

# Use of Solventum™ AbThera™ Advance Open Abdomen Dressing following emergent exploratory celiotomy

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## Patient

A 58-year-old female presented to the emergency department following a motor vehicle collision with a right forehead contusion, dislocation of the right shoulder joint, closed fracture of the left clavicle, closed bilateral fractures of the upper extremities, tenderness of the abdominal, hip, and neck, and an open left ankle fracture. The patient had no previous medical history.

## Initial treatment/application of AbThera Advance Dressing

Upon arrival, the patient underwent a central venous line placement. An abdominal computed tomography (CT) scan indicated arterial blush and hemoperitoneum (Figure 1).

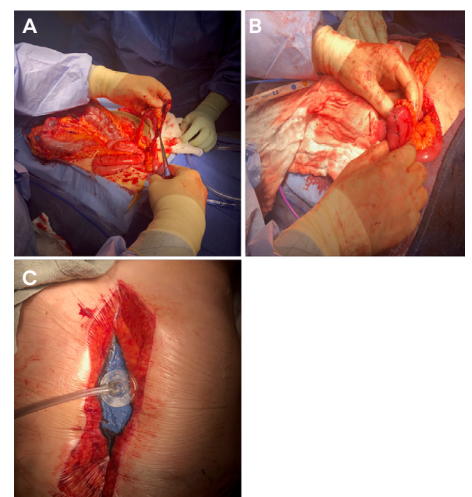
## Operating room visit 1

An exploratory celiotomy, abdominal washout, small bowel resection with stapled functional end-to-end anastomosis, resection of the mid-transverse colon, large bowel anastomosis, appendectomy, cholecystectomy, and partial omentectomy was performed (Figure 2). The abdominal washout utilized 3L of normal saline and 2L of hypochlorous acid with a 10-minute dwell time. Following removal of the irrigation solution, the mid-transverse colon resection and creation of side-to-side, functional, end-to-end anastomosis were completed using a modified Chassin technique. An absorbable hemostat was applied to the gall bladder bed. An adhesion barrier was placed in the pelvis followed by application of AbThera Advance Dressing.

Following surgery, the patient was transferred to the surgical intensive care unit/shock trauma unit for recovery. On post-operative day 2, abdominal and pelvic CT scan with oral and rectal contrast was performed. No enteric leak was observed (Figure 3).



**Figure 1.** Abdominal CT scan showing arterial blush and hemoperitoneum denoted by the bidirectional arrow.



**Figure 2.** Exploratory celiotomy. A. Bucket handle type of small bowel injury; B. Small bowel stapled anastomosis; C. Placement of AbThera Advance Dressing

## Operating room visit 2

The patient underwent a second exploratory celiotomy, abdominal washout using saline and a hypochlorous solution, inspection of the lower bowel and small bowel anastomoses; followed by primary abdominal wall closure with placement of the Solventum™ Prevena™ Incision Management System (Figure 4). The Prevena Incision Management System was left in place for 7 days.

## Discharge and follow-up

The patient was discharged to a skilled nursing facility after 22 days in the hospital.

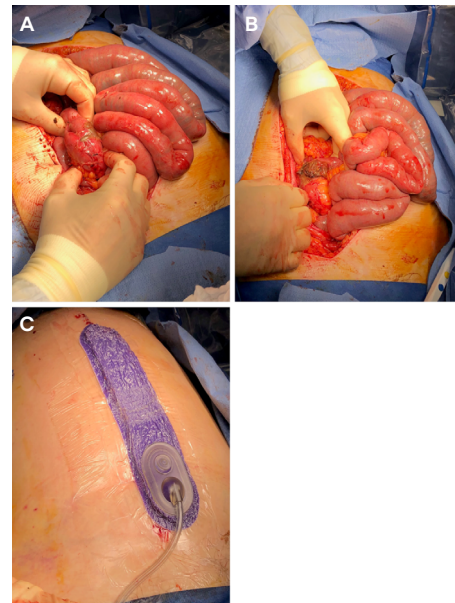
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Patient data and photos courtesy of Dr. Luis Fernandez, University of Texas Health Science Center, Tyler, TX; University of Texas, Arlington, TX; Trinity Mother Frances Health System, Tyler, TX.

As with any case study, the results and outcomes of this patient should not be interpreted as a guarantee or warranty of similar results. Individual results may vary depending on the patient's circumstances and condition.



**Figure 3.** Abdominal CT scan. White arrow shows the anastomosis staple line.



**Figure 4.** Second exploratory celiotomy. A. Inspection of lower bowel anastomosis; B. Inspection of small bowel anastomosis; C. Placement of Prevena Incision Management System.



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**Note:** Specific indications, contraindications, warnings, precautions and safety information exist for these products and therapies. Please consult a clinician and product instructions for use prior to application. This material is intended for healthcare professionals. Rx only.

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