

Success With Negative Pressure Wound Therapy

Justin Bradley - Podiatrist



ComplexFoot
SOLUTIONS

Principals of wound management

- Relief of pressure and protection of the ulcer
- Restoration of skin perfusion
- Treatment of infection
- Metabolic control and treatment of co-morbidity
- Local wound care



Mr R

Medical History

T2DM - Insulin req

HTN

Hyperlipidaemia

Obesity

Ex-smoker

Recent history

Admission due to sepsis from a traumatic wound complicated by neuropathy

- IV Tazocin
- L SFA angioplasty
- L heel debridement





Day 1 Post op
3.5 x 3.3 x 1.3
(LxWxD)



Week 2 NPWT
2.4 x 2.7 x 0.4
(LxWxD)



Week 1
NPWT
2.9 x 3.3 x 1.2
(LxWxD)



Week 8
1.9 x 1.4 x 0.2
(LxWxD)





Mrs D

DOB:17-Apr-1965

Female

Slim Build

Supportive family

Positive attitude

Medical History

T1DM and developed ESRF

SPK Nov 2010

Peripheral Neuropathy

PVD

Osteoporosis

Right THR

ORIF left femur/right ankle

Vitamin D deficiency

Egg allergy

Medications

Tacrolimus 1mg bd

Mycophenolate 750mg bd

Prednisolone 5mg daily

Aspirin 100mg daily

Pantoprazole 40mg daily

Fosamax plus weekly

Augmentin DF 1 BD (for bac overgrowth)

Lomotil prn - only when goes out

Plavix 75mg daily

Metoprolol 12.5mg BD (Stopped)

Amiodarone 100mg BD



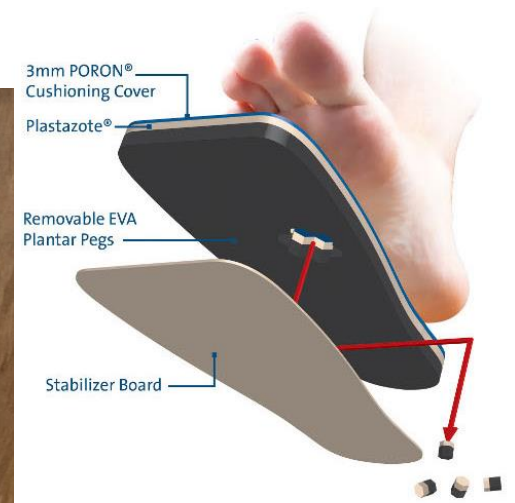
Offloading plan

Transfer only

Wheelchair for longer distances

CAM boot to stabilise wound + offload

Peg assist



<http://www.darcointernational.com/pegassist>



Thursday 8th February

Initial application of Spring-loaded NPWT

1. Eakin seal around the wound
2. Foam directly over the wound
3. Bridge dressing
4. 125mmHg and 60ml cartridge



http://www.acylity.com/products/snap-therapy-system#tab_6



Day 57 Post Debridement
1.1 x 0.5 x 0.1cms
46 Days of NPWT
28 days of Spring- loaded NPWT
Ready for passive dressings
Regular footwear with silicone socks



15th Jan



1st Feb



6th March



5th May

