The use of a novel omega fatty acid-based treatment protocol in the management of chronic wounds in a skilled nursing facility setting

Tiffany I. Forquer PA-C, Danae E. Kissner PA-C, Shavonne Tonnes PA-C, Rachel E. Westman APRN, AGPCNP-C, and Carmen Hudson MD, FACS, CWSP

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Introduction

We are a group of advanced care practitioners working in the post-acute setting, providing skin and wound care via a team-based rounding model. We routinely treat people in chronic ill-health, often with cognitive decline, who will not, or cannot adhere to standard of care treatment such as off-loading, elevation, compression, blood glucose management, smoking cessation, etc. This leads to already economically challenged skilled nursing facilities (SNFs) to manage costly, non-healing wounds.

Objective

We wanted to evaluate if using a combination treatment protocol in our setting could be beneficial. We chose an array of wound etiologies in common SNF circumstances of high staff turnover/shortages, patient choice to not follow standard of care treatment, and wounds relegated to management instead of cure. Primary endpoint was to see if we could reduce care time and complexity and improve patient quality of life. Secondary endpoint was wound closure as many of these wounds were years old and we did not anticipate a high closure rate.

Methods

The combination treatment consists of an anhydrous †periwound prep with lidocaine, a fatty acid *collagen matrix, and a °skin protectant. The treatments were applied once weekly. Patients were surgically debrided if indicated and with their consent. Interval dressing changes were limited to the fewest that would manage drainage and periwound skin appropriately. PROTOCOL: 1. Apply †lidocaine prep to the periwound, wait 5 minutes, perform appropriate sharp debridement. 2. Apply fatty acid *collagen matrix directly to wound. 3. Apply °skin protectant to periwound and apply appropriate dressing.

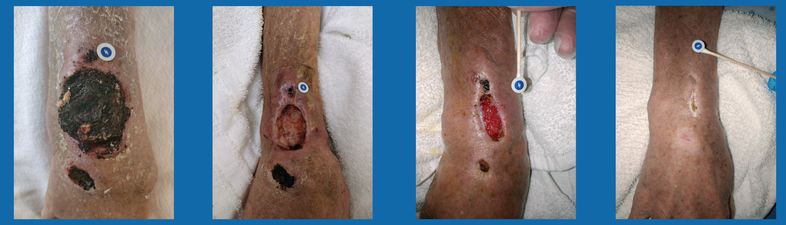
Results

Data was analyzed after 2-12 weeks of treatment. Seven patients healed to point of not requiring dressing, with one wound steadily heading towards closure. One was discharged home and lost to follow up. One patient asked to stop treatment in favor of xeroform. One patient with two wounds did not see improvement in her venous leg ulcers. Two patients died during the study, one after improvement of arterial wounds being treated palliatively. A final patient did have improvement in her 2 wounds but still required dressings.

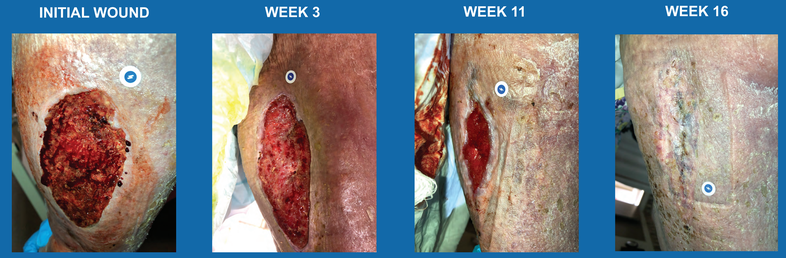
Conclusion

In conclusion, this novel fatty-acid treatment presents a cost-effective option for low resource communities and chronically ill, complex patients to access effective treatment for patients with stalled wounds.

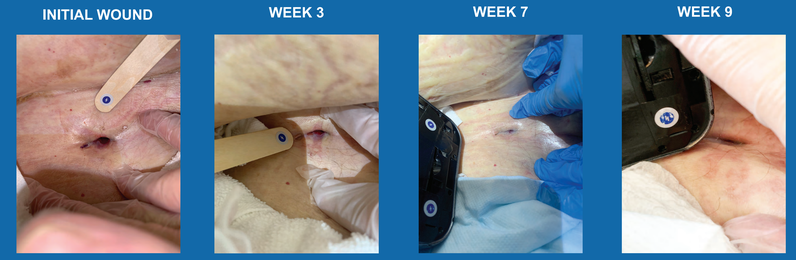
- 87yo
- Hematoma present on admission
- Right outer forarm-medial



- 69yo
- Venous leg ulcer present for over 24 months
- Front right lateral lower leg (CRUS)



- 79yo
- Open lesion present for over 24 months
- Right lower quadrant abdomen



*Omeza® Collagen Matrix, †Omeza® Lidocaine Lavage, °Omeza® Skin Protectant