

Managing diabetic heel lesions with Allevyn heel dressing

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Introduction

This article explores the use of the Allevyn heel (shaped hydrocellular) dressing for the treatment of diabetic heel lesions. The dressing can be used as a primary or secondary dressing, in active or conservative treatment. It reduces frictional forces, is easy to use, and can lead to savings in health professionals' time and hence cost. In view of these advantages, such hydrocellular dressings should be investigated further.

Allevyn heel dressing, a non-adherent foam dressing shaped to conform to the heel, is a useful and novel addition to the range of dressings available for the management of diabetic heel lesions. It can be useful as either a primary or a secondary dressing, and when active or conservative management is required (*Figure 1*).

Management of diabetic heel lesions may require cautious but aggressive debridement of slough or necrotic tissue to reveal a clean granulating base and thus facilitate healing. In some instances, conservative management may be required, e.g. ischaemic lesions.

Use of Allevyn heel dressing

The Allevyn heel dressing is unique in its design and possesses many of the characteristics of an ideal dressing (*Table 1*).

It may be secured with tape or bandaging. However, this can be problematic as tape may damage surrounding skin on removal, and bandaging may further compromise an already poorly perfused area if the bandaging technique is inadequate. As an alternative,



Figure 1. Allevyn heel dressing.

Surgifix, a tubular elastic net bandage, is routinely used in the author's trust (*Figure 2*). It is viewed as safer and quicker, and does not compromise blood flow if oedema occurs, e.g. in patients attending regular renal dialysis units.

A further advantage of securing the shaped dressing with Surgifix is that the surrounding skin may be treated with emollient. This ensures that the skin is

Table 1. Positive characteristics of the Allevyn heel dressing

- May be used as secondary dressing with hydrogel, hydrofiber or activated charcoal dressings
- Easy to position and remove
- Cost-effective if not changed daily
- Does not cause trauma on removal
- Prevents need for time-consuming creative adaptation of dressings to conform to heel
- Absorbs excess exudate
- Does not tend to slip out of place
- Allows free drainage
- Does not tend to cause maceration in light to moderately exudating wounds when used as a primary dressing
- Not bulky
- Patients find dressing comfortable
- No known allergies to date
- Protects against frictional forces

ARTICLE POINTS

1 Allevyn heel dressings meet a large number of the criteria for an 'ideal dressing'.

2 They may be used as primary or secondary dressings.

3 They save time and are easy to use.

4 They reduce frictional forces but do not provide pressure relief.

KEY WORDS

- Allevyn heel dressing
- Primary or secondary dressing
- Active treatment
- Conservative treatment

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Figure 2. Surgifix used to secure Allevyn heel in position.



Figure 3. The dressing should be used in conjunction with orthotic supports where pressure relief is required.

maintained in a soft and supple state and reduces callus formation. Dressing changes may also be carried out simply and effectively by patient and carers if appropriate, allowing greater autonomy for the patient.

Versatility

In lightly exudating or granulating wounds, the Allevyn heel dressing may be used as the primary dressing. A small study by Foster and Edmonds (1994) demonstrated that the hydrocellular dressing was effective when compared with an alginate in diabetic foot care by facilitating free drainage of exudate and preventing 'plugging' in minimally exudating wounds.

When debridement is required, Allevyn heel dressing may be used as a secondary dressing. If hydration of slough is required, hydrogels may be used; in heavily exudating wounds, alginates or hydrofiber dressing may be utilised as a primary dressing, with the shaped foam as a secondary dressing.

Table 2 shows the range of uses of Allevyn heel dressing for different grades of damage, as classified by the Wagner grading scale.

Gangrenous lesions

Traditionally, gangrenous heel lesions are left dry and treated conservatively. Patients and relatives may, however, find this unsightly and distressing. In these situations, the Allevyn heel dressing can be used (this can also be used creatively in the same instance on toe lesions) and held in situ with Surgifix. Anecdotal experience indicates that this is aesthetically more pleasing for patients and carers. An activated charcoal

dressing may also be used as a primary dressing if odour is a problem. When applied to dry areas, the non-adherence of the dressing ensures that the area does not tend to moisten. Regular checks can easily be made with minimal disruption.

Limitations

Limitations of the dressing are that it may be viewed by staff as a 'nice bit of padding'. Farrar (1991) found that a hydrocellular dressing produced a greater pressure reduction than a hydrocolloid dressing or fleece. However, a foam dressing cannot be relied upon in itself to reduce pressure, and should therefore be used in conjunction with orthotic supports to ensure pressure relief (Figure 3).

Conclusion

Use of the Allevyn heel dressing avoids the need to creatively adapt dressings to conform to the heel. This can save nurses' and podiatrists' time when changing dressings and is therefore cost-effective. The dressing may be used as a primary or secondary dressing for all grades of heel damage.

As yet there is no research available on the Allevyn heel dressing. This may be an area worthy of further investigation.

However, it appears to be a useful addition to the range of dressings available for the management of diabetic heel lesions.

Farrar DF (1991) *In-vitro Measurement of the Pressure Relieving Ability of Allevyn*. Smith & Nephew Research Limited, York

Foster AVM, Edmonds ME (1994) Comparing two dressings in the treatment of diabetic foot ulcers. *Journal of Wound Care* 3(5): 224-8

Table 2. Use of the Allevyn heel dressing in different grades of diabetic foot damage, using the Wagner classification

Wagner classification	Use of Allevyn heel dressing
No ulcer in at risk foot	Dressing not necessary unless required to reduce frictional forces
Superficial ulcer	May be used as primary dressing
Deep ulcer	May be used as secondary dressing
Ulcer reveals tendon or bone and/or abscess	May be used as secondary dressing
Gangrene of whole foot	May be used on heel or toes if appropriate for conservative management