CASE STUDY

Traumatic Foot Wound

About the Patient
36 year old male who was struck in the foot by a piece of metal equipment at work. He developed a large hematoma with necrosis of the top of his foot.

Treatment
The patient initially underwent debridement and primary closure; however, he had incisional dehiscence and was referred to the Wound Healing Center of Indiana at Bedford.

It was decided that Negative Pressure Wound Therapy was the best course of action and was applied using the Pensar Medical WoundPro and the Chariker-Jeter technique. Continuous pressure was applied at 100mmHg to the wound with dressing changes every three days.

Results
Rapid healing was noted over the next two months, and Negative Pressure Wound Therapy was discontinued. The patient was then started on a collagen based dressing with a composite topper that was changed every third day. Final healing occurred rapidly with no loss of function noted after healing.
Diabetic Foot Abscess

About the Patient
57 year old Insulin dependent diabetic, presented with cellulitis of the lateral right foot. He was taken to surgery where an abscess was identified with osteomyelitis of the 5th Metatarsal. He underwent decompression of the abscess and removal of the 5th metatarsal head.

The wound was packed with collagen which combined with the blood in the wound. After 1 week of hydrogel gel dressings, the old dressings had loosened and were removed exposing healthy tissue.

Treatment
Multiple treatment options were discussed and Negative Pressure Wound Therapy was decided upon. The Pensar Medical WoundPro and the Chariker-Jeter technique were implemented at 100mmHg continuous pressure with dressing changes every third day.

Results
After 2 weeks of Negative Pressure Wound Therapy, the granulation tissue had increased and the dimensions of the wound had greatly reduced.

After 6 weeks of Negative Pressure therapy, the wound had markedly improved and negative pressure was discontinued.
CASE STUDY

Pressure Ulcer - Quadriplegic

About the Patient

47 year old quadriplegic male who was initially seen as a house call for progressive worsening of open wounds of the sacrum and bilateral ischi. Treatment with Hydrogel dressings to prevent autolytic debridement was commenced; however, when he was transferred to a local hospital for urosepsis he also underwent debridement of the sacrum.

Treatment

The patient was then transferred to a local nursing care facility and started on Negative Pressure Wound Therapy using the Pensar Medical WoundPro. The Chariker-Jeter technique was used with continuous negative pressure of 80mmH. In addition, aggressive nutritional repletion was commenced.

Results

After 5 months of Negative Pressure Wound Therapy, the wound was almost flush with the skin, and had luxuriant granulation tissue. He was started on Calcium Alginate dressings with a composite topper changed every other day.
WoundPro® Negative Pressure Wound Therapy

CASE STUDY

Stage IV Decubitus

About the Patient
92 year old male who developed a Stage 4 decubitus of the right heel while hospitalized for dehydration. He was referred to the Wound Healing Center of Indiana at Bedford where aggressive wound care and offloading were instituted.

The patient's Deep Tissue injuries progressed and the calcaneus became exposed. Osteomyelitis was diagnosed and he was taken to surgery for debridement of the wound and affected bone. He was started on intravenous antibiotics based on the bone cultures.

Treatment
Multiple treatment options were discussed; however, based on the copious drainage from the wound Negative Pressure Wound Therapy was decided upon. The Pensar Medical WoundPro and the Miller MEG-Small dressing were used at a pressure of 40mmHg and the dressing was changed every 3rd day. The heal was completely off-loaded.

Results
Excellent healing was noted using this technique with progression of the granulation tissue. As the drainage decreased, the Chariker-Jeter technique at 80mmHg was commenced.

Occasional hypertrophy of the granulation tissue required debridement to assure healing and promotion of epithelialization. No further progress could be noted as two weeks after the final picture was taken, the patient suffered a heart attack and died.