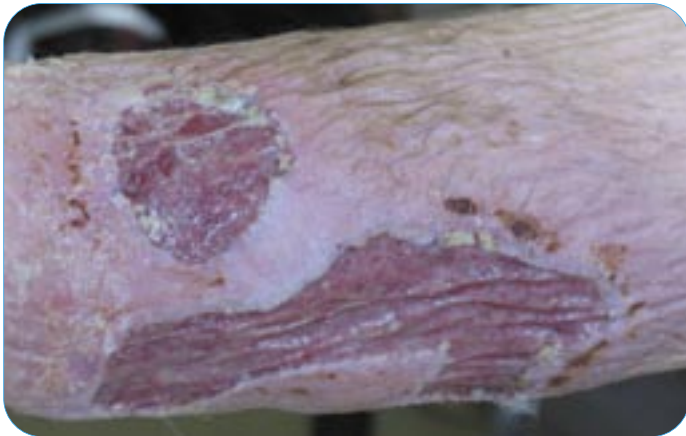


## Triflex Mattress Field Studies

**Trial Venue:** Barcester Healthcare  
**Date:** March 2008 - October 2008

The Triflex Mattress was trialed at the home over a seven month period, between March 2008 and July 2008. The resident selected to undertake the trial had been admitted to the Care Home on 23.05.05 prior to admission had a road traffic accident which resulted in requiring surgery to both legs, the resident is now Bi polar with memory loss does not sleep in the bed which had an air flow mattress in situ. In December '06 the resident had a surgical excision of the right calf, the resident developed cellulites in both legs and the right calf wound did not heal.

In March '08 the right leg measured 13cm x 6cm and 1.5cm in depth.



The resident when given a Triflex Mattress for the first time, slept all night which was a breakthrough.

The wound continued to improve and in April was much cleaner and showing signs of improvement.



In May '08 the wound was clean and granulating

In June the wound measurement had reduced to 3cm x 3cm and was a superficial sore.

As clearly shown from the photographs in October the wound had completely healed. Prior to using Triflex the resident was reluctant to sleep on her air mattress, Triflex has given her a new comfort level to ensure she now has a good nights sleep.



## Triflex Mattress Field Studies

**Trial Venue:** Barchester Healthcare  
**Date:** October '07 - February '08

The Triflex mattress was trialed at the home over a four month period, between October '07 and February '08. Initially, the equipment was intended as an effective solution to the often complex task of achieving elevation of the feet, (whilst simultaneously ensuring comfort) for clients with oedema of the foot, ankle and lower leg. However, it very quickly became apparent that the flexibility of this product afforded it the potential for a more multi-faceted application, addressing the needs of the clients with a number of conditions for which effective therapeutic intervention is currently both costly and problematic for the health professionals attempting to treat them.

The resident was admitted to the home in May'05 with a diagnosis of Hypertension, Cellulites, plus Arthritis, with a Waterlow score of 26 and suffering from reduced mobility.

The resident arrived at the home with extensive pressure damage, which developed whilst being cared for at home.



Within 3 months the health professionals involved were of shared opinion that this product has greatly assisted them in achieving the very satisfactory results we are seeing. One wound to the back of her right lower leg as shown was particularly difficult to manage as it is again in an area where continuous pressure relief was extremely problematic.

The wound shown previously has reduced in size from a diameter of 10cm by 8cm in an oval shaped configuration, to a mere 5cm circumference, with extensive healing as shown. A foam wedge was used to increase the elevation of her thighs, as the weight of her legs, caused the inner layer of the mattress to drop down too low.

The pain in the resident's leg led to continual break-through pain, which was very difficult to manage, causing a great deal of distress. With the success in healing these complex wounds, the resident is no longer suffering the distress associated with the leg wound.

This resident continues to be nursed on the Triflex mattress as efforts to transfer her to a standard mattress caused her skin to redden.



## Triflex Mattress Field Studies

**Trial Venue:** Barchester Healthcare

**Date:** October 2007 - December 2007

The Tri-flex Mattress was trialed at the home over a four month period, between October 2007, and February 2008. Initially, the equipment was intended as an effective solution to the often complex task of achieving elevation of the feet, (whilst simultaneously ensuring comfort), for clients with oedema of the foot, ankle, and lower leg. However, it very quickly became apparent that the flexibility of this product afforded it the potential for a more multi-faceted application, addressing the needs of clients with a number of conditions for which effective therapeutic intervention is currently both costly and problematic for the health professionals attempting to treat them.

A 94 year old gentleman was admitted to the home in 2006 following a Right Hemiplegia, he was also an insulin dependent diabetic. He had a Waterlow (pressure sore risk assessment) score of 26 putting him at very high risk of developing pressure sores.

This resident was nursed on an air mattress and needed turning four hourly when in bed. He also had bed rails in situ. The resident though frail, was neither confused, nor inarticulate. He was able to clearly state that he felt the existing air mattress raised him too high in the bed, causing him anxiety. He felt every adjustment the mattress made, so that the very pressure relieving properties themselves made him feel uncomfortable. As this is the actual design feature / purpose of the air mattress, it is counter-productive to attempt to prevent it. Consequently, in the absence of an alternative this resident felt constantly uncomfortable, and slept very little, despite the nurses' best efforts to combat the problem.

In September '07 he presented with a pressure sore on his Rt buttock 1.5 cms long and a grade 2 on the EPUAP scale (Partial thickness skin loss involving the epidermis, dermis or both) and his skin was red on both buttocks, and both heels he had become steadily frailer over a period of months.



The Tri-flex Mattress immediately removed the problem of the elevated position, because it is incredibly thin, whilst still providing the necessary pressure relief. It is far more flexible than a traditional air mattress, and the ability to roll it to whatever height was desirable, meant that this resident could have his legs elevated to a therapeutic height, without compromising his comfort.

The bed rails, on the rare occasions they were necessary, were much more easily secured, with the Tri-flex Mattress easily fitting within it's confines, and at a much safer height, (although the periods of agitation when confused, that had rendered the bed rails necessary, dissipated with the introduction of the Tri-flex Mattress, and so the bed rail use became unnecessary a desirable by-product of the over all comforting effect of the mattress). The 'feel' of the mattress was the most dramatic difference in this case.

The resident experienced his first full night's sleep since being placed on the mattress, and was tearful when describing the relief the new mattress had brought him. By the 25th Nov '07 his Rt buttock sore had completely healed and both his red sacrum and heels were clear and intact.

He was closely monitored over the six weeks that he used the Tri-flex Mattress, (passing away at the end of Dec '07). In that time, despite his pressure risk score increasing as his health deteriorated, this resident did not develop any grade of pressure sore or reddening.

We remained alert to the possibility that we may need to introduce more active pressure relief, or even reintroduce an air mattress. The need never occurred he remained on the Tri-flex Mattress, and died a very comfortable and dignified death.

It is worth noting that the family of this gentleman were so impressed with the mattress, and the peace it gave their father, that they offered to buy the proto-type for the home's permanent use. Similarly, the nursing staff have repeatedly asked if the Tri-flex Mattress can become a permanent fixture in the home.

