

## CASE STUDY

FLORIDA HOSPITAL WOUND CLINIC, ORLANDO, FL

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The patient is a 78 year old female with a history of diabetes, peripheral vascular disease, with an initial wound on 2nd and 3rd toes leading to toe amputation followed a right transmetatarsal amputation on 12/06/07. The patient has been undergoing hyperbaric oxygen treatment for a compromised flap. On 12/20/07 she developed generalized edema of right foot, and then developed a necrotic area on right heel due to keeping foot elevated and additional pressure directly on the right heel. The necrotic area on the right heel measured 2.5 x 3.2 x no depth due to eschar. No topical wound treatment was used, patient was instructed to keep heel well moisturized.

The patient was given a DermaSaver Heel Elevator on 12/20/07 and was instructed to wear it at all times and keep right foot elevated at all times. On 01/04/08 the necrotic area was completely resolved. Due to the patient's history of poor vascular circulation and necrotic areas resulting in non-healing and amputation.

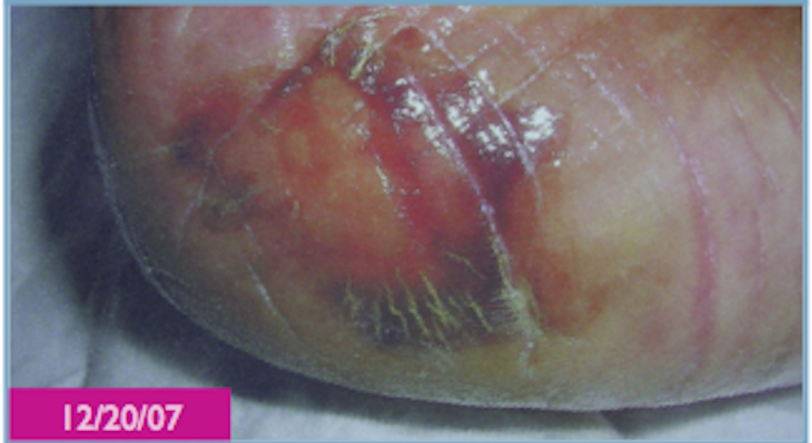
I believe the the DermaSaver Relevator Heel Elevator was the sole factor that prevented the patient from developing a deep non-healing pressure ulcer.

### New & Improved Blue Donut Heel Elevator



- ◆ DermaSaver MicroSpring Textile ankle lining
- ◆ Wipe-clean surface
- ◆ Patient transferrable
- ◆ One size fits all

#### BEFORE USING DERMASAVER RELEVATOR



#### AFTER 15 DAYS USING DERMASAVER RELEVATOR

