HYDROCONDUCTIVE DRESSINGS CAN POSSIBLY PROVIDE A VIABLE ALTERNATIVE TO SHARP DEBRIDEMENT IN VERY SPECIFIC CIRCUMSTANCES

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Introduction and Problem: Wound bed preparation is the management of a wound in order to accelerate endogenous healing or to facilitate the effectiveness of other therapeutic measures . The concept of wound bed preparation has evolved to provide a systematic approach to removing the barriers to natural wound healing and enhancing the effects of wound therapies . To be effective in wound bed preparation a product would have to facilitate debridement of necrotic tissue and debris, decrease excessive wound exudate, decrease the tissue bacterial level, remove deleterious chemical mediators, and set the stage for acceleration of endogenous healing.

Removal of necrotic/nonviable tissue, debris, and slough from the wound is the first step of wound bed preparation. This can be accomplished in multiple ways including surgical, enzymatic, mechanical, biological, and autolytic debridement. Although surgical or sharp debridement is often the preferred modality of debridement, there are specific circumstances where sharp debridement is not preferred. When the disease process is such that enlarging the wound appears to inhibit the healing trajectory or when the patient is on medication detrimental to healing such as steroids or immunosuppressive agents, one may wish to avoid sharp debridement.

Methods: We have used a hydroconductive dressing* as first-line treatment for patients which sharp debridement was not the preferred choice. Five patients fit these criteria: three with rheumatoid arthritis, one with necrobiosis lipoidica and one with COPD on steroids.

Results and Conclusions: We have found that when sharp debridement is undesirable, hydroconductive dressings provide a viable alternative for facilitating wound bed preparation. Four of the five completely healed in less than 10 weeks and the necrobiosis lipoidica patient is continuing to heal on an impressive trajectory. See examples: Figures 1-3.

*Drawtex Hydroconductive Dressing (SteadMed Medical LLC, Ft. Worth, TX)

Case 1

87 y.o. female with rheumatoid arthritis on immunosuppression.
One month hx. ulcer on right lower leg.

Day 0

Healed 7.5 weeks

Case 2

67 y.o. female with rheumatoid arthritis on steroids, chronic smoker.

Day 0

10 weeks Rx.

Case 3

54 y.o. female with diabetes and necrobiosis lipoidica.
Multiple topical therapies and oral antibiotics unsuccessful.

Day 1 Drawtex

17 weeks Rx.