 resulted in a large skin tear. Due to her dementia, she pulled the dressings off and painted lipstick around the wound. With the introduction of the LLLT, programs 2 & 4 on 30 Apr 2004, and wound protocol of intrasite gel, the wound had healed by 29 May 2004.

Resident #4.

94 year old female suffering from heart disease and bilateral oedema. This lady sustained an enormous skin tear to her (L) leg on 04 May 2004 following a fall. In view of her existing oedema with serous ooze and taking Warfarin and Prednisolone she was transferred to Hospital for suturing. Wound measured 14.9cm x 8cm.

She was returned to us on 11 May 2004 on A/B's. Sutures were removed on 13th and 14th of May wound had broken down, now measuring 12cm x 6cm. Laser treatment was commenced on 20 May 2004 in conjunction with wound management of intrasite gel, tegaderm and compression stocking. On 01 Jun 2004 wound had increased in length due to the tegaderm causing superficial breakdown. Wound measurements 13cm x 4cm. Tegaderm was ceased, and daily dressing with intrasite gel, melonin, combine and compression stocking continued.

16 May 2004 Cellulitis has reduced even though oedema is still present. Wound has decreased again to be 6cms x 2.7cm. Wound to be dressed with duoderm extra thin and be left intact for 5 days. Staff continues to apply compression stocking.

29 Jun 2004 wound re-measured today 4.9cm x 1.2cms. Wound is granulating upwards even with surrounding skin. Area of slough has decreased significantly and surrounding skin is now pink and healthy with serous ooze at a minimum. Staff continues to apply compression stocking.

Resident #5.

79 year old female, with PHX of IDDM, blindness, amputation of (L) toes (11 Feb 2000) and (R) middle toe amputation (June 1999). An ulcer developed on her left foot in May 2001 and she was sent to Hospital for investigation for Gangrene. A sinus developed within the original wound on 20 Jul 2001 which we continued to pack with Kaltostat; and eventually the wound healed. In Feb 2002, the wound returned. Wound specialist Sandy Dean consulted and a full felt pad was recommended to reduce the pressure. On 21 Oct 2003, pus was expelled and sinus noted. The patient was again hospitalized and her diagnosis of Cellulitis was treated with A/B's. We have continued to dress the wound daily since October 2003 with no signs of improvement.

On 30 Apr 2004 the wound was measured at 2.8cm x 2.8cm. Programs 2 & 4 were commenced. By 17 May 2004 the size had reduced to 1.8cm x 0.8cm. On the 06 Jun 2004, the patient was referred to the Podiatrist who applied felt to reduce pressure. By 16 Jun 2004, without changing the dressing protocol, the wound had decreased to be measured at 0.7cm x 0.3cm. Wound re-measured 29 Jun 2004 at 0.7cm x 0.1cm. GP is very impressed with outcome and we have the photographic evidence of each stage of the healing process to support our written report.

This Bulletin, reporting on the use of Terraquant for wound care in a Nursing Home from 30 April, 2004 to 30 June, 2004, was prepared by:

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