Photo #2 (12-29-05):
Left lower leg: distal wound now measured L 0.6cm x W 1.2 cm and proximal wound measured L 1.0 cm x W 0.5 cm. The drainage was moderate, serosanguineous with 100% granulation tissue. The right leg now has one small satellite to the original wound. The original – now identified as the proximal wound measures L 1.9cm x W 1.4 cm and the right distal wound measures L 0.5 cm x W 0.3 cm with moderate serosanguineous drainage with no signs or symptoms of infection.

Photo #3 (1-12-06):
Left lower leg distal wound now measures L 0.2 cm x W 0.3 cm. drainage was now light, serosanguineous. The right lower leg wounds proximal measured L 1.9 cm x W 1.4 cm and the original distal was healed. A new satellite developed on the medial aspect of the right lower leg measuring L 0.9 cm x W 0.5 cm. The right proximal wound was measured the same but photographs reveal increased scar tissue.

Photo #4 (2-23-06):
All wounds were healed with the treatment of hydrolyzed collagen powder*, foam and a four layer compression wrap in eighty-five days, together the patient has had a history of greater than one hundred twenty days of healing per episode without hydrolyzed collagen powder*. Sent home with compression stocking therapy. Compliance remains an issue for this patient.

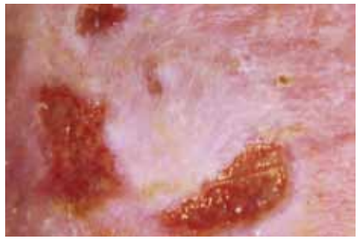
Photo #2 Left leg (12-29-05)

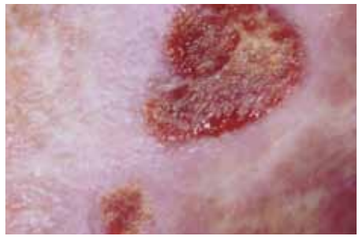
Photo #2 Right (12-29-05)


Photo #3 Left (1-12-06)


Photo #3 Right (1-12-06)

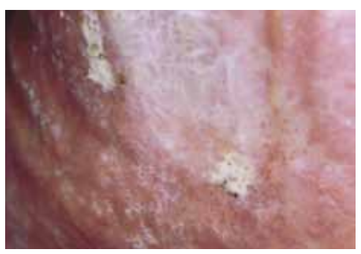
Photo #4 Left (2-23-06)

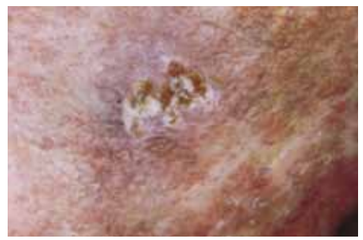
Photo #4 Right (2-23-06)

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Product used:

* Stimulen™ Collagen Powder

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

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Clinical Case Studies Utilizing Hydrolyzed Collagen Powder* To Effectively Heal A Variety Of Wounds

Ruth E. Anderson RN, CWS; Charlene Wilkening RN, CWS; Cathy Wetzeler RN, CWOCN • Boone County Hospital, Boone, IA

Abstract

Objectives: **#1.** After viewing this poster presentation the participant will be able to formulate an effective treatment plan utilizing a hydrolyzed collagen powder* to enhance rapid healing.
#2. The participant will be able to describe two benefits of utilizing this relatively new product.

Rationale: This absorptive, 100% hydrolyzed collagen product* was selected for its ability to stimulate fibroblastic activity as well as its ease of application.

Case #1: A fifty-six year old diabetic, hypertensive, obese patient with large partial thickness undermined wounds of the buttocks. Wounds cleansed daily, hydrolyzed collagen powder* sprinkled on gauze dressing and applied to wound. Healed in thirty days.

Case # 2: A seventy-two year old diabetic, hypertensive patient with a five month duration non-healing post surgical wound of the left foot. Wound cleansed daily, hydrolyzed collagen powder* to wound bed, covered with foam. Healed in ten days.

Case #3: A seventy-five year old obese patient with peripheral vascular disease and previous chronic slow healing leg ulcers. Partial thickness wounds of bilateral lower legs. Weekly cleansing of all wounds, filled with hydrolyzed collagen powder*, covered with foam dressing and compression wraps. Healed in eighty-five days.

Conclusion: The hydrolyzed collagen powder* stimulated fibroblastic activity within one week and promoted healing in those vascular compromised wounds. Hydrolyzed collagen powder* requires non-physician application, was easy for the patient to apply, absorbed excess fluids effectively with comfort, and had great healing outcomes.

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Clinical Case Studies Utilizing Hydrolyzed Collagen Powder* To Effectively Heal A Variety Of Wounds

Case #1:

A fifty-six year old obese hypertensive diabetic with a large partial thickness tunneling and undermining wounds of the buttocks.

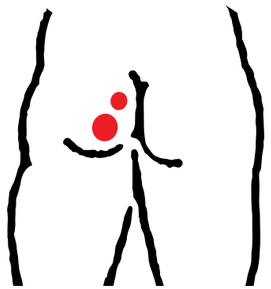


Photo #1 (3-2-06)

Photo #1 (3-2-06): The patient presented to wound clinic with two connecting wounds on the buttock. The wounds occurred following the progression of a "sore rectal area" to open wounds draining copious amounts of foul smelling drainage. The patient sought medical attention and was placed on an oral antibiotic and referred to the outpatient wound clinic. Initial assessment of the wounds revealed partial thickness, connecting pale red wound beds. The proximal wound measured L 1.2 cm x W .6 cm with a depth of .9 cm. The distal wound measured L 3.4 cm x W 3.0 cm with tunneling of 5.5 cm.
Protocol: The patient was instructed to daily cleanse the areas during showering. Application of a silver hydrogel and covered with a gauze dressing.

Photo #2 (3-16-06)

Photo #2 (3-16-06): Distal wound measured L 2.3 cm x W 2.7 cm with a depth of 0.4 cm with undermining at 3 o'clock of 3.0 cm and 9 o'clock of 0.4 cm. The proximal wound measured L 0.2 cm x W 0.5 cm with no depth. The wound now presented as beefy red with moderate serosanguineous drainage.
Protocol: The treatment plan was changed to hydrolyzed collagen powder*, to be applied by the patient daily. Application was simplified for independent application to a precarious area by applying the powder on a gauze pad and secured.

Photo #3 (3-30-06)

Photo #4 (4-13-06)

Photo #3 (3-30-06): Distal wound measured L 0.9 cm x W 1.8 cm with a depth of 0.4 cm. 3 o'clock undermining was 0.4 cm and 9 o'clock undermining was healed. The proximal wound was healed, 100% granular and contracting. The distal wound continued to be beefy red with scant serosanguineous drainage.

Photo #4 (4-13-06): Distal wound healed with scar tissue formation after thirty days of initial treatment. There were no signs or symptoms of infection.

Case #2:

A seventy-one year diabetic, hypertensive patient with a five month duration, non-healing post surgical wound of the left foot.

Photo #1 (12-22-05): The patient presents with a left heel pressure wound. L 1.3 cm x W 2.0 cm and 100% slough filled. The wound had deep pink edges with slight peripheral edema.
Protocol: the patient was treated by cleansing the wound and applying a hydrocolloid. The dressing was left in place for one week.

Photo #1 (12-22-05)

Photo #2 (1-5-06): Heel wound measures L 1.4 cm x W 0.6 cm with depth of 0.3 cm. Wound presented with continuous slough and increased serosanguineous drainage. Edges of the wound were macerated.
Protocol: Treatment was changed to apply an enzymatic debrider to the wound bed, skin barrier peri-wound and covered with a foam dressing daily.

Photo #2 (1-5-06)

Photo #3 (1-26-06): Heel wound now measures L 0.9 cm x W 0.3 cm with a depth of 0.2 cm with moderate serosanguineous drainage. The wound bed presented with decreased slough and decreased maceration peri-wound. No visible signs of fibroblastic growth.
Protocol: Protocol changed. Enzymatic debrider was discontinued due to decreased slough. Treatment initiated was hydrolyzed collagen powder* to be applied daily by the patient to aide in absorption and increase granulation. Covered with foam.

Photo #3 (1-26-06)

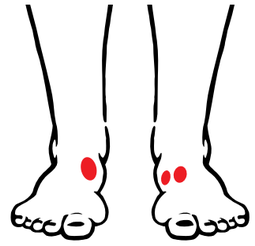
Photo #4 (2-2-06): Wound now measured L 0.8 cm x W 0.2 cm with depth of 0.2 cm Wound presents with increased granulation and collagen formation. Due to ease of application, compliance by patient was 100%. Patient verbalized comfort.

Photo #4 (2-2-06)

Photo #5 (2-9-06)

Photo #5 (2-9-06): Heel wound healed with 100% collagen formation, scar tissue after 10 days of using the hydrolyzed collagen powder.*

Case #3:



A seventy-five year old obese patient with peripheral vascular disease and previous chronic slow healing leg ulcers, partial thickness wounds of bilateral lower legs. Weekly cleansing of all wounds, filled with hydrolyzed collagen powder*, covered with foam dressing and compression wraps.

Photo #1 Left leg (12-1-05)

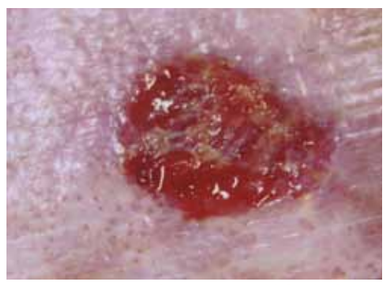


Photo #1 Right leg (12-1-05)

Photo #1 (12-1-05): This patient presents with partial thickness skin loss wounds to bilateral lower legs due to atherosclerotic peripheral vascular disease and a long history of non-healing wounds. Left lower leg presents with two wounds. The proximal measures L 1.1 cm x W 0.6 cm and the distal measures L 0.4 cm x W 1.2 cm, 100% granular with large amount serosanguineous drainage. The right lower medial leg presented with a wound measuring L 1.0 cm x W 1.1 cm with large serosanguineous drainage, 50% granulation and 50% slough.
Protocol: The patient was treated by cleansing wounds then applying hydrolyzed collagen powder, foam and a four layer compression wrap. The hydrolyzed collagen powder* was applied to the wounds due to the patient's history of slow healing and diabetes.