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

1. Formulate an effective treatment plan utilizing a Collagen Glycerine Gel Sheet and Hydrolyzed Collagen Powder.
2. Identify different types of wounds to utilize the benefits of Collagen Glycerine Gel Sheet and Hydrolyzed Collagen Powder.
3. Describe the mechanism of action of the gel sheet and powder in relationship to healing of chronic wounds.

Abstract:

**CASE #1:**
17 year old wheelchair bound patient with Stage IV Pressure Ulcer. Initial treatment was selective sharp debridement and negative pressure therapy for 8 months. After negative pressure removed, wound was slow in healing and surgical intervention ensued but failed. Hydrolyzed collagen powder was initiated to nonhealing open area with depth and undermining. Wound healed in one month.

**CASE #2:**
92 year old patient with cancerous lesion removed from the left ear lobe, 3 months, non-healing. Presented with post graft infection with three non-healing wounds. After hydrolyzed collagen powder was utilized with silver alginate and packed into the depths, wounds healed in two weeks.

**CASE #3:**
63 year old patient presented with a wound on the scalp as a result of removal of a cancerous growth, two months non-healing. After applying a collagen glycerine gel sheet, wound healed in three weeks with no complications.

**CASE #4:**
82 year old patient with chronic venous stasis ulcer of right lower leg, longevity of seven years. Multiple therapies and referrals ensued. After hyperbarics and skin graft, wound continued to present with slow healing. Collagen glycerine gel sheet was initiated to treatment with impressive results. Healed in 8 weeks.

**CASE #5:**
63 year old patient to wound clinic with negative pressure therapy post surgical abscess of fallopian tube and ovary. Negative pressure ensued for one month. Wound stalled at distal end with depth of 6 cm. Collagen glycerine gel sheet inserted into depth. Wound healed in two weeks.

**Rationale:**

Collagen Glycerine Sheet and Hydrolyzed Collagen Powder selected for the following:
- Long strands of collagen bridge to connect wound edges.
- Collagen is deposited in the wound bed.

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

**DEMONSTRATING IMPRESSIVE HEALING OF A COMPLICATED PRESSURE ULCER, POST CANCEROUS LESIONS, CHRONIC VENOUS STASIS ULCER AND A POST SURGICAL WOUND USING A COLLAGEN GLYCERINE SHEET AND HYDROLYZED COLLAGEN POWDER**

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**Presentation supported by**

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**September 9-12, 2011**
Gaylord National Hotel & Convention Center
National Harbor, MD

**References**


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, FRCP, FAPWCA, Med), Orent, Heather L (RN, BN, ET, MSc), Coutu, Patricia (CRN, IWCC), Keat, David (MSc, MD, FCFP), Advances in Skin and Wound Care; “Best Practice Recommendations for Preparing the Wound Bed: Update 2006; Volume 30 #7, July 2007, pp. 390-405


**Photo #2 (03/10-11):** Negative pressure ensued until 3-10-11. Silver alginate initiated for treatment at this time. Wound 12.0 cm L x 2.6 cm W. Distal depth of 6.0 cm.

**Photo #3 (04-11-11):** Collagen Glycerine Sheet was cut into strips and packed into depth of wound due to its non-healing nature. No infection at this time, post culture. Wound measured in two areas: 1.8 cm L x 0.4 cm W and 2.5 cm L x 0.3 cm W with distal depth of 2.4 cm after a month of treatment.

**Photo #4 (04-14-11):** Three days after the Collagen Glycerine sheet initiated, the depth went from 2.4 cm to 0.5 cm.

**Photo #5 (04-18-11):** Continuing with Collagen Glycerine Sheet. In four days the depth went from 0.5 cm to 0.1 cm, wound was healed four days later.

**Photo #2 (04/14/11)**
**Photo #3 (04/11/11)**
**Photo #4 (04/14/11)**
**Photo #5 (04/18/11)**

**Products used in Case Studies:**
- Stimulen™ Collagen Gel Sheet
- Stimulen™ Collagen Powder

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**Photo #2 (03-10-11):** Negative pressure ensued until 3-10-11. Silver alginate initiated for treatment at this time. Wound 12.0 cm L x 2.6 cm W. Distal depth of 6.0 cm.
Case #1:

Seventeen year old wheelchair bound patient with Stage IV Pressure Ulcer on right hip. Longevity of two years.

Photo #1 (03/15/10): The patient presented with Stage IV pressure ulcer on July 9, 2009. Series of debridments, infection and low albumin ensued and rectified. Negative pressure therapy was initiated and maintained for 8 months. Photo depicts wound after negative pressure removed. Wound measured 1.5 cm L x 2.0 cm W with depth of 0.6 cm with undermining of the total circumference of the wound of 1.2 cm.

Photo #2 (09/13/10): Photo depicting wound as continued to have a depth of 0.6 cm measuring 0.1 cm L x 0.4 cm W with undermining averaging 1.0 cm total circumference of the wound. Traditional method of alginates was utilized for filling the wound.

Photo #3 (09/16/10): Due to the activity of the patient mobilizing in and out of his wheelchair, surgeon performed a blanket stitch with a goal of closure. Method failed.

Photo #4 (11/01/10): With other methods failing, Hydrolyzed Collagen powder was initiated and undermining was filled with the powder. Depth had deteriorated to 0.8 cm with undermining as large as 0.9 cm.

Photo #5 (11/11/10): After 10 days with the use of Hydrolyzed Collagen, the undermining was reduced to 0.2 cm. Wound was 0.5 cm L x 0.1 cm W. Depth reduced to 0.7 cm.

Photo #6 (11/29/10): Eighteen days later, utilization of Hydrolyzed Collagen Powder, there was no undermining with only a slit opening of .004 cm and no depth with scant serous drainage.

Photo #7 (12/07/10): Wound was completely healed in one month after Hydrolyzed Collagen Powder utilized when other methods of treatment had failed.

Case #2:

A ninety-two year old male with wound on left ear post cancerous lesion removed. Presented with post-graft infection, non-healing nursing home care for six weeks.

Photo #1 (12-20-10): After five weeks in the wound clinic, two out of three wounds on the ear were healed with the use of silver alginates, but the deepest wound remained unhealed with slow progress. Wound measured 0.4 cm L x 0.6 cm W with depth of 1.8 cm. Photo depicts remaining wound.

Photo #2 (01-03-11): Wound measurements essentially unchanged. At this time, the physician was fearful that the patient would require further surgery due to the depth of the wound. Hydrolyzed collagen powder was initiated as treatment at this time. Measurements were 0.4 cm L x 0.6 cm W with a depth of 1.8 cm.

Photo #3 (01-10-11): In one week with use of Hydrolyzed Collagen Powder, the wound measured 0.4 cm L x 0.5 cm W with depth of 1.4 cm.

Photo #4 (01-17-11): Wound is completely healed in two weeks after Hydrolyzed Collagen Powder was initiated.

Case #3:

Sixty-three year old male presented with a scalp wound after removal of a cancerous growth. Wound non-healing after two months of physician directed treatment.

Photo #1 (02/24/11): Scalp wound presented with measurements of 1.1 cm L x 1.9 cm W with depth of 0.2 cm. Treatment initiated was Collagen Glycerine Sheet covered with foam. No infection in wound.

Photo #2 (03/03/11): Scalp wound measured 0.9 cm L x 0.9 cm W with no depth. Patient expressed positive comments on the ease of application of the product, comfort and conformability to the scalp without slippage of movement utilizing the Collagen Glycerine Sheet.

Photo #3 (03/17/11): Wound was healed in three weeks with the use of the Collagen Glycerine Sheet. Patient was thrilled as it had been a non-healing wound for two months.

Photo #4 (04-25-11): Wound once again became one large area measuring 7.2 cm L x 8.8 cm W. Granulated area in mid wound was 2.5 cm L x 2.0 cm W. Hydrolyzed Collagen Powder initiated at this time with compression wrap changed twice weekly.

Photo #5 (04-21-11): Wound greatly improved after 5 weeks per use of Hydrolyzed Collagen Powder. Decreased drainage. Wound measured 5.6 cm L x 7.9 cm W. The island of granulated tissue in center was now 3.8 cm L x 4.5 cm W.

Case #4:

An eighty two year old male with chronic venous stasis ulcers for seven years. Multitudes of therapies ensued including grafts, hyperbarics and compression. Physicians recommended amputation.

Photo #1 (10-14-10): Photo depicts condition of non-healing wound of 7 years duration. There had been multiple failed grafts and treatments. At this date, patient started hyperbarics three times weekly. Wound measured 12.9 cm L x 10.3 cm W with depth of 0.4 cm.

Case #5:

A sixty three year old female with post surgical abscess of fallopian tube and ovary. Negative pressure initiated immediately after surgery. Wound stalled after removal.

Photo #1 (01-31-11): Photo depicts immensity of wound measuring 14.2 cm L x 3.8 cm W with depth of 7.0 cm. Negative pressure utilized at this time, physician directed.