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 measured 2.3 x 1.1 x 0.5 cms following debridement with tracking and a thick devitalized tissue slough.

The patient presented without pain 0/10 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, Levothyr oxine 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 Artery-biphasic; 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.

Series 2 Status Post 1 Week
Note the tissue slough over the wound surface along with devitalized tissue and hyperkeratotic tissue

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.

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.