Updated Experiences with a Unique Semi-Occlusive Dressing

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Motto

"Choose the suitable methods and local agents for the Patients always!"

Introduction

While many hydrogels contain 80-90% water, ***Elasto-Gel ™*** is a glycerine-based "hydrogel" with 65% glycerine, the consequence of this high glycerine content gives a product with exceptional properties.

The authors and their coworkers have given a report of their preliminary clinical trials with ***Elasto-Gel ™*** . They studied the different indications for the use of ***Elasto-Gel ™*** and the experiences based on results of one hundred patients / San Diego, 1995 /.

Although ***Elasto-Gel ™*** has been classified as a hydrogel, its properties are not those of the typical hydrogel. Therefore, one cannot refer to this product as a hydrogel, because it does not behave as a typical hydrogel. Therefore, the authors will refer to this product as ***Elasto-Gel ™*** (EG) and not hydrogel. Maybe another class of product should be considered – "Glycogel"?

For the wound therapy when choosing the topical agent to be used, it is very important to choose the right one, because the efficacy greatly influenced the healing time, the quality of the scar outcome and total cost of treatment.

EG plays a very important role in the treatment of the different wounds and in the different stages of the wound healing process, because it creates a nearly ideal moist wound healing environment.

Methodology

In this clinical trial some extra special effects of EG were studied:

a) Using for autodebridement of necrotic tissue
b) Using for clearing moderately infected wounds
c) Using for conserve damaged tissue
d) Using for prevention and management of evolving pathologic scars

During the wound therapy we examined the pH of the wound fluids, degree of bacterial contamination and type, and the quality and nature of the wound surface. The pH of the wound fluids was 5-6 under EG dressing normally but it was 8-9 in the infected wounds. Using EG

bacterial growth was not seen except one case out of 19 patients: Pseudomonas aeruginosa. EG was effective because of elimination of local infection.

EG was effective in the prevention and in the management of hypertrophic scars after reconstructive operations and burns. Use of EG for 3 months for prevention and 3-4 months for treatment of hypertrophic scars is sufficient. The scars did not return.

Results
The results obtained were as predicted from the preliminary clinical results and confirmed by previous observations. EG is recommended for cleaning and preserving the tissues on the surface of the problematic and near "incurable" or non-healing wounds, e.g., electrical burns. A method for the treatment of pathologic scars, which develop after excisions, has been developed using EG.

Conclusions
The results obtained were as predicted from the preliminary clinical results and confirmed the previous observations. In this clinical trial some EXTRA-SPECIAL effects of ***Elasto-Gel ™*** were studied:

1. Using for AUTODEBRIDEMENT of necrotic tissue (18 cases).
2. Using for CLEARING moderately infected wounds (9 cases).
3. Using to CONSERVE damage tissue (7 cases).
4. Using for prevention and MANAGEMENT of evolving pathologic scars (72 cases).

Elasto-Gel ™ is RECOMMENDED for CLEANING and PRESERVING the tissues of the problematic, "non-healing" wounds (e.g. electrical burns) and PREVENTING and MANAGEMENT of pathologic scars. Our EXPERIENCES based on studies of more than 150 patients!

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