

Wound Bed Preparation: Utilizing the EZDebride Wound Instrument for Advanced Wound Technologies

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CASE:

This is a case of a 74 yr/old Female presenting status post day 4-partial third toe amputation of the right foot. The wound measrured 2.3 x 1.1 x 0.5 cms following debridement with tracking and a thick devitalized tissue slough.

The patient presented without pain O/10 and denied Fever, Chills, Nausea, and Vomiting.

Past Medical History (PMH): Diabetes Type II x 15 years, Peripheral Neuropathy, Peripheral Vascular Disease, Congestive Heart Failure (CHF), Hypothyroidism

Allergies: Penicillin

Right Foot Second Toe: culture and sensitivity: positive Pseudomonas aeruginosa Sensitive to Cipro: (Ciprofloxacin 500 mgs one tab q 12 hours for 14 days)

labs WBC 8.2, HBA1C 14.4, Hemoglobin 13.9, Hematocrit 42.2

No cellulitis, no streaking, no malodor, no pain with direct palpation of the wound, foot/ankle/leg.

Medications: Sortis 40 mgs daily at 4:00 pm, Levothyroxine 25 mgs daily, Vit D 5000 UI daily, Plavix 75 mgs daily, Levofloxacin 500 mgs daily, Lasix 20 mgs daily

Past Surgical History: Below the Knee Amputation (BKA) Left Leg secondary to infection of her foot and ankle. Complications due to edema, venous stasis with lateral malleolar Wagner grade 3 ulceration

Right foot: Partial First Ray Amputation right foot secondary to Osteomyelitis right big toe and first metatarsal phalangeal joint 2016 and second toe amputation secondary to Osteomyelitis.

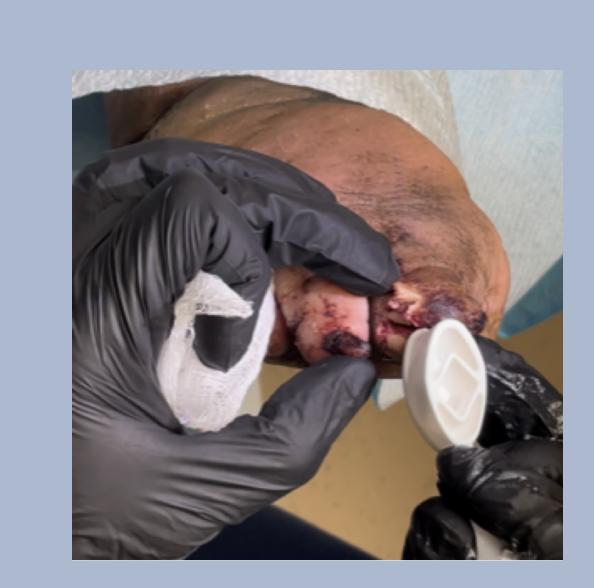
Vascular Surgical History: History of Smoking: 25 Pack Years (smokes several cigarettes daily): Femoral Popliteal Bypass (Fem-Pop bypass) right. Diminished pedal pulses right foot: Dorsalis pedis (DP) 1/4, Posterior Tibial (PT) Pulse minimal to palpation. No digital hair growth, toes cool to palpation. Pre Surgery Non-invasive or Ankle Brachial Indices: ABI right 1.1: Elevated velocities in the CFA suggestive of stenosis, no flow in the native SFA or Popliteal arteries Right proximal Superficial Femoral Arterybiphasic: Right Popliteal Artery-biphasic: Right tibial artery-monophasic: Dorsalis Pedis Artery-monophasic.

Series 1 Initial Presentation

Note the devitalized surrounding tissue slough, dehiscence, and rolled wound edges.



Debridement of the dehisced surgical site with the EZDebide wound instrument













Post debridement initial visit using the EZDebride Wound Instrument

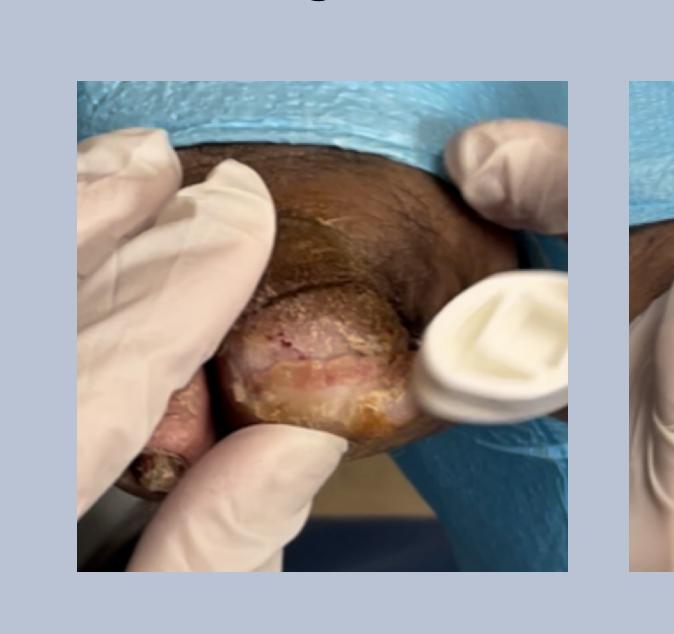


Series 2 Status Post 1 Week

Note the tissue slough over the wound surface along with devitalized tissue and hyperkeratotic tissue



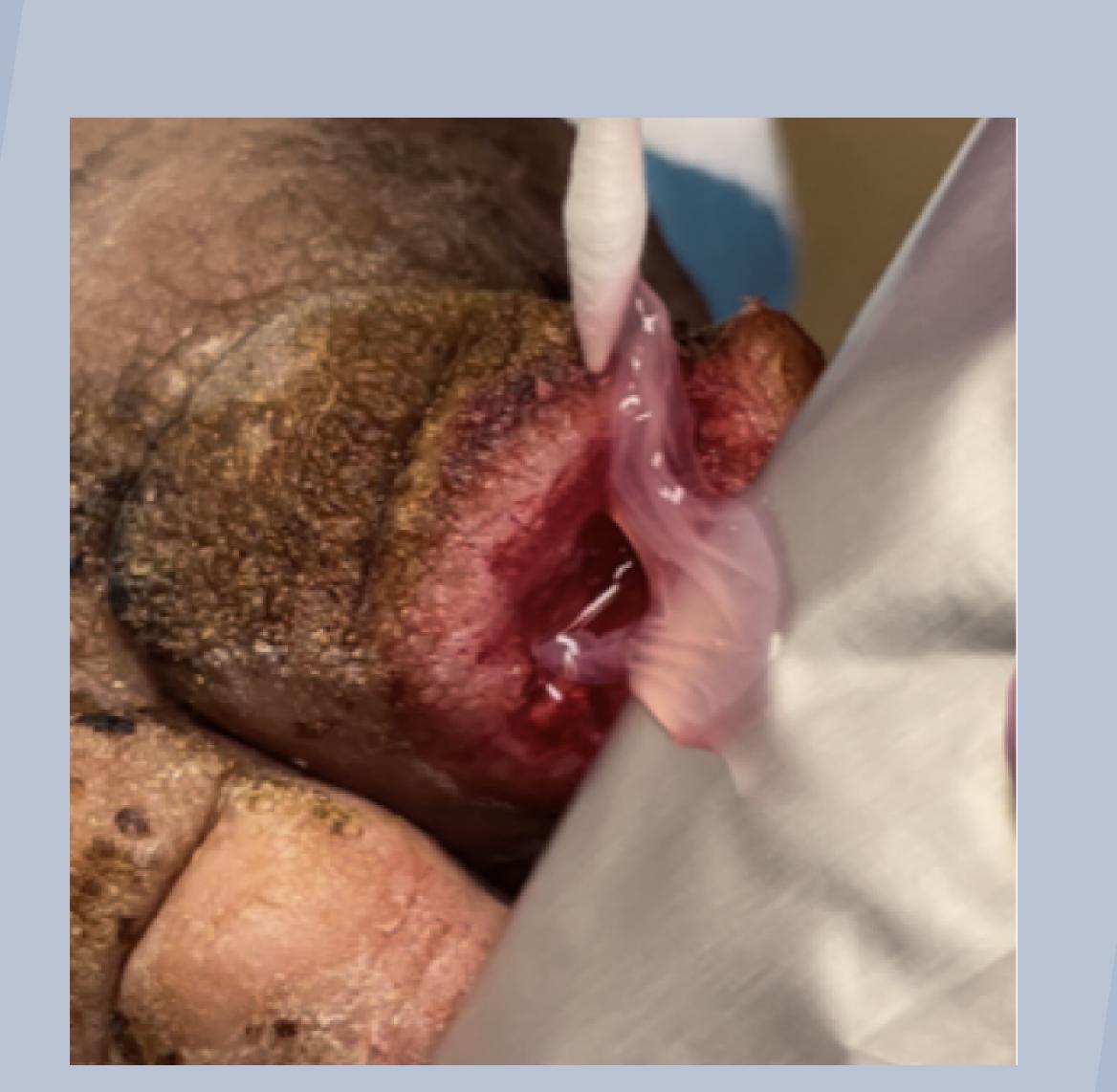
Notice how effective the EZDebride removes the surrounding hyperkeratotic tissue as well as the tissue slough



Following Debridement: note the clean wound bed in preparation for advanced wound technologies:

A Novachor Stem Cell graft was then applied.





Series 3 Status Post 2 Weeks

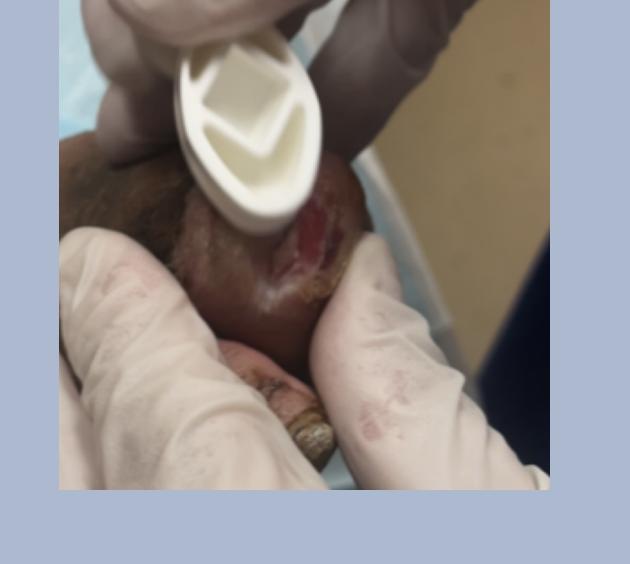
The wound is much smaller: sharp debridement was achieved with the EZDebride Wound Instrument again providing for a clean wound bed.





Status Post week 3: The wound presents smaller and improved: a wet to dry betadine dressing was then applied.





Series 4 Status Post 4 Weeks

The ulcer is nearly healed with minimal devitalized tissue. Less edema of the stump and overall Improvement noted.



Methods:

An EZDebride Wound Instrument was selected and used for sharp debridement of the amputation site for hemostatic control and wound bed preparation for advanced wound technologies including a skin substitute.

RESULTS:

The author noted effective sharp debridement of hyperkeratotic and devitalized tissue, a bloody and not a bleeding wound, and controlled depth with the use of the instrument. The author also noted immediate improvement following sharp debridement and after one application of a skin substitute.