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Dear Ed,

I wanted to give you a current update on what I have done with the clinic trials of Elasto-Gel™ this last month following our conversation about potential joint uses of your Elasto-Gel and my adhesive semipermeable plastic membrane and polyethylene sheath patch technique to allow the joining of surface dressings with injection and drainage techniques.

I have used it on two patients with the following results:

Patient number one, SH:

This patient is a middle aged woman who had a large open wound from a necrotizing skin infection grafted on her left foot and ankle. The wound was large enough to require two separate strips of donor skin harvest, so she was an ideal candidate for side by side dressing comparison techniques. The more lateral posterior wound was dressed with Owens rayon and Op-Site™ like dressing, and the more anterior wound on the right thigh was dressed with Elasto-Gel. In this side-by-side comparison the patient preference was unequivocal and she expressed it spontaneous, very vocally, saying that the Elasto-Gel dressed donor site was completely without pain and was totally comfortable no matter whether she pressed it or turned or laid on it.

The Op-Site dressed donor site, and these are the wounds which in my experience are much more comfortable with Op-Site than any other dressing technique I have ever used, had a constant sense of irritation compared to the Elasto-Gel wound but this was mild. However, this wound clearly was painful to the touch if pressed or manipulated through the Op-Site and pressure on the Elasto-Gel treated wound showed no pain whatsoever to surface manipulation and pressure and I was very impressed with this difference.

Patient number two, Max:

Young Max is a three year old referred by Dr. Robert Maxwell for an arc flash burn from plugging an electrical plug into an outlet. This appeared to be blister broken and blister intact second degree burn predominately over the dorsum of his fingers, but also around the fingertips. I dressed him in Elasto-Gel by creating a "sandwich" dressing by cutting a size to fit his fingers and palm, having him spread his fingers and lay his hand on this piece of Elasto-Gel. I then put a gauze wad inside the fist and had him fold his fingers over this, making a fist. I then covered the entire dorsal or outer part of his fingers with another piece of Elasto-Gel essentially sandwiching each finger into the Elasto-Gel and getting Elasto-Gel in between the fingers in this fashion.

I kept the Elasto-Gel on the dorsum as short as I could to allow for drainage around the edges into the dressing, but I believe the drainage just absorbed and macerated, but that did not appear to be a problem. I wrapped him up like a boxer's glove and put him in a sling and swatch and he stayed that way for three days. Again, even on a three year old I could tell by his relaxation and the look on his face that he immediately experienced relief of the pain and irritation on application of the Elasto-Gel and was quite compliant with the rest of the dressing from that point on. He kept the dressing on, undisturbed for three days--again another sign that it was quite comfortable and did not irritate him at all. On removing the dressing at three days the burn wound looked slightly macerated but very good with the blisters having been collapsed and the open blister areas showing early re-epithelialization and no signs of inflammation or infection in the wound. The patient was on oral antibiotics. Use of Elasto-Gel in small burn situations seems ideal.

Sincerely,
David S. Zamierowski, M.D.