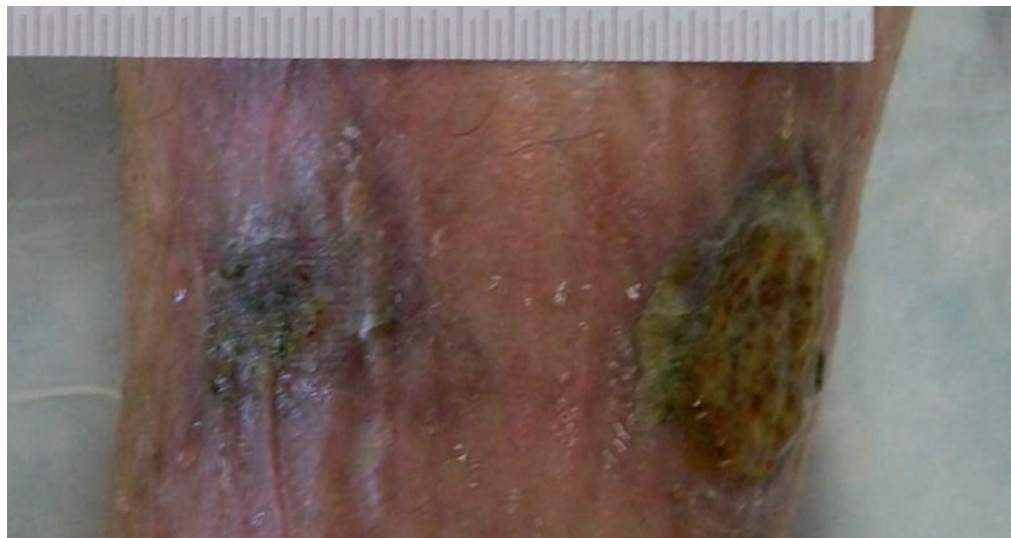


**Treatment of chronic venous stasis ulcers,
complicated by venous insufficiency
and reflux disease, with Cutimed® Sorbact®**

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Introduction

Chronic venous disease (CVD) is a common condition that affects 2-5% of Americans. CVD was previously known as postphlebotic or post-thrombotic syndrome, however these names have been abandoned because they fail to recognize another common cause of the disease, which is the congenital absence of venous valves.

Venous Stasis Ulcers are common in patients with a history of leg swelling, varicose veins or blood clots in the superficial or deep veins of the legs. These ulcers affect 500,000 to 600,000 people in the United States, and account for 80 to 90% of lower leg ulcers.

Treatment history



Pre-tibial and lateral ulcer

Day 1

A patient-specific care plan was initiated on her first visit. Venous ultrasound showed the wound etiology as venous disease with reflux. Medical history and physical were completed, including PMH, PSH, medications, family history, nutrition screening, pain screening, social history and risk factors. Baseline lab values were obtained for CBC, albumin and deep tissue culture. All lab

Patient history

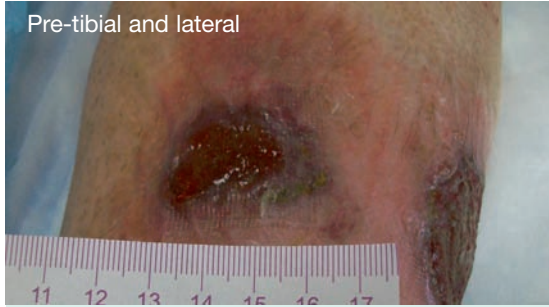
At admission, a 52 year old white female presented with two venous stasis ulcers on her left pre-tibia and left lateral leg. The wounds had developed after hitting her leg on a car door, nine months prior. The patient reported the wounds were initially small, but continued to increase in size with moderate serosanguineous drainage and lower leg edema. The wounds were previously treated with topical antibiotic and oral antibiotic therapy with no improvement. Patient was referred to the Albert Einstein Medical Center, Center for Wound Healing, for further evaluation.

values were within acceptable range. Wound culture was positive for Gram-negative rods suggestive for pseudomonas; this was treated with Cipro 500 mg 3x daily for 7 days in accordance with organism sensitivities. Venous ultrasound was ordered and reflux was noted in common femoral, left femoral, saphenous femoral junction, and greater saphenous vein, and left SSV in the proximal and mid-calf. Patient underwent left RFA procedure.

Patient had been treated with multiple dressing modalities including silver, calcium alginates, Mepitel and Santyl ointments. Compression was maintained on a weekly basis with Coban II wrap to her left lower leg. Patient underwent sharp excisional debridements at the wound center, for removal of devitalized tissue. She also underwent OR debridement twice, followed by application of Apligraf to both ulcers.

Treatment history cont.

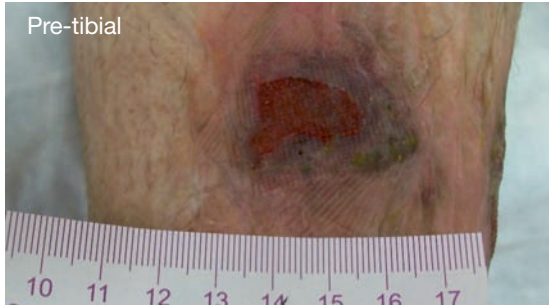
Pre-tibial and lateral



Day 8

Patient returned for wound evaluation and treatment. Increased red granular wound base was noted with new epithelial budding and no visible signs of infection. A small amount of malodorous, serosanguineous drainage was noted. Periwound was intact without maceration or erythema. Cutimed® Sorbact® was applied to both wounds, with Coban II for compression. From this point forward, patient returned weekly for wound evaluation and treatment.

Pre-tibial



Day 15

Significant reduction in wound volume noted with red granular budding tissue and no signs of infection. Scant amount of yellow/serous drainage with no odor was noted at the wound sites. Periwound was intact without erythema to macerated tissue. Cutimed® Sorbact® applied to both wounds and compression therapy maintained with Coban II.

Lateral



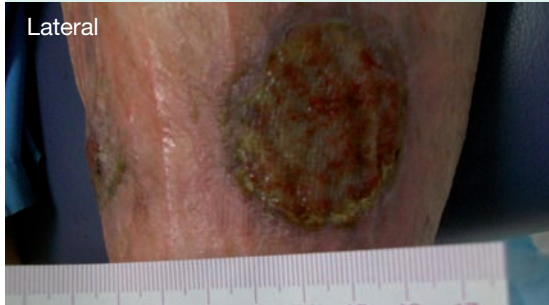
Pre-tibial



Day 22

Continued wound volume reduction and increased red granular tissue was noted. After four weeks of treatment with Cutimed® Sorbact®, pretibial wound is nearly healed. Minimal serous drainage with no odor noted. Hydrogel placed over Cutimed® Sorbact® to prevent dressing from adhering to patient wounds.

Lateral

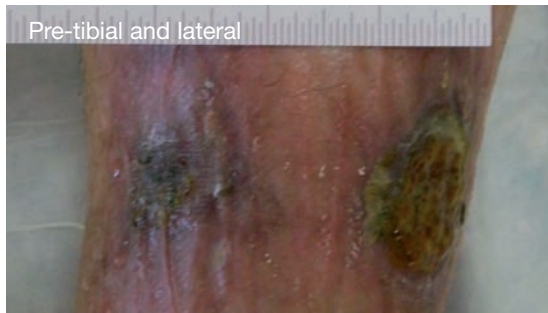


Day 29

Dressing was slightly adherent. Saline was used to moisten wound and prevent any trauma during dressing removal; no trauma to underlying tissue noted. Pretibial wound continues to dramatically

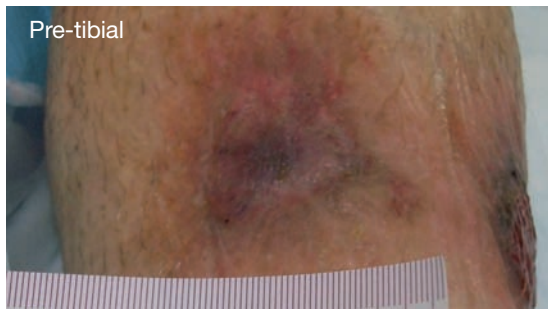
improve and is now superficial. Lateral leg wound has decreased in wound volume without evidence of infection.

Treatment history cont.



Day 36

Pretibial wound is now healed with intact epithelial tissue and no signs of infection. Lateral wound has continued to improve each week, showing a reduction in wound volume and an increase in red granular tissue in wound bed. With the use of hydrogel over Cutimed® Sorbact®, no further dressing adherence occurred. Lateral leg wound was again dressed with Cutimed® Sorbact® followed by hydrogel. Coban II was applied for compression.



Day 43

Pretibial wound remains healed. Lateral leg wound has continued to reduce in volume. Cutimed® Sorbact® is applied to lateral leg wound, followed by hydrogel. Compression is maintained with Coban II.



Conclusion

Since her injury 13 months prior, this patient had suffered with long standing venous insufficiency and venous stasis wounds. Multiple modalities and dressings, appropriate for wound drainage and tissue, had been used and all methods were followed in accordance with venous ulcer algorithm. Though we were able to maintain her edema with compression therapy and evaluation of the dressings demonstrated some improvement in wound bed and wound volume, a significant change was not seen overall. Prior to treatment with Cutimed®

Sorbact®, we were unable to see sustained wound healing and maintenance of wound tissue. Once treatment with Cutimed® Sorbact® was initiated, we were able to measure wound volume decreases and noted improvement in the wound bed with healthy red granulation tissue at each weekly visit. The left pretibial wound healed within 40 days and the left lateral leg wound showed a reduction in wound volume and an increase in red granulation tissue with each weekly assessment.

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