



**Case study #2:  
black eschar removal  
in elderly patient  
with multiple comorbidities**

3 WEEKS • 5 ENLUXTRA DRESSINGS\*

\*to complete eschar removal



# Medical history

At presentation.

- 77-year-old female in HHA care
- Post-traumatic black eschar wound
- Numerous co-morbidities: diabetes, stroke, hypertension, osteoarthritis, and congestive heart failure
- 2+ bilateral leg edema, poor circulation
- Previous treatment: Betadine paint order 3X per week to keep eschar stable
- No option to debride
- ENLUXTRA INITIATED





# How Enluxtra was applied



- Cut slits in the sides of Enluxtra and form a cup to cover a heel wound.
- Use a similar technique for toe wounds.





# Healing progress with Enluxtra

## Week 1.

- Open wound bed becomes visible from under eschar

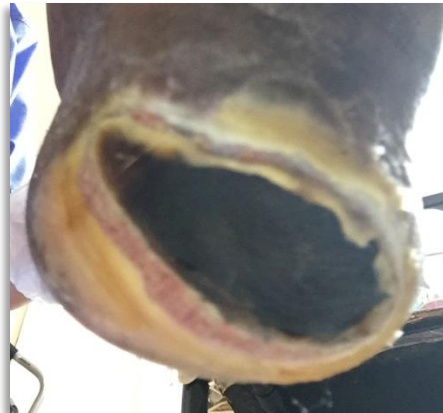
## Week 2.

- Eschar scab is softened enough to start coming off
- Periwound stays stable

## Weeks 3-5.

- Eschar is completely off the heel by week 3
- Wound bed is decreasing in size
- Granulation is apparent

## Week 1.



## Week 2.



## Week 3.



## Week 5.





# Summary of Case Study # 2

## Quick progress and cost/time savings with Enluxtra

### Previous treatment

- Betadine 3X per week to keep eschar stable

### Results

- Prone to infection and unpredictable outcome
- No option to debride
- No progress towards healing
- HHA nurse visit 3 times per week

### Enluxtra treatment

- Enluxtra dressings
- Hydrogel with first 3 dressings to soften up dry eschar

### Results

- Fast eschar removal
- Wound is now progressing towards healing
- Time/cost reduction
  - 1-2 visits per week
  - 20 minutes per visit



# Contact information



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