

MIST Therapy Helped to Save a Foot from Amputation

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Background

This is a case study of an 88-year-old bed bound female with medical history of hypertension, dementia, type 2 diabetes, and peripheral vascular disease and auto-toe amputation on the affected foot. Multi Disciplinary Team recommended conservative ulcer treatment using silver antimicrobial hydrofibre, insulin therapy and strong antibiotics.

Following the recommended treatment the ulcer did not respond, continued to deteriorate and the bone was exposed. As a result vascular review was requested. Amputation was recommended, as vascular reconstruction was not seen as an option. The patient and her family declined amputation.

It was then decided to use alginate impregnated with honey to reduce malodour and aid wound debridement. In addition hydrofibre was applied to the area of bone exposure. Some improvement was noticed.

However, the rate of improvement decreased and necrosis along with tunnelling developed which measured 1.5 cm² (see Fig.1). The middle of the wound bed was covered with a thin layer of fibrous slough.

Treatment

MIST Therapy was introduced into the treatment plan, which consisted of three treatments initially. In the second week of treatment, i.e. the fifth MIST Therapy treatment the tunnel was resolved (see Fig.2). MIST Therapy treatment in the third week was reduced to once weekly and was concluded after six weeks. Hydrofibre and surgipad continued for a further six weeks.



The patient did not complain of pain or discomfort from MIST Therapy and opioid analgesic was discontinued. During this time the level of wound exudate and the wound area continued to decrease in size.

On the sixth week, necrosis was completely debrided. MIST Therapy was no longer required but the wound continued to improve and healed two weeks after MIST Therapy discontinued.

The patient and her family were understandably very happy and thankful that her wound healed and amputation was in fact not necessary.

