Introduction
Prevention and management of infection has become a high priority for healthcare professionals (European Wound Management Association (EWMA) 2013). There is increasing concern regarding the over-prescribing of antibiotics by general practitioners which has led to increase in multi-resistant strains of bacteria (Butler et al 2012). Howell-Jones et al (2006) reported that in the community setting GPs prescribe more antibiotics for patients with chronic wounds than those patients who do not have a wound. Therefore a dressing that has the potential to reduce bacteria burden in a wound may reduce the reliance on antibiotics when used appropriately. Clinicians need to use antimicrobial agents wisely and ensure that they choose the most appropriate and cost effective product (EWMA 2013) the current market has a wide choice of dressings available that include Silver, Honey, Iodine, and PHMB all of which are designed to reduce the bio-burden in wounds.

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Method
This case study discusses the use of KytoCel in a clinically infected wound following a traumatic injury left hand. A young male sustained a traumatic injury to the dorsal aspect of his left hand with a substantial amount of tissue loss during an incident in April 2014. The area was not particularly clean, first aid treatment involved washing his hand under running water and the patient covered it with a plaster. A few days later the wound became painful, and was showing the signs of critical colonisation and local infection. The patient’s wife is a fellow health care professional and sought advice from the tissue viability team on the 9th April 2014. Worcester Trust is currently evaluating KytoCel® and this patient was considered to be a suitable candidate. After a full discussion and review we agreed a plan of action whereby his wife would apply KytoCel to manage the exudate and reduce the bacterial load, I further advised her to protect the peri wound skin with a non-sting barrier film, Sorbaderm (Aspen Medical), and apply Allevyn Gentle Border foam dressing (Smith & Nephew) and to change the dressing if leaking or strikethrough.

Results
With the patients agreement his wife and I met to discuss his progress. After four days, the results were very impressive. The exudate had virtually been eradicated, there was no surrounding erythema and no evidence of infection. Whilst it remains important to consider other factors, which contributed to the healing process such as age and health. The evidence strongly suggests that KytoCel contributed significantly to resolving the complications of this traumatic wound thereby aiding rapid healing.

Discussion
This makes KytoCel® a versatile natural addition for the management of critically colonised or infected wounds, the patient was impressed with the healing outcomes.

Conclusion
The Tissue Viability Team and Link Nurses are working in liaison with the company to further evaluate KytoCel. I am confident that the outcome of the evaluation will see KytoCel added to our formulary, which will enable us to further improve the patient experience in wound care.

References
2. Edward-Jones V (2014) Zone of inhibition and log reduction of common wound pathogens in a comparative report on three dressings (Data on file Aspen Medical Europe Ltd)

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