What is your Approach to Recalcitrant Leg Ulcers...... Status Quo or Paradigm Shift Using New Technology to Achieve Healing?

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The geko™ Wound Therapy Device: A new technology, the geko™ neuromuscular electrostimulation (NMES) medical device (FirstKind Ltd, UK), appears to have great potential in overcoming the components of chronic venous insufficiency which cause venous ulcers and if not corrected, contribute to non-healing. The geko™ device, worn 6 hours per day, 5 days per week. All 4 CCACs have either added the geko™ device to their formulary, or are in process.

- Improves Arterial and Venous Flow and microcirculatory flux to the skin in the presence of venous and arterial disease
- Chronic edema reduction
- Fibrinolytic effect
- Near-isometric compression of the venous valve system, reducing the amount of sludge blood not effectively ejected with cardiac systole/diastole (p=0.0005)
- Increased ability to flex and dorsiflex foot and ankle joints, with improved strength in legs and exercise tolerance
- Up to 90% of patients with chronic VLUs report a marked reduction in pain with a subsequent reduction in narcotic use; others report a reduction in symptoms of neuropathy
- In the 4 CCAC evaluations, 26% of VLU patients were not in any/or therapeutic levels of compression; with the geko™ device, 100% went into therapeutic compression

Impact on Healing:
Averaged over the 4 CCACs, the 17 patients who adhered to best practice treatment and use of the geko™ device had a reduction of Surface Area of 8.3% /week, or 25-32% over 3-4 weeks. This would be considered a “Normal” healing trajectory in newly admitted patients.

Pre- and With-geko™ Healing Rates:
In the 2 CCACs where the length of stay and initial wound measurements were available, the pre-geko™ device healing rate was 0.06% reduction in Surface Area (SA) per week, compared to a 9.35% reduction per week with the geko™ device for ALL patients, which is statistically significant (p<0.01).

Achieving Excellence with Technology!

References:
3. So, even with a “normal” healing trajectory, many patients will require more than 14 weeks to heal found in the OAACCAC Outcome-Based Pathways (OBP). Thirty percent of VLU patients will remain unhealed at one year, and 10-20% at 2 years, and some may never heal.
12. Experts recommend early aggressive treatment for ulcers that fail to respond to care, are large, of long duration, or with slow healing after 3-4 weeks of optimal therapy.