# The use of Eclypse® Boot on extensive cellulitis

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**Mr W an 84 year old male was admitted to our acute hospital trust on 19/5/09 and remained in hospital until 25/5/09. He presented with extensive cellulitis of his right leg which had erythema spreading up to his thigh (see fig: 1&2).**

His blood results on admission showed a WCC of 47.65 and a CRP of 179. A wound culture showed profuse growth of haemolytic strep G, staph aureus and faecal flora to be present. Clinically the leg was hot, swollen, painful and exuding copious amounts of serous exudate which the ward staff were struggling in the first 24 hours of admission to manage effectively.

The Tissue Viability team were asked to review 24 hours after admission and quickly recognised that the cellulitis was causing concern for the patient and staff and distressing the patient immensely due to the frequent dressing changes. Pain control was optimised as the cellulitis was extensive and Mr W was finding difficulty with the ankle exercises he had been shown to undertake. Mr W's nutritional intake was good so this was encouraged to ensure it continued and fluids were also encouraged by ward staff. The ward nurses had already ordered a pressure relieving mattress as since admission due to the cellulitis Mr W had become less mobile. The ward staff had already identified that the leg required a mark to be placed along the edge of erythema to monitor for progression of the infection, and that a suitable dressing to control the exudate and treat the infection topically was required alongside the I.V. antibiotics. However they also wanted to ensure that it did not stick to the skin when removed. Therefore they had applied Atraumann AG and absorbent pads (Surgipads) with a toe to knee bandage to secure it all in place. Unfortunately this dressing did not cope with the excessive exudate and during the first 24 hours Mr W underwent three dressing changes, and numerous bed linen changes.

Following the Tissue Viability team assessment we decided that an Eclypse® dressing would manage the level of exudate well and reduce the number of dressing changes to a minimum. Mr W agreed to evaluate the newly designed "Eclypse® Boot" and provide verbal feedback on the product. He also agreed to having photographs showing its application which can be seen below. The Eclypse® Boot was changed daily for the first three days of admission and then alternate days subsequently far reducing the number of dressings being undertaken previously. The ward staff and the patient were thrilled and could not believe how much exudate it could cope with given that just a couple of days earlier the exudate was literally dripping from the leg before our eyes (see fig: 2). Mr W was discharged home continuing on the Eclypse® Boot.

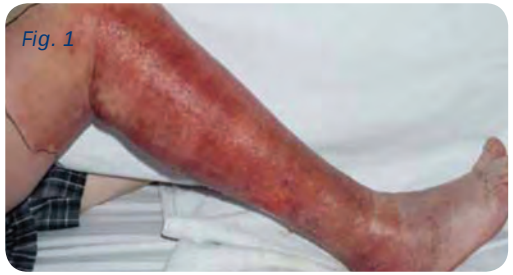
Fig. 1

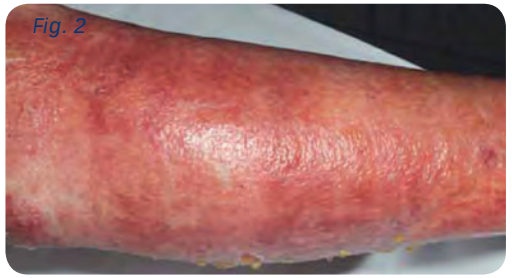
Fig. 2

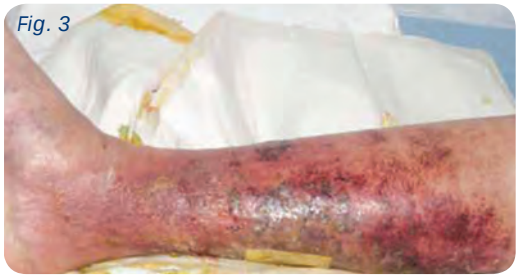
Fig. 3

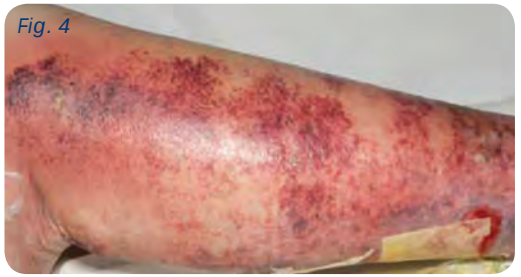
Fig. 4

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