Combining Wound Care Modalities: Use of an Active Fluid Management® Antimicrobial Dressing* with Negative Pressure Wound Therapy (NPWT) to Facilitate Healing

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Clinical Problem
Home care agencies are facing the challenges of managing wound care patients in a cost-effective way due to capitatively prospective payment systems. Sometimes, multiple modalities are combined to achieve desired outcomes (e.g., NPWT and silver dressings). Currently, many home care agencies are in need of an alternative silver antimicrobial dressing compatible with NPWT.

Purpose
To evaluate a new cost-effective silver contact layer dressing in conjunction with NPWT to treat infected wounds.

Methodology
All three patients used TRITEC™ Silver contact layer dressing in combination with NPWT for 21 days. For deep wounds NPWT was used in conjunction with foam and TRITEC™ Silver. For superficial wounds NPWT was used in conjunction with foam and TRITEC™ Silver dressing at 125-150 mm Hg for average of 21 days. The TRITEC™ Silver contact layer dressing was not fenestrated during the use.

Conclusions
By utilizing an alternative wound care regime of TRITEC™ Silver antimicrobial dressing with NPWT, we obtained the following results: • Substantial wound closures • Drainage management • Odor reduction • Bacterial bio-burden reduction

Case Study #1 - Deep Wound
A 54 year old female presented to our home care agency with a postoperative (25 days) dehisced surgical wound from a bilateral breast reduction. Patient’s Medical History includes history of chronic back and neck pain, hypertension and depression.

Case Study #2 - Superficial Wound
A 52 year old female was admitted to home health agency from Roper St. Francis Hospital. The wound was producing copious amount of serosanguinous drainage and had undermined within the darkened area. Patient’s Medical History includes Abs. hernia repair x 2, HTN, depression.

Case Study #3 - Superficial Wound
A 55 year old female was admitted to home health agency for wound care, and management of coumadin therapy. She was admitted to hospital for her right knee dislocation with patellar instability due to fall. She had popliteal vein injury s/p relocation & ligament reconstruction, capsular repair, and patellar realignment. On 8/26/06, the patient was admitted to hospital for osteomyelitis, removal of hardware, IV antibiotic therapy and anticoagulant therapy. Patient was then discharged to home health agency for dehisced surgical infected wound. Patient’s Medical History includes obesity, peroneal nerve palsy of right leg, left shoulder surgery for AV malformation, hernia repair, kidney stone w/nephrolithiasis, DM, lupus, sleep apnea, hysterectomy, anemia.

*TRITEC® Silver
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CASE STUDY

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