

DOCUMENTATION OF DEBRIDEMENT WITH ACTIVE DEBRIDEMENT SYSTEM AND SUCCESSFUL TREATMENT WITH DIFFERENT COMBINATIONS OF WOUND DRESSINGS IN PATIENTS WITH CHRONIC WOUND

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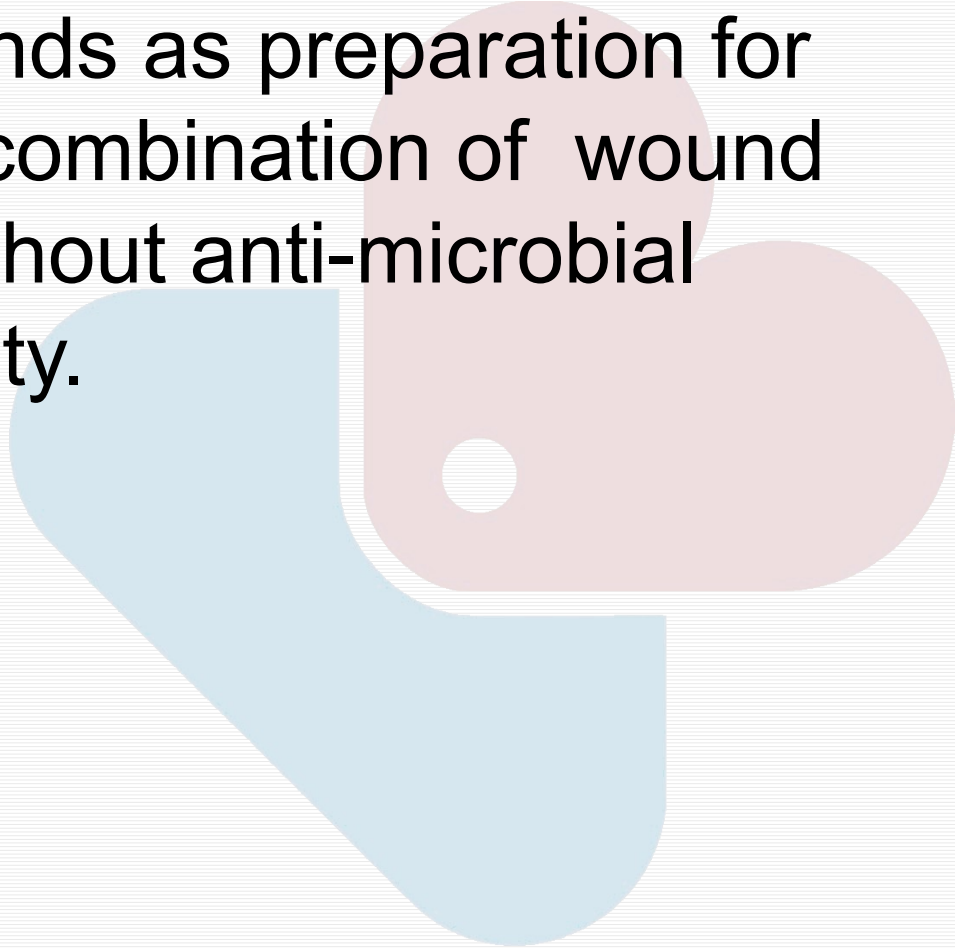
1-BH Heart Center Tuzla, Bosnia and Hercegovina; 2-Wound Consulting, Vienna/Austria;
3-Medical Consulting, Oberahr, Germany; 4-Medical & Rauscher GmbH & Co KG,
Rengsdorf/Germany

CHRONIC WOUND

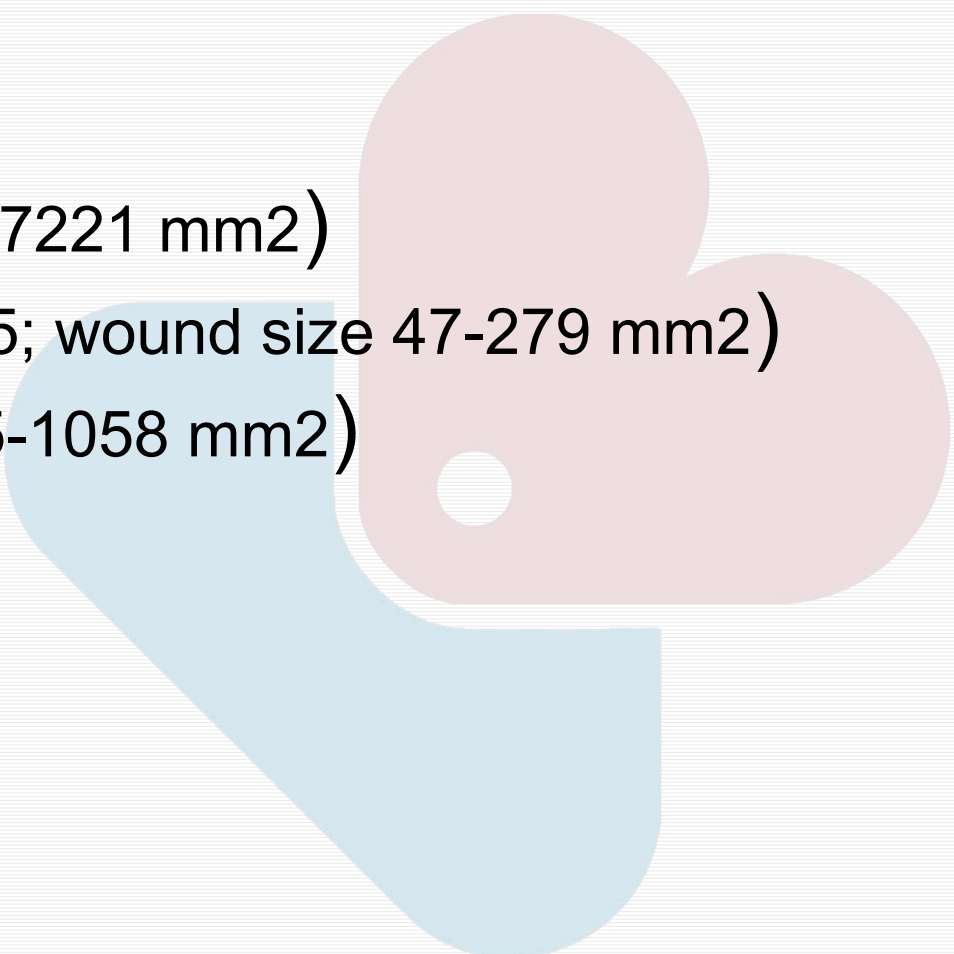
- Chronic venous insufficiency
- Peripheral arterial occlusive disease
- Diabetes mellitus



The Case Study was planned to document the efficacy of an active debridement system in patients with chronic wounds as preparation for treatment with a different combination of wound dressings with and without anti-microbial capacity.

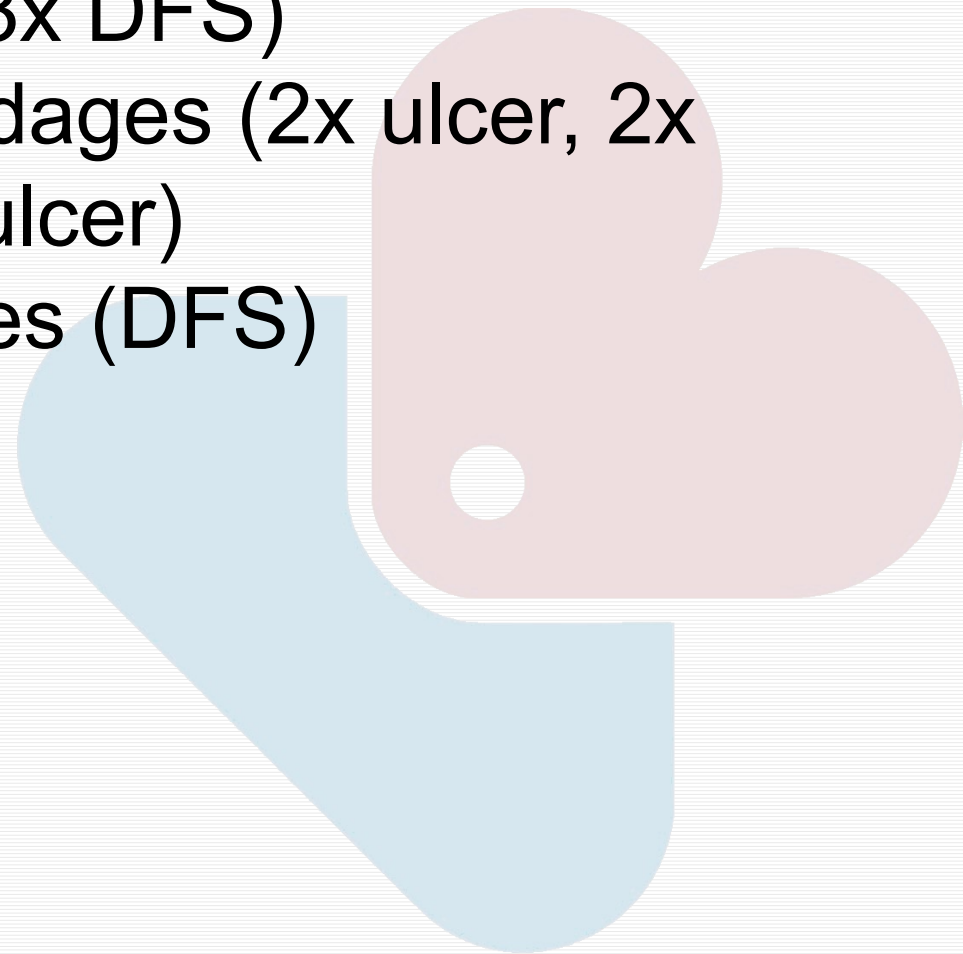


PATIENT POPULATION (17)

- M:F / 10:7
 - Age 37-77
 - 19 different wounds
 - Leg ulcer (10; wound size 59-7221 mm²)
 - Diabetic foot syndrome (5; wound size 47-279 mm²)
 - Decubitus (4; wound size 155-1058 mm²)
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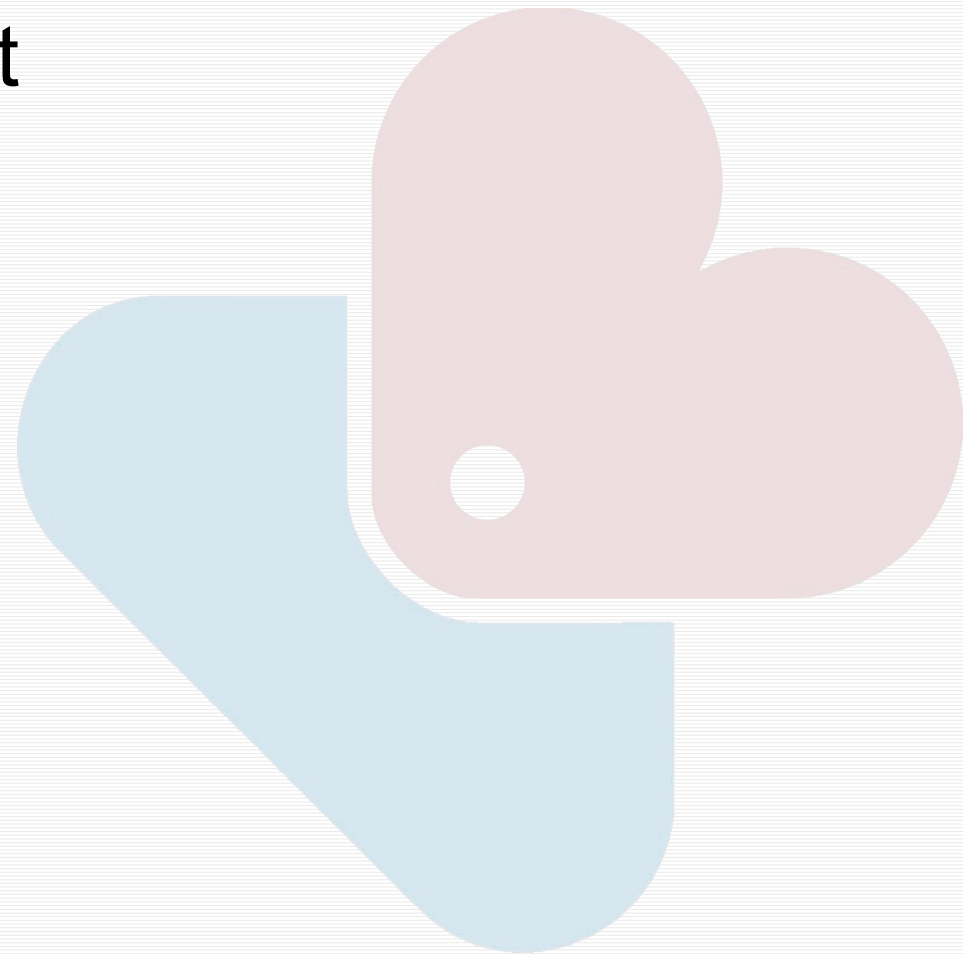
PRE-TREATMENT

- **SYSTEMIC ANTIBIOTICS** and
- PVP-iodine and gauze (3x DFS)
- Iodine dressing and bandages (2x ulcer, 2x DFS)+compression (2x ulcer)
- Lattice tulle and bandages (DFS)
- Hydrogel (decubitus)



DEBRIDEMENT OF THE WOUND

- Surgical debridement
- Enzymatic debridement
- Autolytically debridement
- Physical debridement
- Biological debridement



ACTIVE DEBRIDEMENT SYSTEM- MONOFILAMENT FIBER DEBRIDER

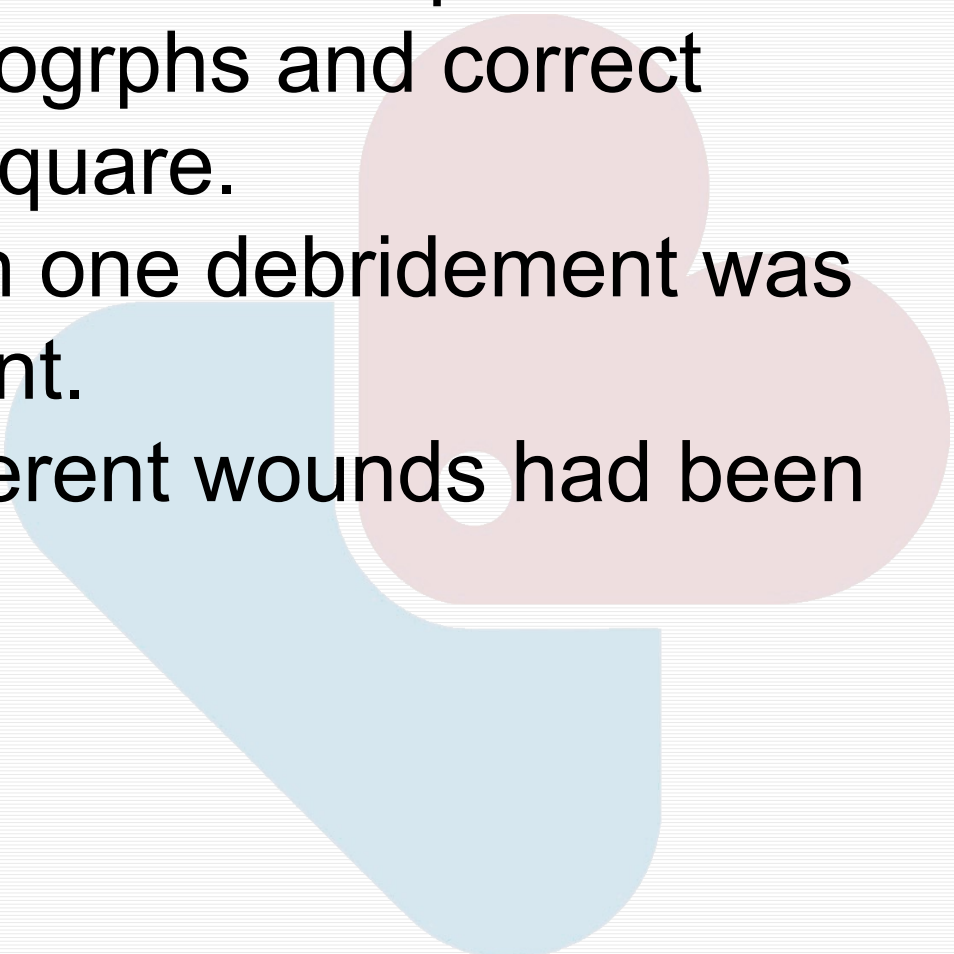


- Monofilament fiber debrider not destroy fresh granulation tissue and epithelial cells.
- Remove debris wounds, necrotic material, exudate, longstanding hyperkeratotic tissue.
- Quickly eliminate or reduce impurities from the wound. The treatment lasted for 2-5 minutes.

RESULTS OF DEBRIDEMENT- MONOFILAMENT FIBER DEBRIDER



DEBRIDEMENT WITH MONOFILAMENT FIBRE PAD

- WHAT analysis (Wound Healing Analyzing Tool) of 16 debridement procedures were possible due to quality of the photographs and correct placement of reference square.
 - In some cases more than one debridement was performed during treatment.
 - In some patients two different wounds had been analyzed.
- 



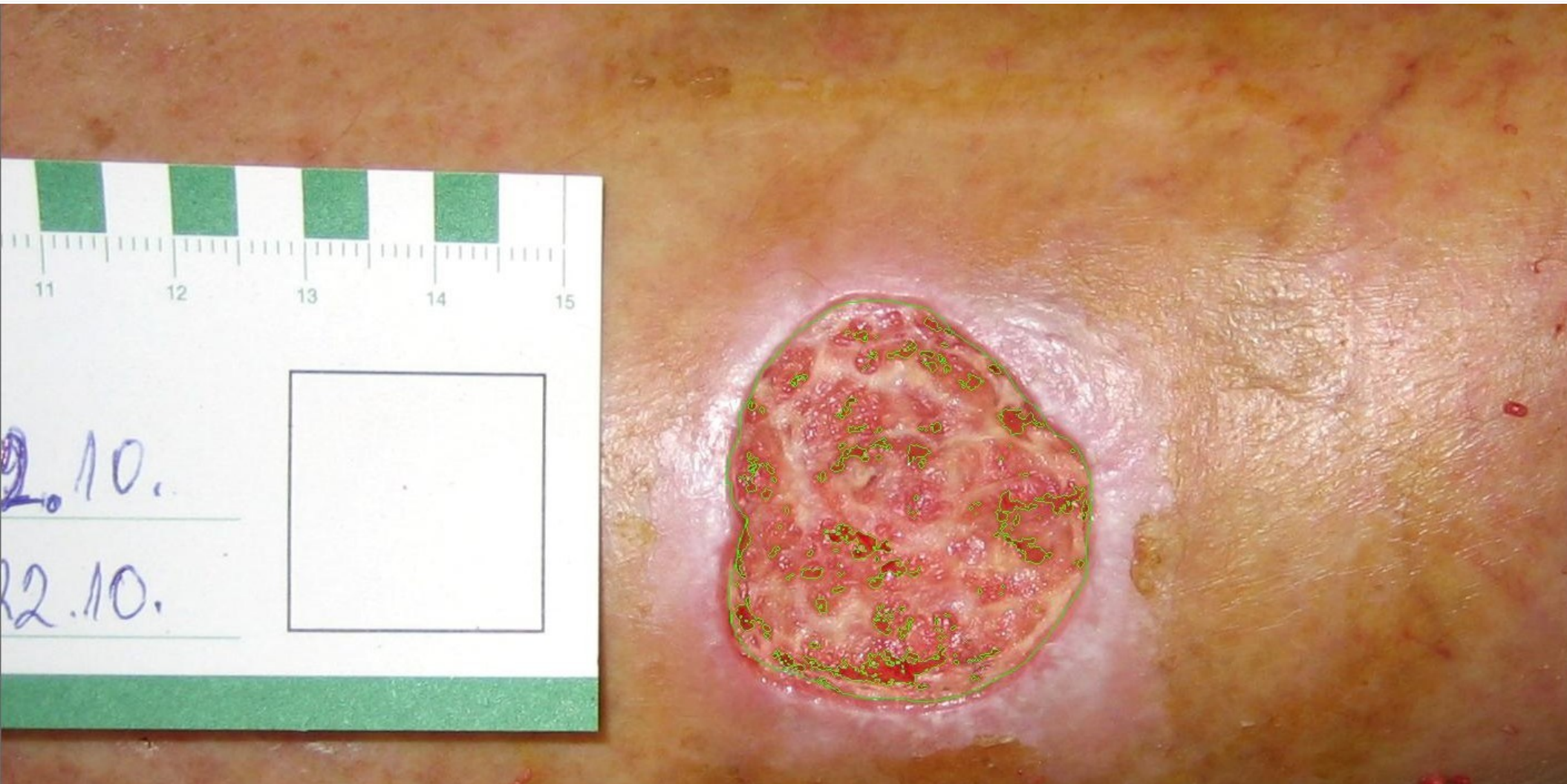
Analysation profile

varicose ulcer

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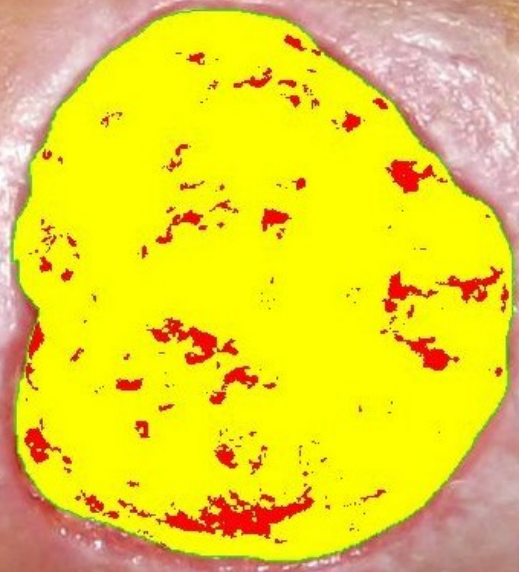
R2.10.

11 12 13 14 15

2.10.

22.10.

A white card with a green border at the bottom. It features a ruler with centimeter markings from 11 to 15. Below the ruler, there are two lines of handwritten text in blue ink: "2.10." and "22.10.". To the right of the text is a large, empty square box.



Documentation

Patient: Thomas, Wild
 Date of birth: 1. january 1968
 ID of patient: 1

Date of visit: 22. october 2012
 Date of visit: 22 | october | 2012
 ID of visit: 585
 Number of patient's visit: 21

Physician: Dr Stic
 Nursing staff: Sanela

Diagnosis: Ulcus cruris

Comment: Varikozni ulcer unazad 3 godine.

Localisation*: Maleolus medialis
 Exsudation: low
 Infection: yes
 Smell: no
 Surrounding: Maceration

Pharma therapy: yes
 Local therapy: PVP Iodine
 Wound treatment: Foram
 Bandage*: Suprasorb X+PHMB, Suprasorb P

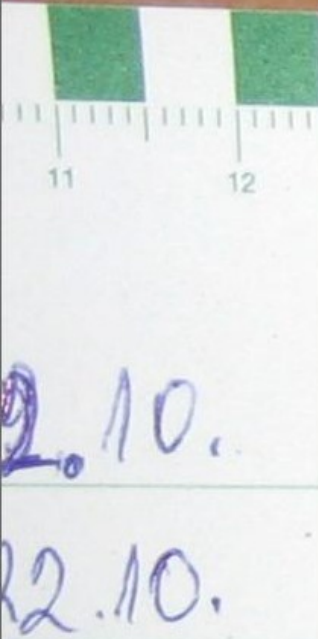
Change of bandage*: 3 times per week
 Inspection of wound*: 3 times per week
 Nutrition therapy*: no

Data of wound

Outline/Area	94.46	mm	585.07	mm
Part of granulation	6.90	%	40.34	mm
Part of fibrin	93.10	%	544.73	mm
Part of necrosis	0.00	%	0.00	mm
Length/width	29.37	mm	28.97	mm

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Buttons: New, View / Modify, Save, Dismiss, Wound analysis, OK, Print, Export, Cancel



TREATMENT AFTER DEBRIDEMENT PROCEDURAE

Efficacy of antimicrobial dressings

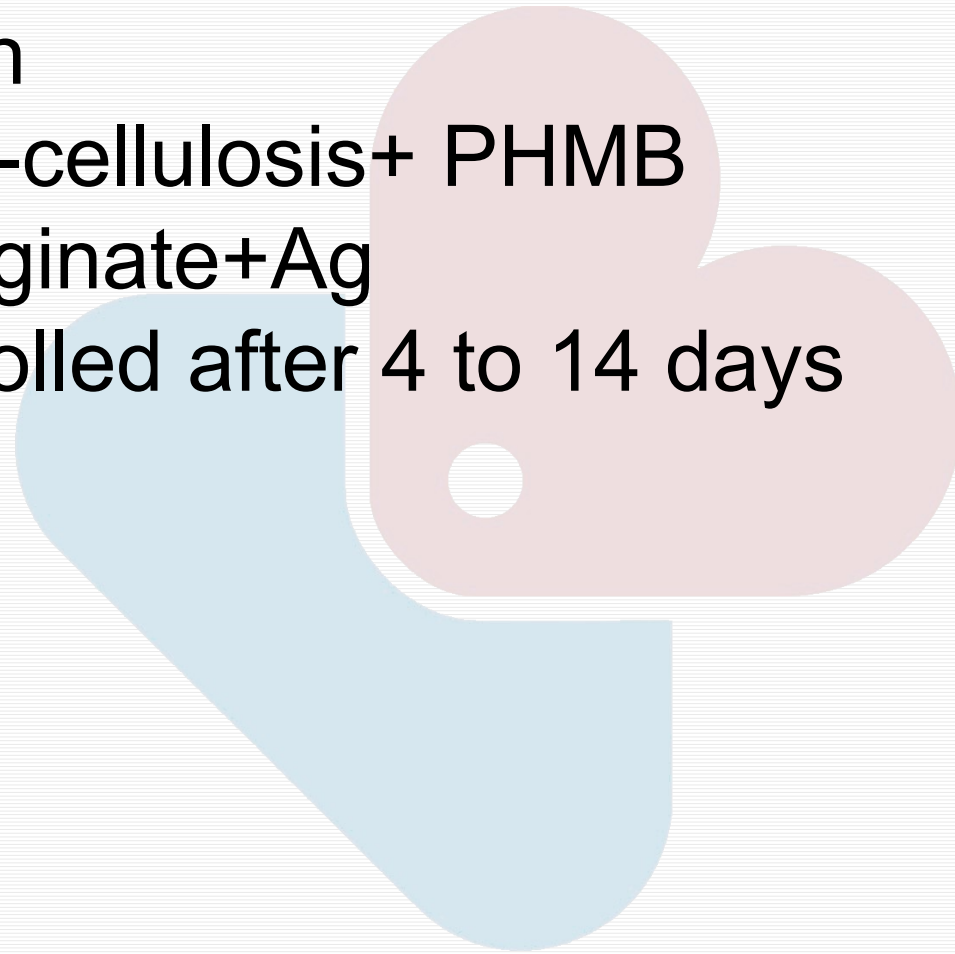
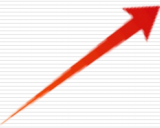
- Leg ulcer
- 11 wounds (3 lost-to follow-up) 3 months to 17 years
- 4 wounds with weak exudate treatment with bio-cellulosis+ PHMB
- 4 wounds with moderate exudate treatment with alginate+Ag
- Infection had been controlled after 5 to 14 days
- (1 case after 5 weeks)

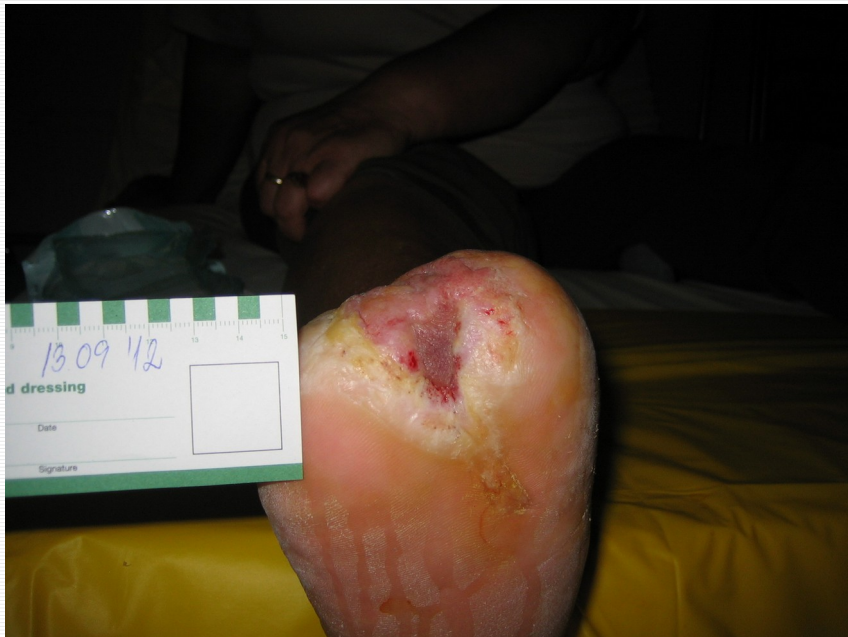




DIABETIC FOOT SYNDROME

- 5 wounds with weak exudate; 6 months to 3 years
- 1 wound without infection
- 1 wound treated with bio-cellulosis+ PHMB
- 3 wounds treated with alginate+Ag
- Infection had been controlled after 4 to 14 days





DECUBITUS

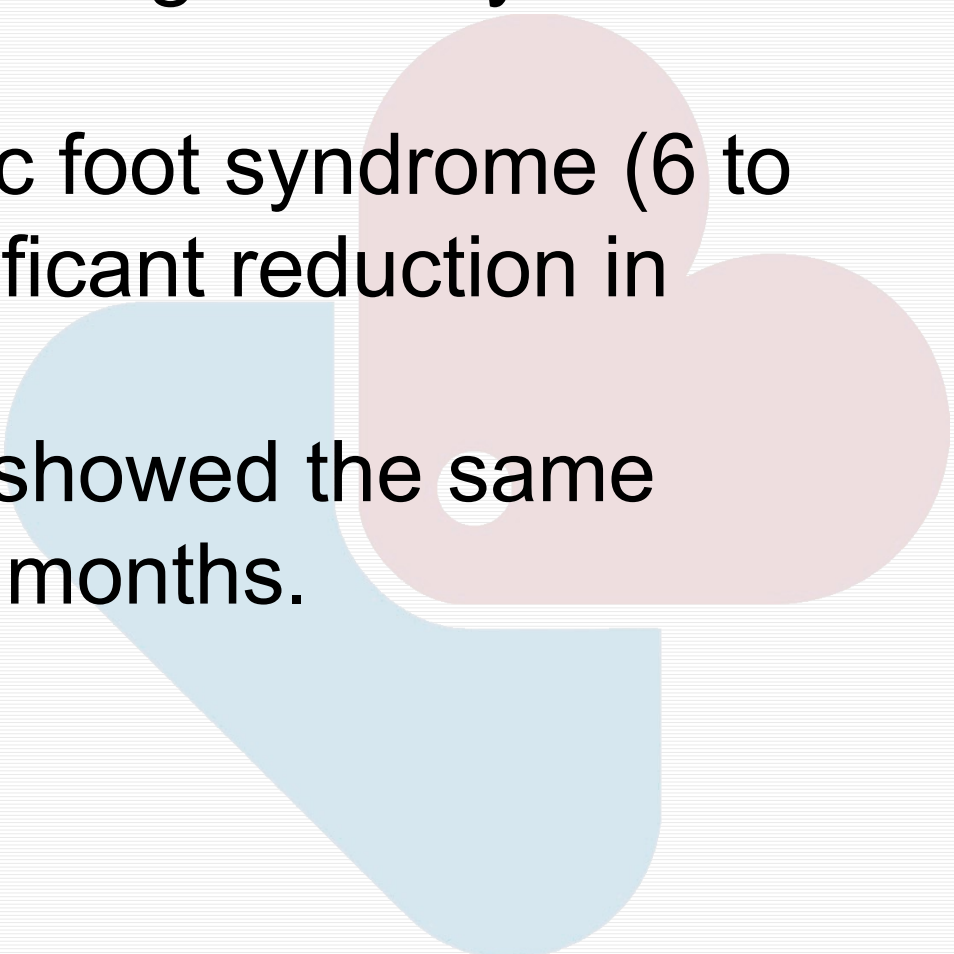
- 4 wounds; 3 months to 2 years
- 2 wounds with weak exudate; treatment with alginate+Ag
- 2 wounds with moderate exudate; treatment with bio-cellulosis+ PHMB
- Infection had been controlled after 2 to 27 days



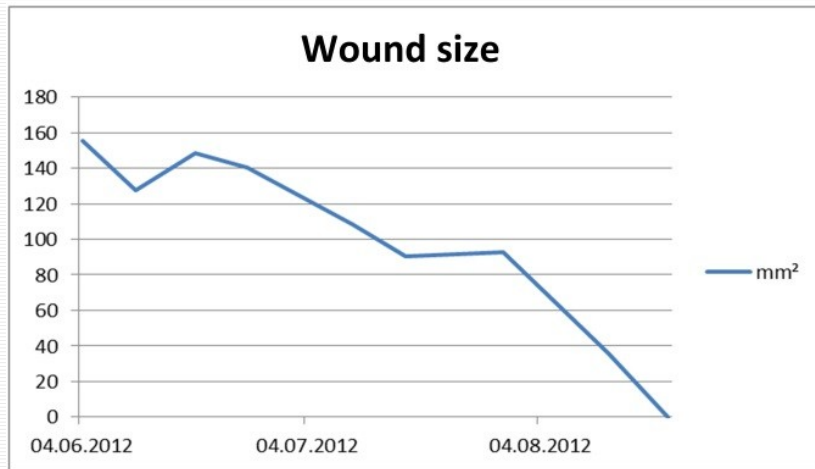


TREATMENT WITH MOISURE WOUND THERAPY WITH DIFFERENT COMBINATIONS OF DRESINGS

- The therapy was continued using alginates or bio cellulose dressings without antimicrobial components as primary dressing and dependent on the exudation rate different secondary dressings as hydrocolloid (weak exudation), PU foam dressing, foil (moderate exudation) or super-absorbing dressing (severe exudation) were used.

- After 3 to 8 weeks wound size of leg ulcer wounds had been reduced significantly and wound status improved.
 - Five patients with diabetic foot syndrome (6 to 36 months) showed significant reduction in wound size and status.
 - Four cases of decubitus showed the same improvement after 4 to 5 months.
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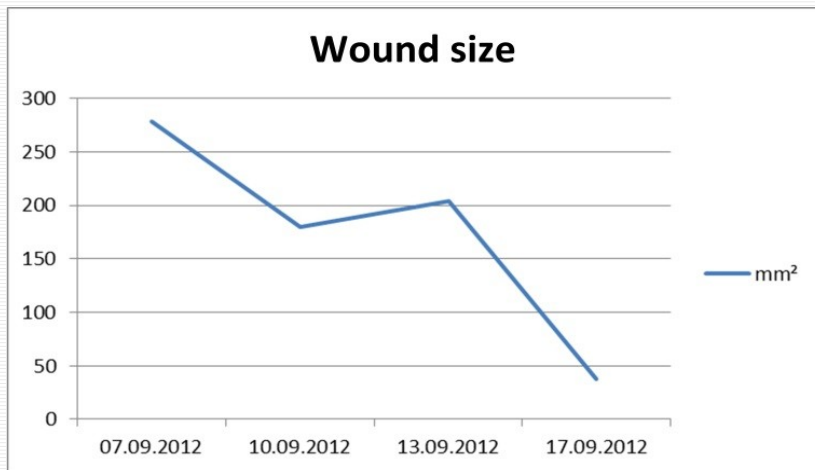
Results of treatment with moisture wound therapy with different combinations of dressings



Decubitus (case 5)

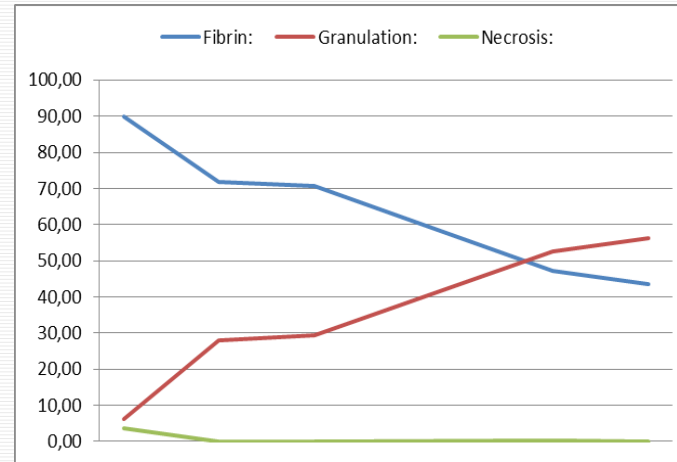
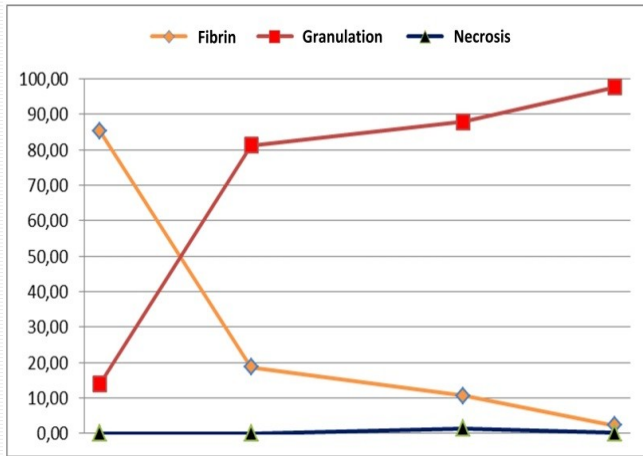


Leg ulcer (case 7)

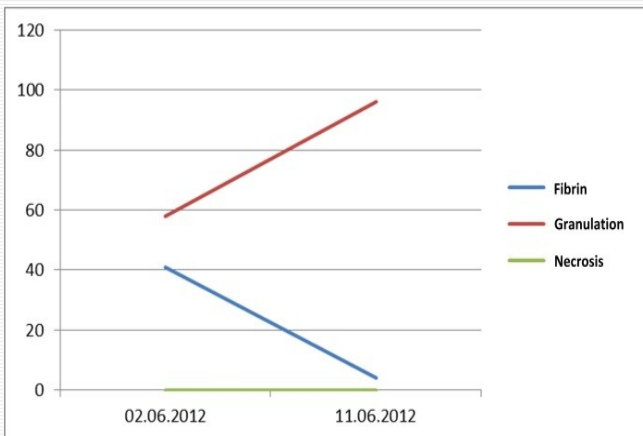


Diabetic foot syndrome (case 16)

W.H.A.T. analysis of wound status over time



Leg ulcer wounds (case 2 and 3): wound status over time



Decubitus wound (case 5b): wound status over time

• CONCLUSION



Debridement

Debridement with monofilament fibre pad is effective in all types of wounds. Especially for wounds that are infected with a lot of fibrin and necrotic tissue.

Debridement with monofilament fibre is especially good where we have greater tissue defects.

CONCLUSION



Moisture wound therapy

We believe that moisture wound therapy created an ideal environment for many events that imply the healing process. We had two goals, first in patients where there was no infection and then speed up the process of healing and second in patients with infected wounds infection control.

Moist wound care patients were well tolerated. Hydro balancing system, without the addition of analgesics was responsible for the high potential of reducing pain. Antimicrobial agents in addition to some of the dressing was effective in the treatment of wounds with a high risk of infection and infected wounds. Use of preparations containing collagen led to a faster healing of the wound due to improved micro tissue vascularity.

CONCLUSION



BH Heart Center Tuzla, Wound Clinic

The establishment of modern center for the treatment of chronic wound in addition to the application of new methods of treatment we started with the formation of a unified database, created specific information on the wounds that will help in the statistical analysis and evaluation, and objective decision making about treatment strategy.

**THANK YOU FOR YOUR
ATTENTION!**



BH Centar za srce Tuzla
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