

Ken Pettit DO, CWS – Comprehensive Wound Care, Ahwatukee, AZ

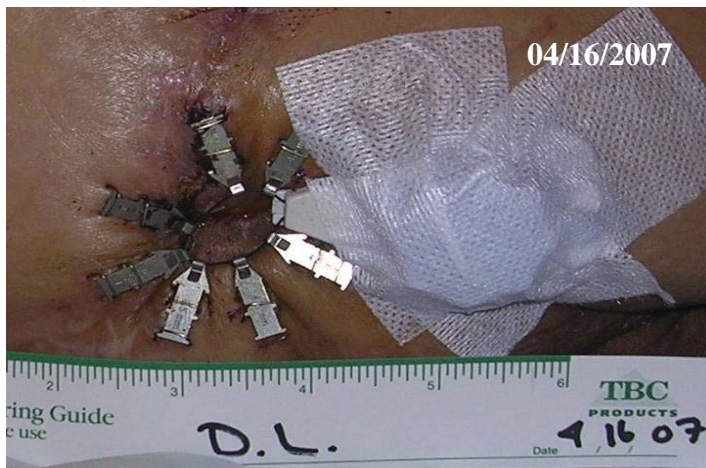
4/19/2007 – This is a 61 year old female with a history of T9 paraplegia due to a motor vehicle accident when she was 34 years old. She initially developed a stage IV sacral decubitus ulcer in November 2005. The ulcer led to Osteomyelitis requiring surgical debridement and myocutaneous flap. The patient did well for almost a year. She then developed bilateral stage IV gluteal decubitus ulcers. She again underwent surgical debridement and bilateral myocutaneous flaps. The patient was also placed on an air fluidized bed and negative pressure wound therapy (VAC) was applied to the wound. The VAC was discontinued on 03/09/07. At that time wound measured 1.1 cm x 2.5 cm with tunnel now measuring 3.8 cm. There was wound edge contraction with a well granulating wound bed with no clinical evidence of infection.



She was discharged to a skilled nursing facility for post operative wound care and rehabilitation on 12/07/06. She was discharged from the skilled nursing facility to home on 01/19/07. She was re-admitted to the skilled nursing facility with wound dehiscence of the right gluteal flap on 02/20/07. At the time of admission the wound measurements were 2.8 cm x 4.6 cm with a tunnel at the 3 o'clock position measuring 18.2 cm in length. The wound did not progress to closure. The tunneling did resolve but the wound edges failed to progress. On 04/13/07 the wound measured 2.5 cm x 2.5 cm x 0.5 cm. The DermaClose RC was applied to the wound as per manufacturer recommendations. Immediately after application of the device the wound measured 1.0 cm x 1.5 cm.



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The wound was re-evaluated on 04/16/07. The wound edges had been approximated with the device. The DermaClose device was removed. The wound edges were sharply debrided and the wound was closed with 4-0 nylon sutures. A dressing was applied.

On 04/19/07 the wound was re-evaluated. The wound edges were still approximated. There was no evidence of infection.

Summary:

The device was applied and removed with ease. It performed better than expected. The procedure was performed at the bedside in the skilled facility and required no special equipment other than a suture kit.

Observations:

I would have used a larger suture had it been available. I would have performed the wound bed preparation initially instead of on removal of the device. I would have placed the skin anchors farther away from the wound edges to allow placement of the sutures prior to removal of the device.