

# Positive outcomes when ALLEVYN<sup>◇</sup> Gentle Border is utilised for Epidermolysis Bullosa Patients

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## Introduction

Epidermolysis Bullosa (EB) is a group of rare genetic skin conditions which cause the skin to blister and tear at the slightest touch. Painful open wounds form where this exceptionally fragile skin is damaged and in some cases, internal linings and organs are also affected. Complications include secondary infection and extensive scarring. The impact upon the child's life cannot be underestimated.

There are three main types of EB:

- 1. Simplex (EBS):** Most common form of EB accounts for approximately 70% of diagnoses. Characterised by a lack of adhesion of the skin in the Epidermis and manifests itself as blistering.
- 2. Dystrophic (DEB):** May be inherited as a dominant or recessive trait accounting for approximately 20% of diagnoses which is characterised by a lack of adhesion of the skin under the basement membrane, in the Dermis. This form of EB has the tendency for blisters to heal with scarring, leading to contraction of the joints, fusion of the fingers and toes, contraction of the oral mucosal membranes and narrowing of the oesophagus.
- 3. Junctional (JEB):** Characterised by a lack of adhesion of the skin through the basement membrane in the Dermal/Epidermal Junction and affects up to 10% of patients diagnosed with EB (Either Intermediate or Severe).

## Methods

EB Clinical Nurse Specialists at Birmingham Children's Hospital evaluated the ALLEVYN Gentle Border product range, as a primary dressing to manage such wounds in challenging anatomical locations with children living with EB. The results of the evaluation are described and illustrated within this poster.

## Results

The evaluation focused on two cases, described in Table 1. The outcomes for each case clearly highlight the improvement in patient wound management experience with ALLEVYN Gentle Border application.

## Discussion

Ensuring that the correct treatment plan and dressing regime is implemented with EB patients is challenging due to painful open wounds and the exceptionally fragile skin. Furthermore, within a paediatric population, the challenges of dressing complex wounds are further expanded due to the child's daily routine e.g. school and play.

## Conclusion

The ALLEVYN Gentle Border product range has been proven to provide a safe, patient centered, time saving and cost-effective alternative to the traditional dressings that have historically been used.

Table 1: Evaluation Case Descriptions

	Case A	Case B
<b>Patient Information</b>	<ul style="list-style-type: none"> <li>• 3-year-old, Female</li> <li>• Recessive Dystrophic Epidermolysis Bullosa – Severe</li> <li>• Active</li> <li>• Under the care of Birmingham Children's Hospital since birth</li> <li>• Currently at nursery and to start pre-school soon</li> <li>• Would like to run and play</li> </ul>	<ul style="list-style-type: none"> <li>• 5-year-old, Female</li> <li>• Dominant Dystrophic Epidermolysis Bullosa</li> <li>• No other underlying medical condition</li> </ul>
<b>Management Challenges</b>	<ul style="list-style-type: none"> <li>• Fragility of skin</li> <li>• Mild-moderate exudate levels</li> <li>• Keeping dressing in place</li> <li>• Fear of trying something new</li> <li>• Time needed for dressing changes prior to bed – up to two hours</li> <li>• Prep time: Mepitel™ and Mepilex™ requires cutting to make them into an appropriate size/shape.</li> </ul>	<ul style="list-style-type: none"> <li>• Challenging anatomical areas to apply dressings to</li> <li>• Challenging anatomical areas to keep dressings in place</li> <li>• Patient's mother wanted to have a dressing that securely covered her daughter's knees as they were prone to breaking down at the slightest knock</li> <li>• The patient wears knee length socks for school but when using previous dressings, if the socks rolled down or her socks had to be removed - it would often pull the dressing off of the patient's knees causing further skin damage</li> <li>• Patient has become conscious to the fact that unlike other children, she would always have dressings on her knees</li> <li>• Mild-moderate exudate levels</li> <li>• Fragility of skin</li> </ul>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Size and shape of ALLEVYN Gentle Border better than previous treatments</li> <li>• Wounds protected and secure</li> <li>• Dressings stayed in place</li> <li>• "Finally a dressing that isn't square! Who has square wounds?" - quote from Patient's Mother</li> </ul>	<ul style="list-style-type: none"> <li>• The patient liked the colour of the ALLEVYN Gentle Border.</li> <li>• ALLEVYN Gentle Border gave the child a sense of confidence when wearing these dressings</li> <li>• ALLEVYN Gentle Border stayed in place throughout the school day despite wearing knee high socks</li> <li>• The shape of ALLEVYN Gentle Border conformed well to the shape of the knee</li> <li>• No trauma to surrounding skin upon dressing removal</li> <li>• Dressing changes reduced to every one to three days.</li> </ul>

Case A



Image 1: Epidermolysis Bullosa on patient's back



Image 2: Epidermolysis Bullosa on patient's knees



Image 3: ALLEVYN Gentle Border in situ on chest, abdomen and groin

Case B



Image 1: Dominant Dystrophic Epidermolysis Bullosa on patient's knee

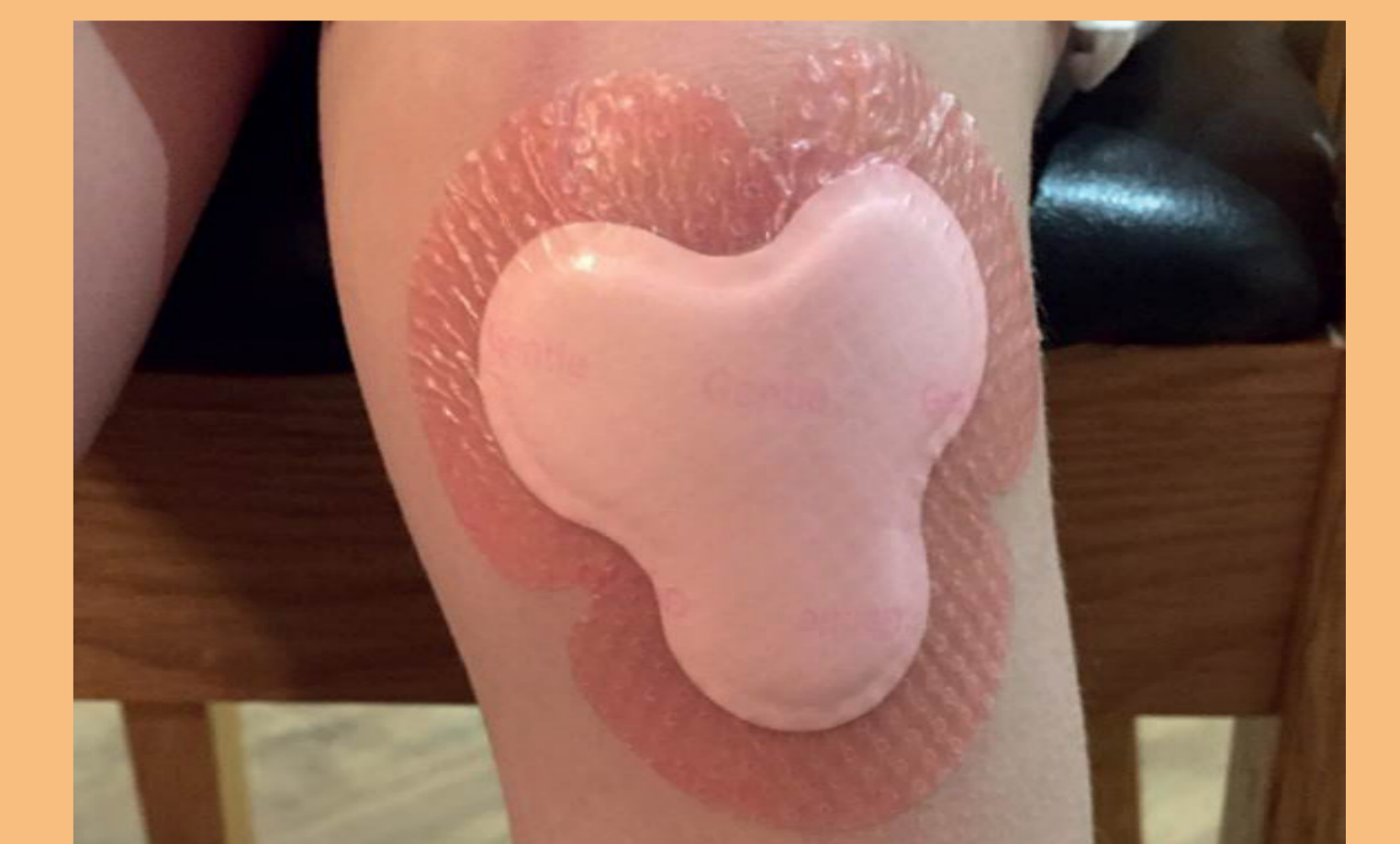


Image 2: ALLEVYN Gentle Border in situ on patient's knee



Image 3: ALLEVYN Gentle Border in situ on patient's knee