

Products used in Case Studies:

- * *Santyl™*
- * *Bactroban™*
- * *Silvasorb Gel™*
- * *Kaltostat™*
- * *AMD Gauge*
- * *Silvadene*
- * *Stimulen™ Collagen Gel Sheet*
- * *Stimulen™ Collagen Powder*

References

Bryant, Ruth A. (RN, M.S. CWOCN), Nix, Denise P. (RN, MS, CWOCN) Acute and Chronic Wounds: Current Management Concepts, Third Edition, Mosby, 2007 pp. 64-65,72-77, 152,410-411

DiCosmo, Frank (PhD), Advances in Skin and Wound Care, "The Edge Effect; "The Role of Collagen in Wound Healing", Volume 22, #1, January 2009, pp. 13-16

Sibbald, Gary R. (BSc, MD, FRCPC, FAPWCA, Med), Orsted, Heather L (RN, BN, ET, MSc), Coutts, Patricia (CRN, IIWCC), Keat, David (MSc, MD, FCFB), Advances in Skin and Wound Care; "Best Practice Recommendations for Preparing the Wound Bed: Update 2006; Volume 30 #7, July 2007, pp. 390-405

Sussman, Carrie (PT, DPT), Bates-Jensen, Barbara (PhD, RN, CWOCN) Wound Care: A Collaborative Practice Manual for Health Professionals. Third Edition, 2007, pp. 260, 331-332

Clinical Symposium on
Advances in SKIN &
WOUND CARE
The Conference for Prevention and Healing

October 20 - 23, 2012

Caesar's Palace Las Vegas
Hotel & Casino

Las Vegas, Nevada

Presentation supported by

phone: (800) 247-9951 • email: info@elastogel.com • website: www.elastogel.com



southwest technologies inc.

"Treating the world well"®

1746 Levee Road, North Kansas City, MO 64116

ph: (800) 247-9951 ph: (816) 221-2442 fax: (816) 221-3995
email: info@elastogel.com • web site: www.elastogel.com

DEMONSTRATING IMPRESSIVE HEALING OF A SEVERE THERMAL INJURY, A POST-SURGICAL BREAST REDUCTION DEHISENCE & DEVITALIZED TISSUE RELATED TO INTERFERON INJECTIONS USING HYDROLYZED COLLAGEN POWDER & A COLLAGEN GLYCERINE SHEET

*Ruth E. Anderson RN, CWS • Cathy Wetzeler RN, BSN, CWOCN
Boone County Hospital, Boone, IA*

To educate Wound Care Clinicians on the effectiveness of hydrolyzed collagen powder and a collagen glycerine sheet treating difficult and unusual wounds.

Objectives: *After viewing this poster presentation, the participant will be able to:*

1. Formulate a practical cost-effective treatment plan utilizing collagen based products.
2. Identify a variety of wounds that will utilize the benefits of collagen based products.
3. Describe the mechanism of action of the gel sheet and powder in relationship to healing of acute and chronic wounds.

Abstract:

CASE #1:

48 year old patient with Multiple Sclerosis presents with a wound of two months located on the thigh, with devitalized tissue and cellulitis related to Interferon injections. Initial treatment included surgical debridement, negative pressure therapy which failed due to pain. Hydrolyzed collagen powder initiated and wound healed comfortably in 28 days.

CASE #2:

53 year old alcohol and tobacco abuser presented with a kerosene heater thermal injury, full thickness skin loss, to the left lower leg. Plastic surgery was recommended due to the extensiveness of the wound, but patient refused surgery. Treatment included collagen glycerine sheet with topical cream to prepare for debridements. Follow-up treatment was successful with hydrolyzed collagen powder. Patient continued to abuse alcohol and tobacco. Healed in 4 months without surgery.

CASE #3:

32 year old female patient post surgical bilateral breast reduction with dehiscence and infection upon admission to wound clinic. Initial treatment included calcium alginate with AG. Slow progression ensued until Hydrolyzed Collagen Powder and Collagen Glycerine Sheets were used as the treatment. Healed to closure in 42 days.

RATIONAL:

Collagen Glycerine Sheet and Hydrolyzed Collagen Powder selected for the following: * Collagen is deposited directly into the wound bed at an affordable cost. * The long strands of collagen bridge to connect wound edges.

CONCLUSION:

The short polypeptides broke down into amino acid form and enhanced rapid healing.

Case #1:

Devascularized Tissue Relating to Interferon Injections. 48 Year old patient with Multiple Sclerosis with a wound of two months – located on the thigh, with devitalized tissue and cellulitis related to Interferon injections.



Photo #1 (10-11-2011)

Photo #1 (10-11-2011): Patient presented to wound clinic with 100% adhered eschar covering wound on thigh, painful, indurated. Surgeon sharply debrided eschar per same day surgery. Wound measured 0.6cmL x 3.8cmW prior to debridement. Protocol: Daily per pt. Surgeon ordered Santyl, Bactroban for post surgery. Negative pressure therapy ordered.



Photo #2 (10-13-2011)

Photo #2 (10-13-2011): Wound presents with non-viable adipose, eschar at edges, induration, full thickness skin loss. Measures 2.5cmL x 6.5cmW with depth 2.1cm. Negative pressure therapy placed in wound at 125mmHg.



Photo #3 (10-20-2011)

Photo #3 (10-20-2011): Induration remains total circumference of wound, 0.5cm in diameter. Non-viable adipose tissue again sharply debrided by surgeon ultra sound ordered to rule out abscess. Wound measured 2.0cmL x 5.0cmW with depth of 1.3cm. Patient complained of intractable pain (rated 10 with analgesics) while using negative pressure therapy. Negative pressure therapy suspended after using one week. Protocol: Silvasorb gel, Kaltostat, AMD gauze.



Photo #4 (11-21-2011)



Photo #5 (11-28-2011)



Photo #6 (12-5-2011)

Photo #4 (11-21-2011): Wound progression stalled. Wound measurements essentially unchanged for one month. Measurements 1.4cmL x 4.1cmW, depth 0.9cm. Protocol changed at one month to include hydrolyzed collagen powder and collagen glycerine sheet, to be changed daily by patient. Patient verbalized greater comfort with new protocol.

Wound progression stalled. Wound measurements essentially unchanged for one month. Measurements 1.4cmL x 4.1cmW, depth 0.9cm. Protocol changed at one month to include hydrolyzed collagen powder and collagen glycerine sheet, to be changed daily by patient. Patient verbalized greater comfort with new protocol.

Photo #5 (11-28-2011): Wound measures 1.0cmL x 3.0cmW with depth of 0.4 per use of hydrolyzed collagen powder and collagen glycerine sheet. Impressive healing with no complaints of pain.



Photo #7 (12-19-2011)

Photo #6 (12-5-2011): Wound measures 0.7cmL x 2.0cmW. Depth shallow. Continued use of same protocol. Patient verbalizes ease of use of products.

Photo #7 (12-19-2011): Wound healed. 100% closed. Successful use of hydrolyzed collagen powder and collagen glycerine sheet with healing in 28 days after initiation of new plan.

Case #2:

Thermal Injury resulting from falling asleep near a kerosene heater. 53 year old tobacco and alcohol abuser. Full thickness skin loss. Referred to nearest burn unit due to extent of wounds. Pt. refused plastic surgery. Wound clinic to treat patient per physician order.



Photo #1 (2-1-2012)

Photo #1 (2-1-2012): Presented to wound clinic with 90% eschar, 10% slough covered wounds of right lower leg, measured 15.7cmL x 6.1cmW. Eschar sharply debrided. Protocol: Silvadene & collagen glycerine sheet applied.



Photo #2 (3-29-2012)

Photo #2 (3-29-2012): After a series of sharp debridements and use of the collagen glycerine sheet, the wound presented with marbled slough and no eschar. Wound measured 13.0cmL x 7.0cmW. Hydrolyzed collagen powder initiated as treatment to stimulate cellular proliferation. Covered with calcium alginate and ABD.



Photo #3 (4-16-2012)



Photo #4 (5-24-2012)

Photo #3 (4-16-2012): Vast improvement in 18 days per use of hydrolyzed collagen powder. Measures 11.2cmL x 6.9cmW. Increased fibroblasts,

increase in re-epithelialization. Patient continues to smoke and drink heavily. Denies complaints of pain with treatment.

Photo #4 (5-24-2012): Wound measures 10.0cmL x 5.0cmW with evidence of scar tissue at edges. Increased granulation. No signs of infection. Continue to use hydrolyzed collagen powder covered with AMD gauze.



Photo #5 (6-20-2012)



Photo #6 (7-25-2012)



Photo #7 (8-29-2012)

Photo #6 (7-25-2012): Wound would normally require grafting, has displayed tremendous healing by using the hydrolyzed collagen powder. Now measured in two areas: Proximal 2.0cmL x 1.5cmW, Distal 3.0cmL x 2.0cmW.

Photo #7 (8-29-2012): Wound healed in 4 months. Presents with 100% scar tissue. Severe thermal injury treated without plastic surgery. Discharged with instructions to keep leg moisturized.

Case #3:

32 year old female patient – post surgical bilateral breast reduction with dehiscence and infection upon admission to wound clinic.

Photo #1 (2-9-12) Patient presents post surgical breast reduction with dehiscence of surgical sites. Right breast wound measures 4.5cmL x 2.0cmW with depth 0.9cm. Left breast wound measured 1.2cmL x 0.5cmW with depth of 1.3cm. Painful, extensive wounds. Initial treatment – hydrofiber with silver to contain drainage and address bacteria.



Photo #1 (2-9-2012) Right



Photo #1 (2-9-2012) Left

Photo #2 (3-19-12) Tunneling between wounds of left breast. Slow healing of right breast. Patient continues to pack wound with hydrofiber with



Photo #2 (2-19-2012) Left

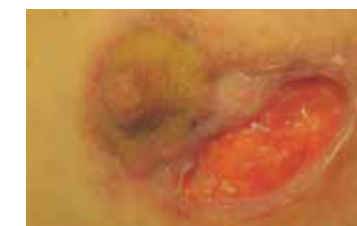


Photo #2 (2-19-2012) Right

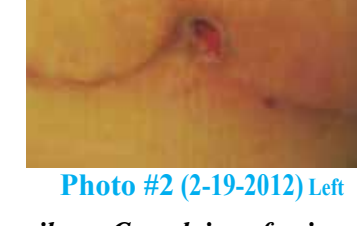


Photo #3 (4-5-2012) Wounds continue to be slow in healing. Hydrolyzed collagen powder and collagen glycerine sheet initiated to stimulate cells

Photo #3 (4-5-2012) Wounds continue to be slow in healing. Hydrolyzed collagen powder and collagen glycerine sheet initiated to stimulate cells



Photo #3 (4-5-2012) Left



Photo #4 (4-18-2012) Left

Photo #4 (4-18-2012) In 13 days, amazing granulation of tunnels and wound size per use of hydrolyzed collagen powder. Rt. Breast measured 1.8cmL x 0.4cmW, with depth of 0.1cm. Left breast measured 1.0cmL x 0.4cmW, with depth of 0.2cm.



Photo #4 (4-18-2012) Right

Photo #5 (5-7-2012) Wounds healed in 42 days after initiation of hydrolyzed collagen powder and collagen glycerine sheet. The products were deposited directly into the wound bed, allowing long strands of collagen bridge to connect wound edges.



Photo #5 (5-7-2012) Left



Photo #5 (5-7-2012) Right