

## Case study 1: Traumatic, painful extremity wound with slough. Complete closure achieved with use of only 3 dressings.

### Self-Adaptive Advanced Wound Dressing\* Clinical Results

#### Patient:

A 72-year-old female presented to the clinic with a trauma wound sustained on her left forearm during a fall two weeks prior. Patient is oxygen dependent with a history of congestive heart failure, coronary artery disease and hypertension.

#### Wound Description:

Upon presentation to the clinic, the wound was edematous, draining, and approximately 60% covered with slough (Fig. A). The patient had been treating the wound with over-the-counter topical antibiotic ointment for two weeks with little to no effect. The patient reported pain of 9 on a 1 to 10 pain scale. Primary goals in this case were pain reduction, granulation tissue formation and wound closure.

#### Application of Self-Adaptive Advanced Wound Dressings:

Prior to the first application of Self-Adaptive Advanced Wound Dressings, the wound measured 4.0 x 3.0 x 0.2 cm. Due to the level of anxiety and pain being experienced by the patient, debridement was not attempted and the wound was cleansed with saline solution. The dressing was placed directly over the wound, overlapping 2 to 3 cm onto intact skin (Fig. B), and secured with circumferential gauze wrap. Immediately following placement of the Self-Adaptive Wound Dressing, patient reported reduced pain of 5.

#### Wound Progression with Self-Adaptive Wound Dressing:

At the first dressing change on Day 3, the wound was 100% granulated with markedly reduced edema and drainage (Fig. C). The wound measured 3.5 x 2.0 x 0.1 cm with no peri-wound maceration. The patient was free of pain, and dressing change frequency with saline rinse was extended to once per week.

Ten days following initial application of the Self-Adaptive Wound Dressings, wound edges were noticeably contracted and re-epithelializing toward the center of the wound (Fig. D). On day 17, the wound was fully re-epithelialized (Fig. E) and the dressings were discontinued. Figure F shows the closed wound at the one-week follow-up.



A. Day 0. Trauma wound with slough at presentation measured 4.0 x 3.0 x 0.2 cm.



B. Day 0. The 1<sup>st</sup> Self-Adaptive Advanced Wound Dressing was placed over the wound, overlapping 2 to 3 cm onto intact skin, then secured with gauze wrap.



C. Day 3. After 3 days with Self-Adaptive Wound Dressings, the wound was 100% granulated, free of pain and drainage was controlled. The 2<sup>nd</sup> dressing change.

### **User Experience:**

The patient was very satisfied with the Self-Adaptive Dressings, particularly with respect to pain reduction and rapid wound closure. Patient reported no odor, dressing leakage or fluid strike-through. The dressing was comfortable for the patient and there was no pain in removal.

### **Clinical Outcomes/Conclusion:**

The Self-Adaptive Advanced Wound Dressing was effective in managing this slough-covered wound in an elderly patient with multiple co-morbidities. The dressing facilitated autolytic debridement and converted the wound from 40% to 100% granulation tissue coverage in three days, without use of topical ointments or sharp debridement. Pain and edema reduction occurred within 3 days (one dressing change) of Self-Adaptive Dressing application, and the peri-wound area remained free of maceration throughout dressing use.

Drainage was controlled, locked in and reduced with the dressing, likely contributing to observed optimal moisture balance throughout the wound and peri-wound skin. There were no observations of tissue adherence or ingrowth into the dressing at any of the weekly dressing changes. Removal was fast, non-traumatic and painless. The final aesthetic appearance of the healed wound was excellent.

A total of only 3 dressings were used during the healing time of 17 days, and no dressing adjustment or cutting was required. From a clinician's perspective, Self-Adaptive Wound Dressings greatly simplify the tedious process of choosing appropriate wound care dressings, because one dressing type is suited for the entire wound healing continuum and does not need to be switched according to changing wound conditions.

### **Reference:**

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D. Day 10. Wound was considerably contracted and measured 3.0 x 0.6 x 0.1 cm. No pain. The 3<sup>rd</sup> dressing change.



Dressings were discontinued.



F. Aesthetic appearance of the wound site at one-week follow-up post wound closure.

\*Enluxtra Humifiber™ Wound Dressing