

The Use of an Iodophor Foam Dressing in the Treatment of Complex Difficult to Heal Wounds

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INTRODUCTION

- Iodine has been shown to be effective in reducing bioburden.¹
- In iodophor wound dressings, free iodine dissociates from a polymer and is released into the dressing in a controlled manner.
- One available iodophor wound dressing** is a slow-release absorptive foam dressing that is complexed with iodine.
- The dressing includes a visual indicator to indicate the depletion of the iodine supply.
- The dressing is effective in treating both acute and chronic wounds.

METHODS

- A retrospective case series was performed at a large advanced wound care center to evaluate the use of the iodophor foam dressing in the treatment of complex and difficult to heal wounds.
- The use of the iodophor foam dressing was evaluated over treatment periods across 12 months.
- The iodophor foam dressing was applied directly to the wound after prior debridement or cauterization with silver nitrate.
- Patients were monitored for adverse events.

*Selected patients under the care of Dr. Zinder while at Montefiore Medical Center, Bronx NY in 2021-22.

**IodPlex® Iodophor Foam Dressing Medline Industries LP, Northfield, IL

Medical writing assistance for this poster and financial support to attend this conference were provided by:



Medical Writer: Anitta Thomas, MS

Presented at SAWC Spring 2023
April 26-30, 2023

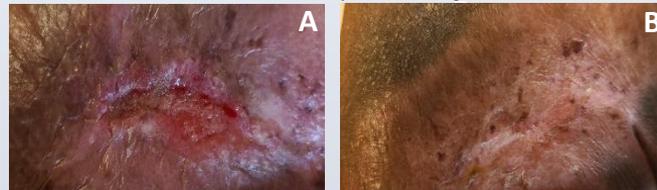
RESULTS

- This case series presents three cases of complex wounds with sickle cell disease related etiology.



Case 1. 40-year-old male patient with multiple wounds on bilateral lower extremities and a complex left anterior distal tibial wound.

- A) Wound presented as a reopening of a previously healed small, but friable ulcer with some drainage. It was treated with debridement and collagen dressings at first, but patient was lost to follow-up for over a month due to transportation issues. During this time, the patient was performing wound care on his own to the best of his abilities.
- B) Patient presented for a follow-up almost two months later with a much larger and heavily hypergranulated wound with exposed tendon. The wound was treated conservatively at first and later was debrided and started with weekly iodophor foam dressing applications.
- C) Fully epithelialized wound at 10 months after treatment with the iodophor foam dressing.



Case 2. 37-year-old male with sickle-cell disease related full-thickness wound at the left dorsal foot.

- A) Wound initially presented with yellow slough and was debrided in full. Treatment started with the iodophor foam dressing.
- B) Full epithelialization and wound closure after one month of iodophor foam dressing application and light compression.



Case 3. 40-year-old male patient with a small right anterior distal lower extremity wound that slowly started to hypergranulate.

- A) Wound is debrided followed by weekly application of the iodophor foam dressing.
- B) At three months, the wound continued to be debrided with application of the iodophor foam dressing.
- C) Fully healed wound at four months after treatment with the iodophor foam dressing.

RESULTS

- Patient outcomes demonstrated that the complex wounds of all three patients healed completely with the use of the iodophor foam dressing.
- Epithelialization was observed in a left dorsal foot wound within one month of treatment with the iodophor foam dressing.
- Two complex wounds at the left anterior distal lower extremity and the right anterior distal lower extremity required longer treatment timelines (10 months and four months, respectively) due to the persistent development of hypergranulation tissue.
- Treatment with the iodophor foam dressing reduced hypergranulation and promoted epithelialization and eventual wound closure in these wounds.

CONCLUSIONS

- The results demonstrated that application of the iodophor foam dressing is safe and effective in promoting the wound healing of complex and difficult to heal wounds.
- Each of the three complex wounds included in this case series demonstrated full epithelialization and wound closure with the consistent use of the iodophor foam dressing.
- The visual indicator for dressing change provided a useful tool for patients performing dressing changes at home.

REFERENCE

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