solventum

Solventum™ V.A.C.® Peel and Place Dressing

EMEA case studies

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Case 1

Use of Solventum™ V.A.C.® Peel and Place Dressing to manage chronic arterial-venous leg ulcers

Dr. Tino Breitfeld, Harzklinikum Dorothea Christiane Erxleben, Wernigerode, Germany. Photos courtesy of Dr. Tino Breitfeld, Harzklinikum Dorothea Christiane Erxleben, Wernigerode, Germany.

Patient & diagnosis

A 66-year-old male required wound care for mixed arterial-venous leg ulcers on the left medial ankle (present for 3 years) and foot dorsum (present for 3 months) (**Figure 1**). The patient's medical history included peripheral arterial disease and chronic venous insufficiency. Prior treatments included percutaneous transluminal angioplasty, surgical debridement, tacrolimus cream (for pyoderma gangrenosum), applications of an extracellular matrix, compression therapy, and advanced wound dressings, all of which were unsuccessful.

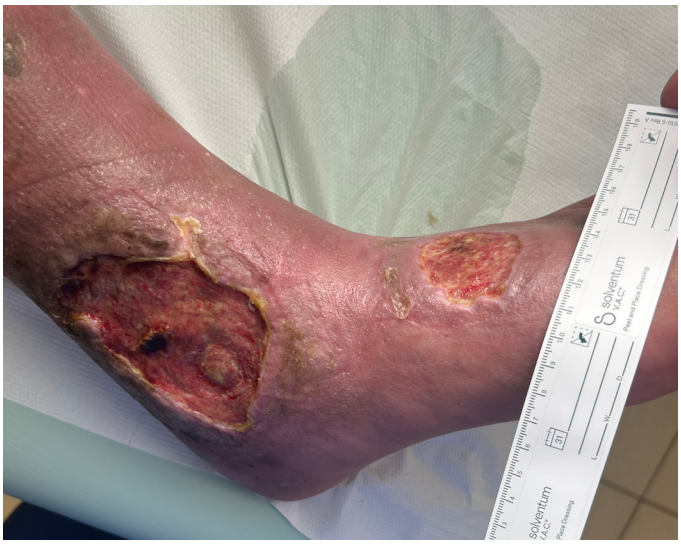

Figure 1. Wounds at initial presentation

Procedure

The wound was gently debrided and washed with polyhexanide-containing solution. Antibiotics were deemed unnecessary due to the absence of systemic infection.

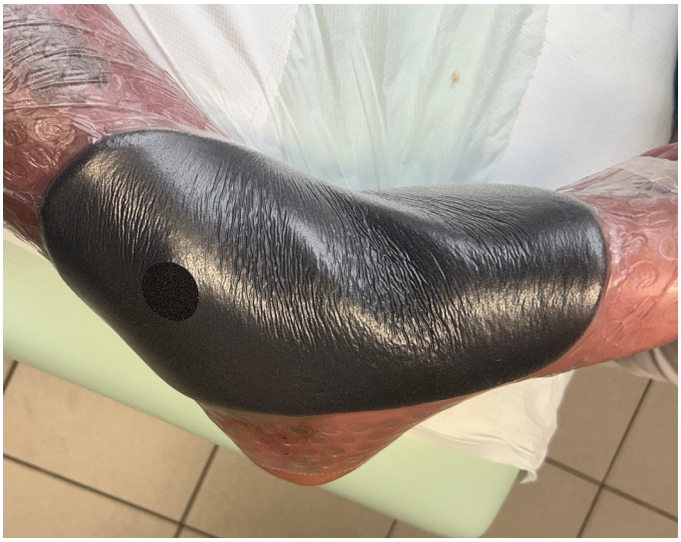

Figure 2. Application of a large V.A.C.® Peel and Place Dressing

Initial application of V.A.C.® Peel and Place Dressing

The large-sized V.A.C.® Peel and Place Dressing was placed over both wounds, with the integrated dressing completely covering the wound beds and overlapping the periwound skin (**Figure 2**). Continuous negative pressure of -125 mmHg was applied using a ActiV.A.C.™ Therapy Unit.

Treatment

The dressings were changed after 7 days of V.A.C.® Therapy with V.A.C.® Peel and Place Dressing (**Figure 3**). The wounds appeared to have reduced in depth and were covered with granulation tissue. The primary therapeutic goal was achieved, so V.A.C.® Therapy was discontinued.

A skin graft was recommended by the wound care physician, but declined by the patient, who preferred non-surgical methods. Treatment transitioned to topical creams with advanced wound dressings.

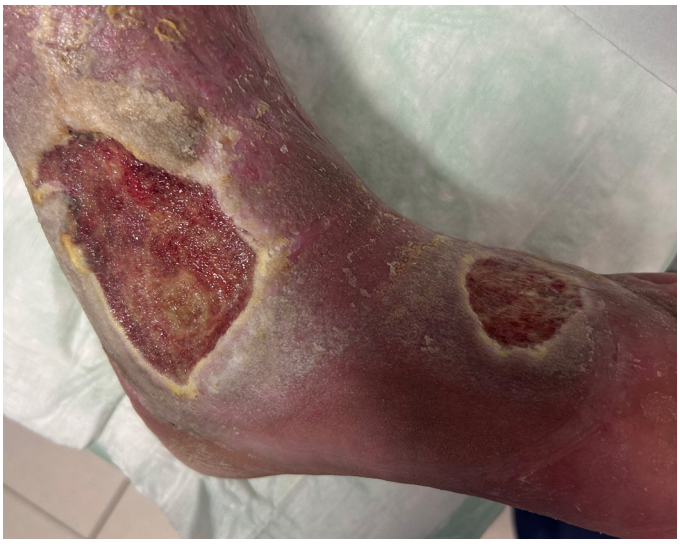

Figure 3. Wounds after seven days of therapy.

Follow up

Upon follow-up, healing progress had stalled again. The wound care physician recommended the placement of a skin graft bolstered by V.A.C.® Therapy. Treatment is ongoing.

Clinician experience

The wound care team found that V.A.C.® Therapy with V.A.C.® Peel and Place Dressing was effective, and fast and simple to apply. Despite the advanced age of the ulcer and resistance to multiple other therapies for almost 3 years with several deteriorations, there was marked improvement of the wound bed within one week of V.A.C.® Therapy.

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

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Case 2

Use of Solventum™ V.A.C.® Peel and Place Dressing to manage surgical wound dehiscence following an above-the-knee amputation

Gaia Pollorsi, MD, FMH Vascular Surgery, FEVBS, Department of Vascular Surgery and Interventions Radiology, Cantonal Hospital Winterthur, Switzerland. Photos courtesy of Gaia Pollorsi, MD, FMH Vascular Surgery, FEVBS, Department of Vascular Surgery and Interventions Radiology, Cantonal Hospital Winterthur, Switzerland

Patient & diagnosis

A 79-year-old man presented with surgical wound dehiscence 28 days after a left above-knee amputation (**Figure 1**). His medical history was significant for a Harkless and Wagner stage 4B plantar diabetic foot ulcer and severe peripheral arterial disease (Leriche–Fontaine stage IV).

Procedure

An initial revascularisation procedure included a femoropopliteal venous bypass (P1 segment) and endarterectomy. Due to progressive osteomyelitis, a transmetatarsal amputation was attempted, followed by a below-knee amputation according to the Burgess technique. However, because of extensive infection and tissue dehiscence, the procedure ultimately resulted in a left above-knee amputation. After more than one month of hospitalisation, the patient was discharged to a nursing home; at follow-up (10 days later), he presented with dehiscence of the amputation wound.

Initial application of V.A.C.® Peel and Place Dressing

The medium-sized V.A.C.® Peel and Place Dressing was placed over the wound ensuring that the integrated dressing completely covered the wound and overlapped onto the periwound skin. Continuous negative pressure of -125 mmHg was applied using the ActiV.A.C™ Therapy Unit.

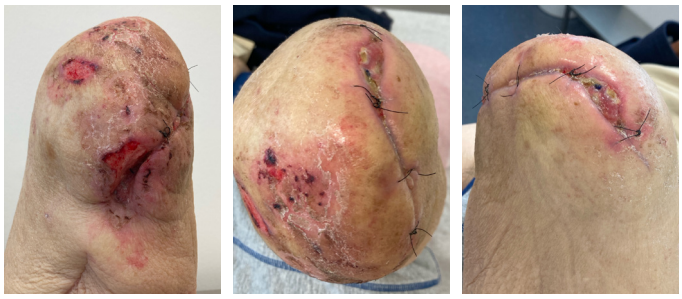

Figure 1. Wound at initial presentation. Medial view (**left**), proximal view (**centre**), lateral view (**right**)

Treatment

The first dressing change occurred after 6 days of V.A.C.® Therapy with V.A.C.® Peel and Place Dressing (**Figure 2**). Following routine wound cleansing and disinfection, no surgical debridement was required. The wound bed showed healthy granulation tissue, with a clear improvement in periwound skin condition.

V.A.C.® Therapy with V.A.C.® Peel and Place Dressing was continued for an additional seven days. During the course of treatment, the wound continued to improve, showing rapid and complete granulation of the wound bed. The periwound skin remained intact and healthy. No complications were observed throughout the 13-day use of V.A.C.® Therapy with V.A.C.® Peel and Place Dressing (**Figure 3**). No further treatment was necessary.

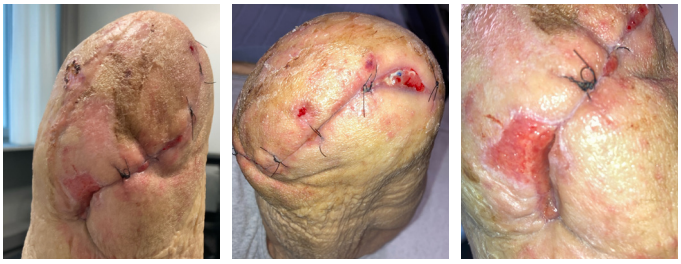

Figure 2. Wound after six days of therapy. Medial view (**left**), proximal view (**centre**), lateral view (**right**).

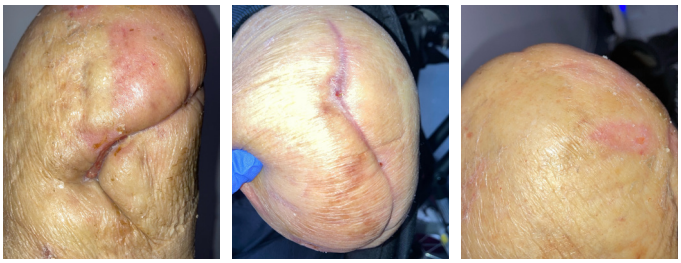

Figure 3. Wound after 13 days of therapy. Medial view (**left**), proximal view (**centre**), lateral view (**right**).

Follow up

During the 13-day use of V.A.C.® Therapy, two V.A.C.® Peel and Place Dressing changes were performed. Both dressing changes occurred during hospital visits. The first dressing was changed after 6 days of treatment, and the second dressing was changed after 7 additional days of treatment. The patient lived at the nursing home, and no additional dressing changes were necessary at the facility.

Clinician experience

V.A.C.® Therapy using V.A.C.® Peel and Place Dressing enabled full outpatient management of the wound without the need for wound care visits more than once per week. This greatly facilitated the patient's daily life by avoiding unnecessary transfers and reduced the burden on nursing home staff who were not trained in advanced wound care. Granulation tissue developed rapidly, allowing early fitting of a prosthesis to the residual limb within a short timeframe.

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Case 3

Use of Solventum™ V.A.C.® Peel and Place Dressing to manage a left tibial ulcer

Gaia Pollorsi,, MD, FMH Vascular Surgery, FEVBS, Department of Vascular Surgery and Interventions Radiology, Cantonal Hospital Winterthur, Switzerland. Photos courtesy of Gaia Pollorsi,, MD, FMH Vascular Surgery, FEVBS, Department of Vascular Surgery and Interventions Radiology, Cantonal Hospital Winterthur, Switzerland

Patient & diagnosis

A 92-year-old man was referred to the outpatient wound clinic with a non-healing pretibial ulcer following minor trauma (**Figure 1**). Patient comorbidities included lymphedema, type II diabetes mellitus, and chronic kidney disease (Kidney Disease Improving Global Outcomes stage 3). He was also known to have peripheral arterial disease, classified as stage I according to the Leriche–Fontaine system.

Procedure

A recent vascular assessment confirmed adequate perfusion for wound healing. Surgical debridement with biopsy was performed; histopathological examination was negative for malignancy. Based on the clinical presentation, a Martorell ulcer (hypertensive ischaemic leg ulcer) was suspected and subsequently excluded. Initial treatment following debridement consisted of V.A.C.® Therapy with V.A.C.® Granufoam™ Dressing and a non-adherent silicone dressing to protect the exposed tendon. A negative pressure of -100 mmHg was utilized to minimize patient pain during therapy. Treatment was complicated by tendon exposure and with poor granulation tissue formation over the tendon.

Initial application of V.A.C.® Peel and Place Dressing

A small V.A.C.® Peel and Place Dressing was placed over the wound ensuring that the integrated dressing completely covered the wound and overlapped onto the periwound skin. Continuous negative pressure of -125 mmHg was applied using the ActiV.A.C.™ Therapy Unit.

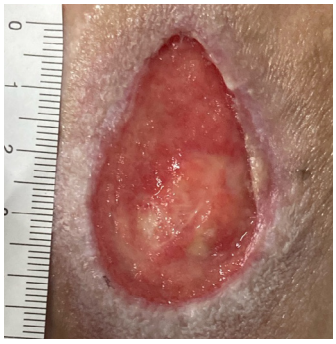

Figure 1. Wound at initial presentation (4.2 x 2.7 cm)

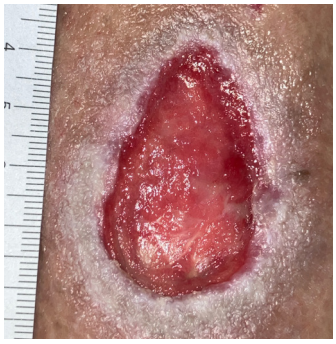

Figure 2. Wound after seven days of therapy

Treatment

The treatment after the first operation was delivered entirely on an outpatient basis. The first dressing change occurred after seven days of V.A.C® Therapy with V.A.C.® Peel and Place Dressing (**Figure 2**). A marked improvement in granulation tissue formation was noted, with the surrounding periwound skin fully intact.

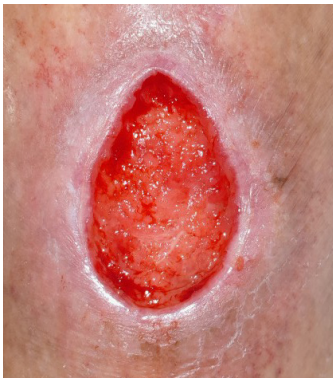

Figure 3. Wound after 14 days of therapy

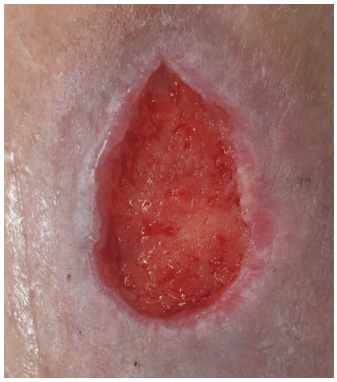

Figure 4. Wound after an additional seven days of therapy

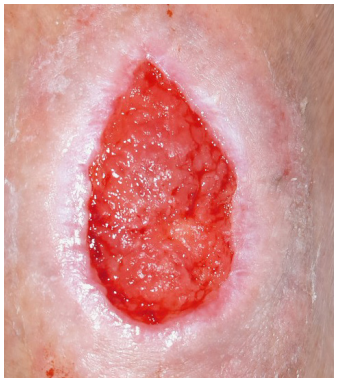

Figure 5. Wound after an additional seven days of therapy

Treatment

V.A.C.® Therapy with V.A.C.® Peel and Place dressing was continued for an additional 21 days with dressing changes performed every seven days (**Figures 3-5)**. During the course of treatment, the wound continued to improve. Healthy granulation tissue developed and completely covered the previously exposed tendons, which had represented the main therapeutic challenge. The periwound skin remained intact and healthy. No complications were observed throughout the full 28-day use of V.A.C.® Therapy with V.A.C.® Peel and Place Dressing.

Follow up

After 28 days, the wound bed was adequately prepared for application of a skin substitute. This intervention led to complete wound healing in the following month.

Clinician experience

This outpatient approach to wound management with V.A.C.® Therapy using V.A.C.® Peel and Place Dressing avoided hospital admission of this elderly patient and, crucially, eliminated the need for interventions in the operating theatre. From a clinical perspective, dressing application and removal were extremely quick and entirely painless for the patient, resulting in a marked reduction in consultation time. The periwound skin remained fully intact throughout therapy duration and required no additional treatment. Overall, this approach proved highly efficient in routine outpatient care, combining excellent clinical results with a high level of patient comfort and satisfaction.

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Case 4

Use of Solventum™ V.A.C.® Peel and Place Dressing to manage a transmetatarsal amputation

Mark Portou, MD, PhD, Royal Free Hospital, UK. Photos courtesy of Mark Portou, MD, PhD, Royal Free Hospital, UK

Patient & diagnosis

A 50-year-old male underwent a transmetatarsal amputation and below the knee angioplasty after presenting with wet gangrene of the toes (**Figure 1**). Previous medical history included peripheral artery disease (PAD), cadaveric renal transplant, systemic lupus, gout, and active lymphoma.

Procedure

After amputation, the wound was observed for signs of ongoing infection, and no further debridement was required. The decision was made to manage him with negative pressure wound therapy (NPWT), however the patient had severe pain on attempted V.A.C.® Therapy application with V.A.C.® Granufoam™; therefore, the care team decided to apply V.A.C.® Peel and Place with the Prevena Plus 125 Therapy Unit (**Figure 2**).

Initial application of V.A.C.® Peel and Place Dressing

The small sized V.A.C.® Peel and Place Dressing was placed over the wound, ensuring that the integrated dressing completely covered the wound and overlapped onto the periwound skin. Continuous negative pressure of -125 mmHg was applied using the Prevena Plus™ 125 Therapy Unit.

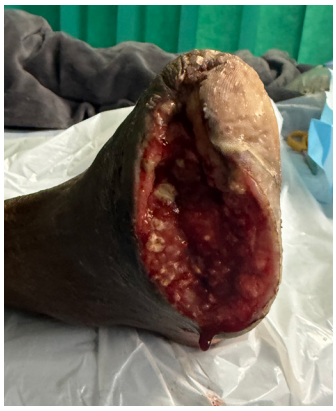

Figure 1. Amputation wound prior to Peel and Place application

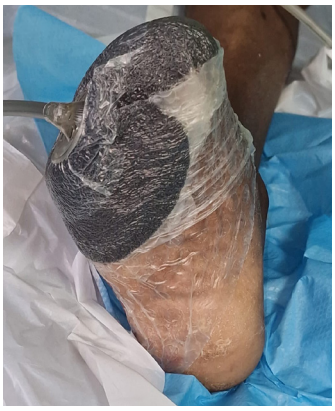

Figure 2. Application of Peel and Place Dressing (well tolerated by the patient)

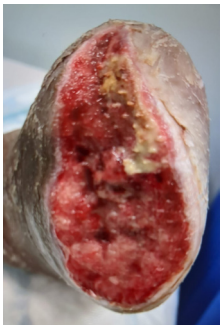

Figure 3. Wound after 7 days of therapy (first dressing change)

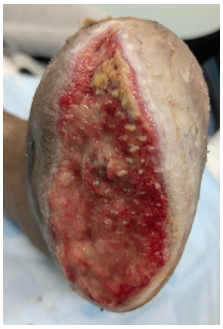

Figure 4. Wound after 14 days of therapy (second dressing change)

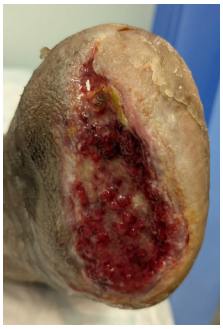

Figure 5. Wound after 28 days of therapy

Treatment

The first dressing change occurred after 7 days of V.A.C® Therapy with V.A.C.® Peel and Place Dressing (**Figure 3**). The therapy was well tolerated, with no pain reported by the patient. He was pleased with the experience and requested continuation of therapy. No further debridement was required, and no maceration of the periwound skin was seen.

V.A.C.® Therapy with V.A.C.® Peel and Place dressing was continued for an additional 21 days with dressing changes every 7 days (**Figures 4 and 5**). During the course of treatment, the wound continued to improve, with reduction in wound area and depth and 100% granulation. The periwound skin remained intact and healthy. No complications were observed throughout the full 28 days of use of V.A.C.® Therapy with V.A.C.® Peel and Place Dressing.

Follow up

The patient was discharged 5 days after transmetatarsal amputation, upon confirmation of resolving infection, and 1 day after V.A.C.® Therapy with V.A.C.® Peel and Place was applied with a Prevena Plus™ 125 Therapy Unit, after confirming no further pain on this therapy combination. He returned to the outpatient clinic for review and dressing change on days 7, 14, 21 and 28. A second Prevena Plus™ 125 Therapy Unit was supplied on day 14. Following cessation of NPWT, advanced wound dressings were initiated, and wound care was transferred to the community team.

Clinical experience

This patient faced several challenges to successful amputation site healing. He currently takes immunotherapy for lymphoma, immunosuppression post-transplant, and has treated PAD. In addition, he experienced severe pain from the amputation site. The combination of V.A.C.® Therapy with V.A.C.® Peel and Place and Prevena Plus 125 Therapy unit was very well tolerated, both throughout the duration of his therapy and at the time of dressing changes. There was an absence of any periwound skin damage, maceration or concern despite no skin barrier being used. Throughout therapy he was encouraged to weight bear in suitable pressure offloading footwear.

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Case 5

Use of Solventum™ V.A.C.® Peel and Place Dressing to manage a groin dehiscence

Mark Portou, MD, PhD, Royal Free Hospital, UK. Photos courtesy of Mark Portou, MD, PhD, Royal Free Hospital, UK

Patient & diagnosis

A 64-year-old female experienced a surgical site infection and subsequent groin dehiscence after open common femoral endarterectomy surgery. Previous medical history included bilateral critical limb-threatening ischaemia with foot ulceration, diabetes mellitus, chronic obstructive pulmonary disease, lung cancer and breast cancer.

Procedure

The patient was treated with sartorius flap reconstruction and V.A.C.® Veraflo Cleanse Choice™ Dressing for 6 days to treat depth and undermining. No further debridement was required and after successful reduction in wound depth and edge undermining, the patient was then switched to a ActiV.A.C.™ Therapy Unit with Granufoam™ Dressing for 3 days until the wound was eligible for V.A.C.® Peel and Place Dressing (**Figure 1**).

Initial application of V.A.C.® Peel and Place Dressing

The medium size V.A.C.® Peel and Place Dressing was placed over the wound ensuring that the integrated dressing completely covered the wound and overlapped onto the periwound skin. Continuous negative pressure of -125 mmHg was applied using the Prevena™ Plus 125 Therapy unit.

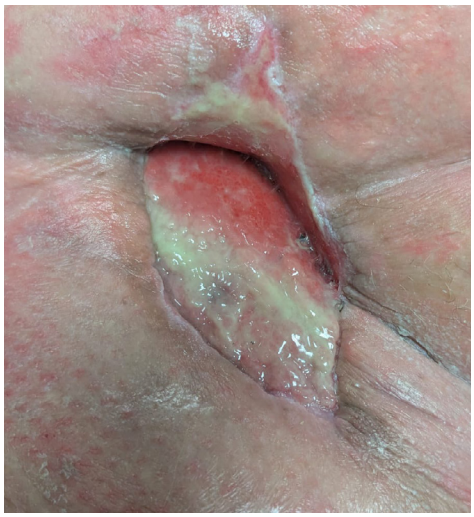

Figure 1. Groin dehiscence, ready for Peel and Place

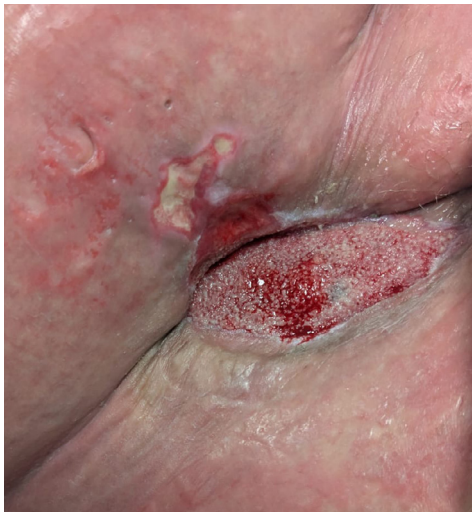

Figure 2. Wound at Day 7 during first clinic appointment

Treatment

The first dressing change occurred after 7 days of V.A.C® Therapy with V.A.C.® Peel and Place Dressing (**Figure 2**). The wound area was significantly reduced, and no surrounding skin damage was observed. The wound area was nearly flush and 100% granulated, and simple saline bathing was undertaken. The wound was ready to switch to advanced wound dressings.

Follow up

After removal of V.A.C.® Peel and Place Dressing and cessation of negative pressure wound therapy (NPWT), this patient was discharged home. Her care was handed over to community wound teams who continued advanced wound dressings until eventual complete healing and re-epithelialisation of the wound occurred.

Clinician experience

The application of V.A.C.® Peel and Place Dressing in this patient's case was one of the earliest experiences with this dressing in our unit. The groin and overlying abdominal pannus with previous excoriation and treated intertrigo was potentially a challenging environment and contour to apply and maintain a successful NPWT seal. We observed no leaks or loss of pressure throughout the 7 days the dressing was applied, and no damage to the periwound skin. We were particularly impressed with the wound area reduction, and with the sloping wound edge that was achieved despite the presence of several millimeters of wound edge undermining present initially.

Case 6

Post-Excisional Management of Sternal Hidradenitis Suppurativa Using Solventum™ V.A.C.® Peel and Place Dressing

Kris Bernaerts, Clinical Nurse Specialist in Wound Care, Wound Care Support Team, University Hospitals of Leuven, Leuven, Belgium; Vice President, Belgian Wound Care Society. Photos courtesy of Kris Bernaerts, Clinical Nurse Specialist in Wound Care, Wound Care Support Team, University Hospitals of Leuven, Leuven, Belgium; Vice President, Belgian Wound Care Society.

Patient & diagnosis

A 22-year-old female presented for care with an excisional sternal wound following surgical treatment of hidradenitis suppurativa (HS). The patient's medical history included only a corneal surgery more than a decade earlier.

Procedure

Following surgical removal of HS-affected tissue, the patient's care was overseen by a multidisciplinary wound team. HS tunnels were deeply dispersed in the dermis and purulent discharge was observed during the excision procedure. After debridement, the wound measured 11 cm x 6,5 cm with a depth of 1,7 cm.

Immediately after surgical excision of the HS-affected tissue, V.A.C.® Therapy was initiated using the V.A.C.® Granufoam™ Dressing. Three days later, the first dressing was removed, (**Figure 1**). The patient experienced severe pain during removal, reporting a numeric rating scale (NRS) pain score of 10. A 2% topical lidocaine solution was used to make the dressing removal more comfortable.

Initial application of V.A.C.® Peel and Place Dressing

The care team elected to continue V.A.C.® Therapy but transitioned to the V.A.C.® Peel and Place Dressing to help minimize pain during subsequent dressing changes. A medium-sized V.A.C.® Peel and Place Dressing was selected based on wound dimensions. The integrated dressing and drape was placed over the wound and surrounding soft tissue (**Figure 2**). Continuous negative pressure of -125 mmHg was applied using the V.A.C.® Ulta Therapy Unit.

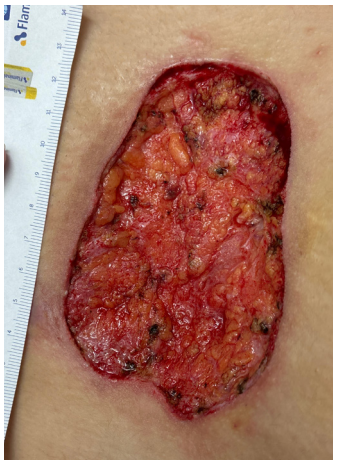

Figure 1. Wound three days after the excision of HS-affected tissue.

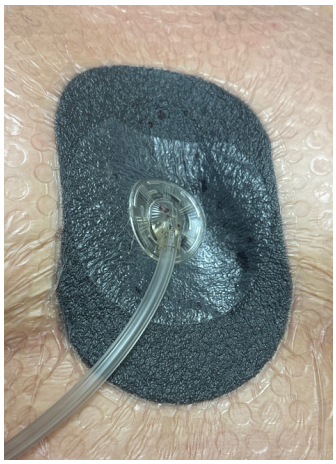

Figure 2. Application of V.A.C.® Therapy with V.A.C.® Peel and Place Dressing (three days after the excision of HS-affected tissue).

Treatment

After six days of V.A.C.® Peel and Place Dressing, the first dressing change was performed. The patient reported less pain, with an NRS score of 4. The wound depth had decreased to approximately 1 cm (**Figure 3**).

After an additional seven days of treatment, during the second dressing change, the dressing was found to be saturated, and the clinician noted adhesive residue along the edges of the drape after removal. The wound showed a slight reduction in surface area to 9 cm x 6,5 cm and depth of 0,6 cm, granulation tissue formation was less robust underneath the Solventum™ SensaT.R.A.C.™ Pad (**Figure 4**). No pain was reported during the dressing change. The negative pressure setting was not adjusted, but given the higher exudate, it may have been beneficial to increase the pressure to -150 mmHg. Despite these findings, wound healing continued to progress.

After an additional three days, the dressing was removed due to an unpleasant musty odor (**Figure 5**). Despite this observation, the wound had continued to narrow to approximately 5 cm. Wound cultures were obtained and, while awaiting results, the wound was treated with isobetadine. No bacteria were detected and V.A.C.® Therapy was reinitiated two days later using a large V.A.C.® Peel and Place Dressing to allow improved positioning of the SensaT.R.A.C. Pad (**Figure 6**).

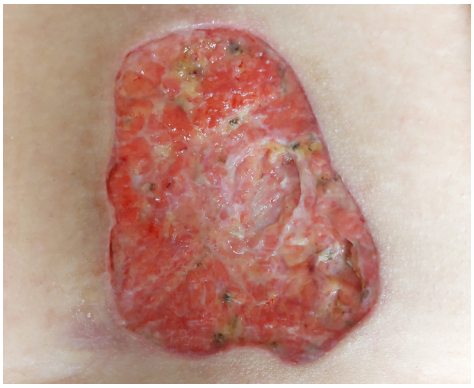

Figure 3. After six days of V.A.C.® Therapy with V.A.C.® Peel and Place Dressing

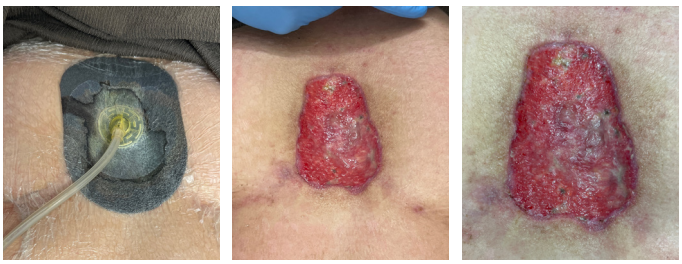

Figure 4. The second dressing change occurred after an additional seven days of V.A.C.® Therapy with V.A.C.® Peel and Place Dressing. At that time, (**left**) the dressing was saturated, (**centre**) adhesive residue was noted along the edges of the drape after removal, and (**right**) less effective granulation was observed beneath the SensaT.R.A.C. Pad.

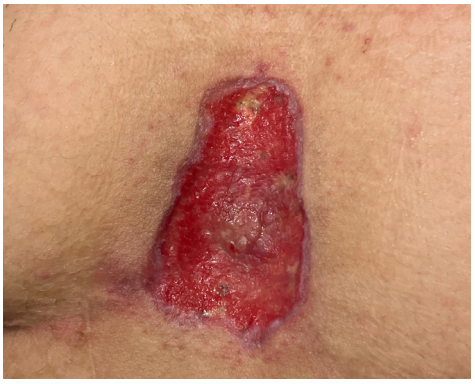

Figure 5. After an additional three days of treatment, the dressing was removed due to odor and V.A.C.® Therapy was temporarily discontinued so the wound could be treated with isobetadine

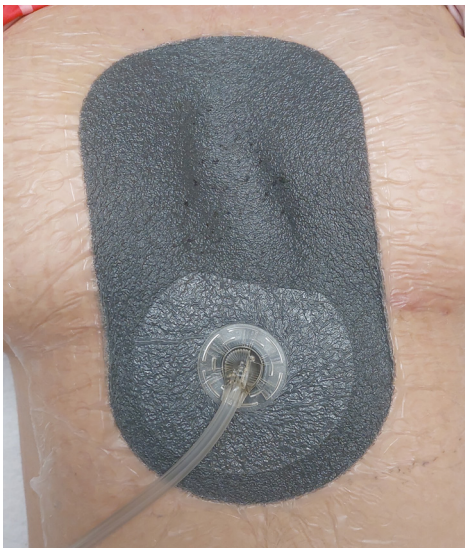

Figure 6. Two days later, V.A.C.® Therapy was reinitiated using a large V.A.C.® Peel and Place Dressing for better positioning of the SensaT.R.A.C. Pad

Follow up

When the dressing was removed in the operating room after an additional six days of V.A.C.® Therapy with V.A.C.® Peel and Place Dressing, the wound had almost completely granulated and measured 8 cm x 4 cm. Split-thickness full-sheet autografts with small fenestrations were applied. Follow-up observations four days later (**Figure 7**) and three weeks (**Figure 8**) after graft placement showed continued wound progression, with excellent graft adherence and overall favorable healing.

Clinician experience

The V.A.C.® Peel and Place Dressing application was simple and took approximately 1 minute to apply and less time to remove, simplifying dressing changes and improving the patient's experience. The drape was easy to apply and reposition, although adhesive residue was observed in this case after one week of wear. The clinician noted that the granulation tissue appeared more uniform than what is commonly seen with negative pressure wound therapy using conventional foam dressings.

For this patient, the perforated, non-adherent layer of the V.A.C.® Peel and Place Dressing enabled a longer wear time of up to seven days and allowed dressing removal with minimal to no pain.

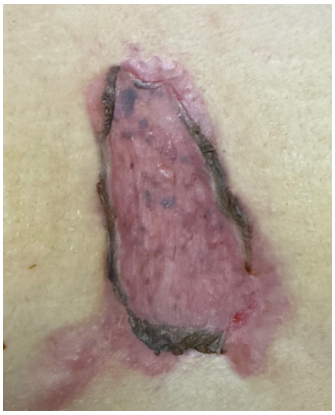

Figure 7. Follow-up observation four days after split-thickness full-sheet autograft placement showed continued wound healing progression

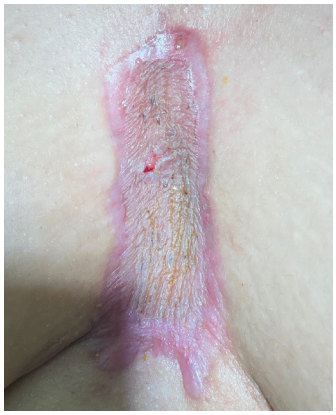

Figure 8. Follow-up observation three weeks after split-thickness full-sheet autograft placement showed excellent graft adherence and overall favorable healing.

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Case 7

Use of Solventum™ V.A.C.® Peel and Place Dressings in diabetic foot ulcer following metatarsal head amputation

Prof. Ferdinando Campitiello, Dir. Centro di riferimento regionale per lo Studio e il Trattamento delle Ulcere Cutanee e del piede diabetico, Casa di cura Nostra Signora di Lourdes, Naples, Italy. Photos courtesy of Prof. Ferdinando Campitiello, Dir. Centro di riferimento regionale per lo Studio e il Trattamento delle Ulcere Cutanee e del piede diabetico, Casa di cura Nostra Signora di Lourdes, Naples, Italy

Patient & diagnosis

A 66-year-old female presented with a Grade 4 left foot diabetic ulcer secondary to trauma that occurred three months earlier (**Figure 1**). Gangrene was present on the midfoot. The patient's medical history includes type 2 diabetes mellitus, arterial hypertension, and hypercholesteremia.

Procedure

Serial surgical debridement was performed to remove necrotic and other nonviable tissue. V.A.C.® Therapy was initiated with a traditional V.A.C.® Granufoam™ Dressing. Continuous negative pressure of -125 mmHg was applied for two weeks, with dressing changes every 48-72 hours.

Initial application of V.A.C.® Peel and Place Dressing

Two weeks after presentation, the patient underwent a fifth metatarsal head amputation (**Figure 1**), and V.A.C.® Therapy dressings were transitioned from V.A.C.® Granufoam™ to V.A.C.® Peel and Place Dressings. A medium V.A.C.® Peel and Place Dressing was applied over the wound and surrounding soft tissue. The Solventum™ SensaT.R.A.C.™ Pad was placed over the lateral midfoot (**Figure 2**). Negative pressure of -125 mmHg was applied via an ActiV.A.C.™ Therapy Unit.

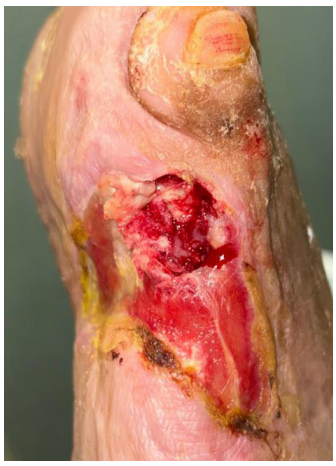

Figure 1. Following surgical debridement and two weeks of V.A.C.® Therapy with V.A.C.® Granufoam™ Dressings, an amputation of the fifth metatarsal head was performed

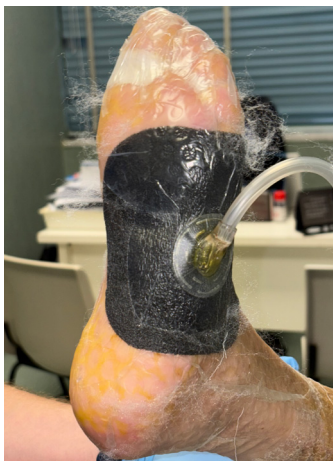

Figure 2. V.A.C.® Therapy was initiated with a medium V.A.C.® Peel and Place Dressing

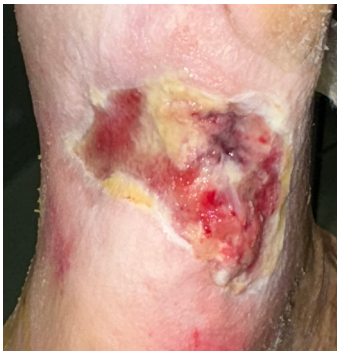

Figure 3. After four days, wound bed showed size reduction, increased granulation, flattened wound margins, and advancing wound edges

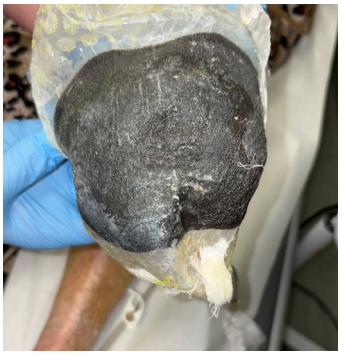

Figure 4. Removal of the dressing was atraumatic, and painless for the patient

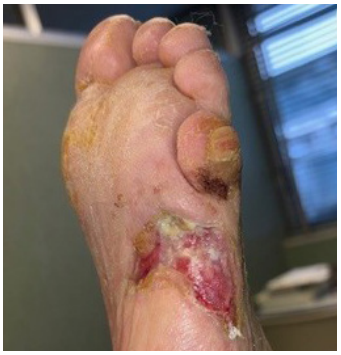

Figure 5. At two weeks, the wound depth was filled in with robust granulation tissue. The proteinaceous layer was gently removed with saline.

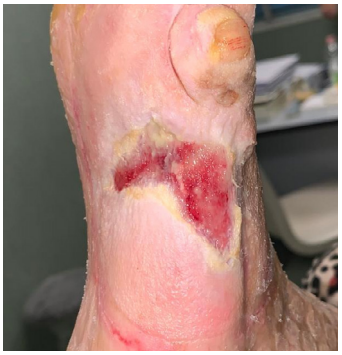

Figure 6. At 4 weeks, the wound was fully granulated with epithelialized edges, and therapy was switched to Promogran Prisma™ Matrix collagen dressings

Treatment

At the first dressing change after four days, the wound bed displayed a reduction in size, increased granulation, flattened wound margins, and migrating wound edges (**Figure 3**). During the first 2 weeks, dressing changes occurred every four days as a trial to see how the extended dressing wear time was tolerated. Dressing removal (**Figure 4**) was atraumatic. The periwound skin appeared normal with no maceration at each dressing change. At two weeks, the wound bed was filled in with robust granulation tissue (**Figure 5**). A proteinaceous layer was observed on the wound bed and was gently cleansed off with saline. Dressing change frequency was switched to every 6-7 days. After 4 weeks, the wound was fully granulated with epithelialized edges (**Figure 6**), and V.A.C.® Therapy was discontinued. Therapy was switched to Promogran™ Plus Wound Balancing Matrix with oxidized regenerated cellulose and silver.

Follow up

Promogran Plus™ Matrix was continued to secondary closure. The wound is now completely healed.

Clinician experience

Initially, the clinician adopted a cautious approach to using the V.A.C.® Peel and Place Dressing, opting for more frequent dressing changes. After observing the effects of the dressing interface, he felt comfortable reducing the dressing change frequency. Overall, he found that the new dressing configuration provided a good balance between efficient management and positive clinical outcomes. He characterized the dressing as simple and a revolutionary concept in the field of negative pressure wound therapy. Nevertheless, he emphasized the importance of selecting appropriate patients and wounds to achieve optimal outcomes.

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Case 8

Use of Solventum™ V.A.C.® Peel and Place Dressings for surgical wound following achilles tendon surgery

Prof. Ferdinando Campitiello, Dir. Centro di riferimento regionale per lo Studio e il Trattamento delle Ulcere Cutanee e del piede diabetico, Casa di cura Nostra Signora di Lourdes, Naples, Italy. Photos courtesy of Prof. Ferdinando Campitiello, Dir. Centro di riferimento regionale per lo Studio e il Trattamento delle Ulcere Cutanee e del piede diabetico, Casa di cura Nostra Signora di Lourdes, Naples, Italy

Patient & diagnosis

A 42-year-old male presented with a dehisced surgical wound on his left heel, following Achilles tendon repair performed one year prior. The patient works as full-time butcher and is unable to offload his feet during the day. His medical history includes peripheral neuropathy secondary to a sciatic nerve injury.

Procedure

The wound was surgically debrided (**Figure 1**) prior to initiation of V.A.C.® Therapy with V.A.C.® Peel and Place Dressings.

Initial application of V.A.C.® Peel and Place Dressing

A small V.A.C.® Peel and Place Dressing was applied, ensuring that the drape portion of the dressing was not stretched, and that the integrated dressing completely covered the wound and overlapped onto the periwound skin (**Figure 2**). The Solventum™ SensaT.R.A.C.™ Pad was placed in the middle of the dressing, and continuous negative pressure of -125 mmHg was applied via a ActiV.A.C.™ Therapy Unit.

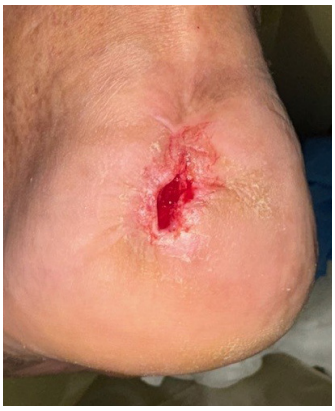

Figure 1. Left heel wound at presentation, following surgical debridement

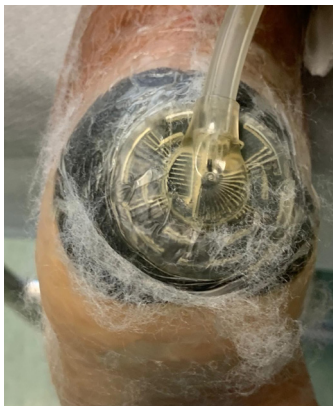

Figure 2. V.A.C.® Therapy was initiated with a small V.A.C.® Peel and Place Dressing

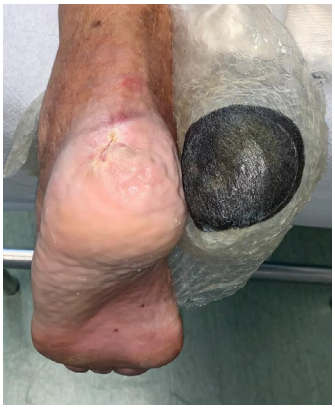

Figure 3. After three days, the wound edges were approximated and therapy was discontinued; the periwound skin appeared mildly edematous, but not damaged

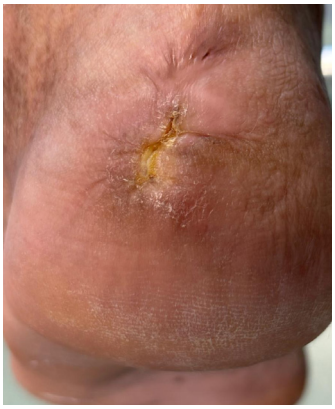

Figure 4. Wound remained closed four days after discontinuation of V.A.C.® Therapy with V.A.C.® Peel and Place Dressings, and moist periwound skin condition was resolved

Treatment

At the first dressing change on Day 3, the wound bed was fully granulated, and the wound margins were approximated (**Figure 3**). The periwound skin appeared mildly edematous and moist, but not damaged. V.A.C.® Therapy was discontinued and the patient was scheduled for a follow-up visit.

Follow up

At the four-day follow-up, the wound remained closed and the periwound edema was resolved (**Figure 4**).

Clinician experience

The clinician noted that he may not have previously considered using V.A.C.® Therapy for such small-sized wounds, but that the ease of application of the V.A.C.® Peel and Place Dressing prompted him to try it on this particular wound. Use of the dressing was optimal in this case, as it resulted in complete resolution of a chronic, recalcitrant wound in less than 15 days, including treatment and follow-up time.

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Case 9

Management of a Dehisced Caesarean-section wound using Solventum™ V.A.C.® Peel and Place Dressing

Kris Bernaerts, Clinical Nurse Specialist in Wound Care, Wound Care Support Team, University Hospitals of Leuven, Leuven, Belgium; Vice President, Belgian Wound Care Society. Photos courtesy of Kris Bernaerts, Clinical Nurse Specialist in Wound Care, Wound Care Support Team, University Hospitals of Leuven, Leuven, Belgium; Vice President, Belgian Wound Care Society.

Patient & diagnosis

A 41-year-old female presented with a dehisced caesarean-section wound five days after delivery of a dichorionic diamniotic twin pregnancy. The patient's medical history was notable for a prior caesarean section performed approximately 10 years earlier.

Procedure

Initial wound management included twice-daily cleansing and disinfection of the caesarean-section incision using a chloramine solution, followed by placement of a wick soaked in a diluted sodium hypochlorite solution, which served as the active dressing. Wound edges were protected with Cavilon™ No Sting Barrier Film before the site was covered with an absorbent compress and secured using nonwoven adhesive fixation tape.

Upon presentation with the dehisced wound, revision included irrigation with a chloramine solution, superficial debridement of nonviable tissue, and removal of accumulated blood clots. The wound measured approximately 6 cm in width and 2,5 cm in depth (**Figure 1**).

Initial application of V.A.C.® Peel and Place Dressing

A multidisciplinary team, including Gynaecology, oversaw the patient's care. One day after revision of the dehisced wound, V.A.C.® Therapy was initiated using the V.A.C.® Peel and Place Dressing (**Figure 2**). Based on the depth of the wound, a medium V.A.C.® Peel and Place Dressing was selected. Continuous negative pressure of -125 mmHg was applied using the ActiV.A.C.™ Therapy Unit.

Figure 1. Dehisced caesarean-section wound after cleansing and debridement

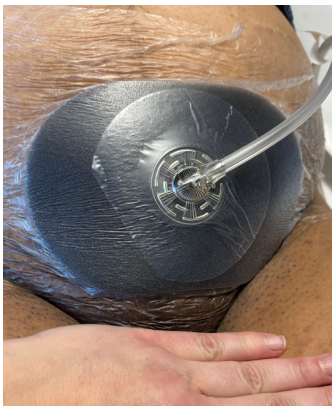

Figure 2. Initial application of Solventum™ V.A.C.® Therapy with Solventum™ V.A.C.® Peel and Place Dressing

Treatment

The first dressing change occurred after six days of V.A.C.® Therapy with the V.A.C.® Peel and Place Dressing. The patient reported no pain during dressing removal and noted no issues with the dressing or negative pressure therapy unit during home care. The wound was 99% closed and wound edges remained well-adhered even when gently probed during examination (**Figure 3**). Given the sustained closure and absence of complications, treatment was discontinued.

Follow up

The dehisced postoperative caesarean-section wound had fully resolved after one week of treatment. After wound closure, the scar was managed with routine use of moisturizing cream. At the 5-week follow up visit, the scar demonstrated satisfactory healing without complications.

Clinician experience

The V.A.C.® Peel and Place Dressing was easy to apply, and the patient reported no pain during wear or removal. In this case, its use supported a one-week dressing wear time and enabled recovery at home. For this patient, V.A.C.® Therapy with V.A.C.® Peel and Place Dressing contributed to a favourable healing outcome.

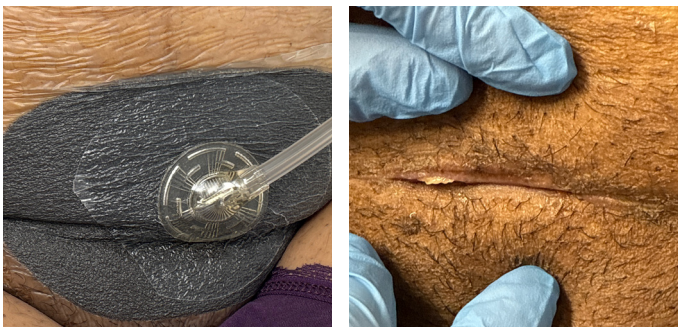

Figure 3. After six days of V.A.C.® Therapy with V.A.C.® Peel and Place Dressing, (**Left**) the dressing seal remained intact and (**Right**) the wound demonstrated approximately 99% closure. Therapy was subsequently discontinued.

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Case 10

Use of Solventum™ V.A.C.® Peel and Place Dressings for post-traumatic wound in thrombophilic patient

Prof. Ferdinando Campitiello, Dir. Centro di riferimento regionale per lo Studio e il Trattamento delle Ulcere Cutanee e del piede diabetico, Casa di cura Nostra Signora di Lourdes, Naples, Italy. Photos courtesy of Prof. Ferdinando Campitiello, Dir. Centro di riferimento regionale per lo Studio e il Trattamento delle Ulcere Cutanee e del piede diabetico, Casa di cura Nostra Signora di Lourdes, Naples, Italy

Patient & diagnosis

A 75-year-old female suffered a fall and subsequently presented with a right lower leg post-traumatic wound with partially exposed tibia bone (**Figure 1**). Patient had a history of thrombophilia and was receiving oral anticoagulant therapy.

Procedure

The wound was gently cleaned prior to initiation of V.A.C.® Therapy.

Initial application of V.A.C.® Peel and Place Dressing

After the gentle cleaning, a large V.A.C.® Peel and Place Dressing was applied over the wound, ensuring that the drape portion of the dressing was not stretched, and that the integrated dressing completely covered the wound and overlapped onto the periwound skin. The Solventum™ SensaT.R.A.C.™ Pad was placed in the middle of the dressing (**Figure 2**), and negative pressure of -125 mmHg was applied via an ActiV.A.C.™ Therapy Unit. After two dressing changes, the dressing size was changed to medium, due to wound area reduction and the reduction in exudate volume.

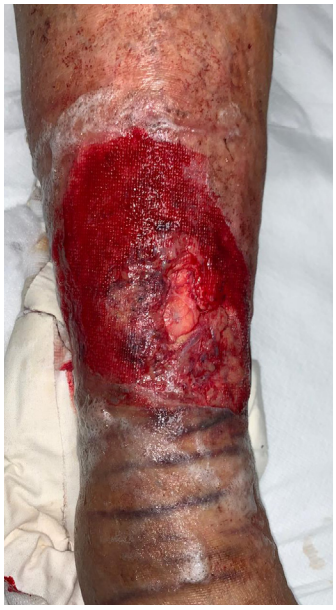

Figure 1. Post-traumatic wound at presentation with partial exposure of tibia

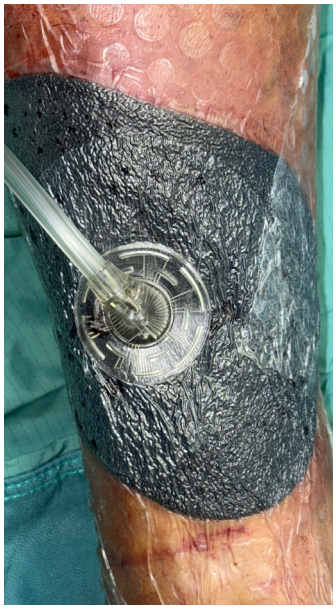

Figure 2. V.A.C.® Therapy was initiated with a large V.A.C.® Peel and Place Dressing

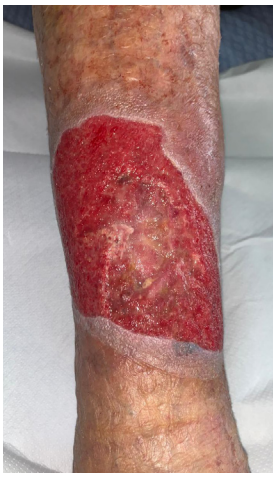

Figure 3. After nine days, the wound bed displayed granulation and flattened wound edges

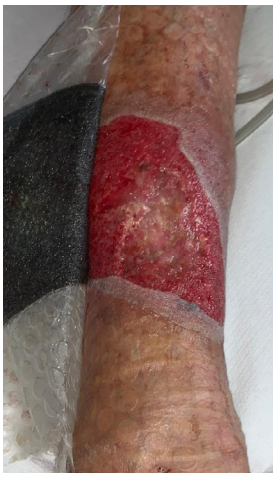

Figure 4. Removal of the dressing was atraumatic, and painless for the patient

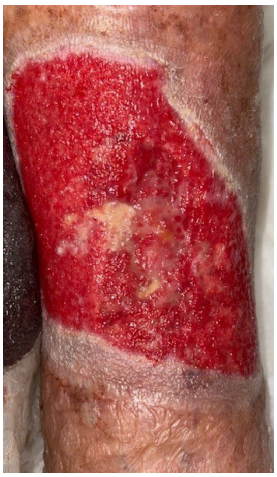

Figure 5. At two weeks, the wound was fully granulated with no bone exposure

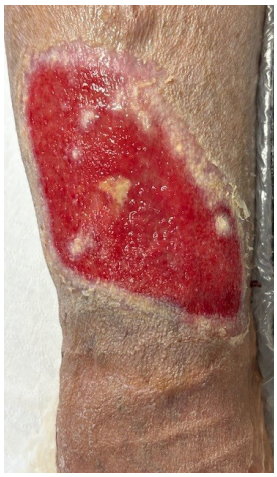

Figure 6. At three weeks, the wound area reduction was remarkable

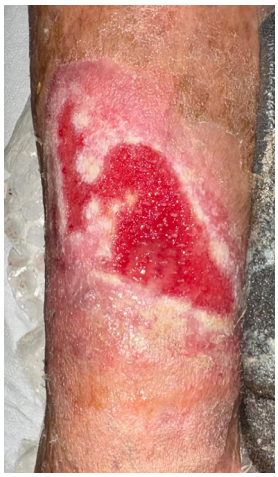

Figure 7. At five weeks, approximately 80% of the wound was covered with epithelial tissue, and V.A.C.® Therapy was discontinued

Treatment

Initially, dressings were changed every 3-4 days. At nine days, the wound bed displayed granulation tissue with flattened wound edges (**Figure 3**). Dressing size was changed to medium. Removal of the dressing (**Figure 4**) was atraumatic and did not cause pain. The periwound skin appeared healthy and intact at each dressing change. At two weeks, the wound was fully granulated with no tibia bone exposure (**Figure 5**). Dressing change frequency was decreased to every 5-7 days. From week to week, the wound showed significant area reduction with migrating wound edges (**Figure 6**). At five weeks, wound size was significantly smaller with approximately 80% epithelial tissue coverage (**Figure 7**), and V.A.C.® Therapy was discontinued. Therapy was switched to nonadherent gauze.

Follow up

Wound care with nonadherent gauze was continued to secondary closure.

Clinician experience

Dressing changes were performed every 3-4 days initially. As the Healthcare Professional gained more experience with the dressing and its effects on the wound, he transitioned to weekly dressing changes. He suggested that this dressing may be particularly beneficial in managing specific wound types, such as superficial wounds, that may not be considered for traditional V.A.C.® Therapy using an open-cell polyurethane foam-interface dressing.

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solventum

For more information about Solventum™ V.A.C.® Peel and Place Dressing, contact your Sovlentum Representative

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