

## V.A.C. VERAFL<sup>TM</sup> Therapy with V.A.C. VERAFL<sup>TM</sup> CLEANSE CHOICE<sup>TM</sup> Dressings followed by PROMOGRAN<sup>TM</sup> Matrix Wound Dressing

### Venous Leg Ulcer

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A 60-year-old female presented with a venous leg ulcer present for an unknown amount of time (10 cm x 16 cm x 1.5 cm) of the right distal lower extremity (**Figure 1**). Previous medical history included peripheral vascular disease, obesity, hypertension, thyroid disease, gastroesophageal reflux disease, respiratory failure, Influenza A infection, infected right leg wound with cellulitis, and septic shock. Systemic antibiotics were initiated upon presentation. Tubular compression was utilized to assist with edema management.

Fig. 1: Venous leg ulcer at presentation. A. Anterior view; B. medial view.



**V.A.C. VERAFL<sup>TM</sup> Therapy** using **V.A.C. VERAFL<sup>TM</sup> CLEANSE CHOICE<sup>TM</sup> Dressings** were used as wound required cleansing to help remove infectious materials. Ostomy barrier paste was utilized to assist with the creation of dressing seals. The wound was instilled with **34mL of quarter strength Dakin's solution** with a **10-minute dwell time**, followed by **1 hour** of continuous **negative pressure (-125mmHg)**. After 24 hours, the dressing was changed, and the instillation solution was switched to **28mL of normal saline** (**Figure 2**). Dressing changes occurred every 2-3 days.

Fig. 2: **Wound after 24 hours** of V.A.C. VERAFL<sup>TM</sup> Therapy with Dakin's solution (quarter strength). A. Anterior view; B. medial view.



After 8 days of V.A.C. VERAFL<sup>™</sup> Therapy with V.A.C. VERAFL<sup>™</sup> CLEANSE CHOICE<sup>™</sup>, the wound had decreased in size (8.6cm x 13cm x 0.2cm) and exhibited healthy granulation tissue (**Figure 3**).

**Fig. 3:** Wound after 8 days of V.A.C. VERAFL<sup>™</sup> Therapy with V.A.C. VERAFL<sup>™</sup> CLEANSE CHOICE<sup>™</sup> Dressing. A. Anterior view; B. medial view.



The patient was transitioned to V.A.C. VERAFL<sup>™</sup> Therapy using V.A.C. VERAFL<sup>™</sup> CLEANSE CHOICE<sup>™</sup> Dressing. Therapy settings included instillation of 22mL of normal saline with a 10-minute dwell time, followed by 2 hours of continuous negative pressure at -125mmHg. After 2 days, healthy granulation tissue development was present (**Figure 4**).

**Fig. 4:** Wound after 2 days of V.A.C. VERAFL<sup>™</sup> Therapy with V.A.C. VERAFL<sup>™</sup> Dressings. A. Anterior view; B. medial view.



V.A.C. VERAFL<sup>™</sup> Therapy was discontinued and local wound care was initiated using PROMOGRAIN<sup>™</sup> Matrix Wound Dressing, SILVERCEL<sup>™</sup> NON-ADHERENT Antimicrobial Alginate Dressing with EASYLIFT<sup>™</sup> Precision Film Technology, an absorptive cover dressing, and four-layer compression dressings. Dressings were changed every 3 days. After 7 days, healthy granulation was observed in the wound bed (**Figure 5**).

**Fig. 5:** Wound after 7 days of advanced wound dressing and compression therapy. A. Anterior view; B. medial view.



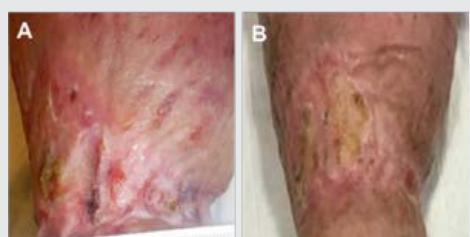
Therapy was changed to SILVERCEL<sup>™</sup> NON-ADHERENT Dressing, a second anti-shear absorbent cover dressing, and 4-layer compression dressings. After 4 days, the dressings were removed, and the wound was approved for application of an allograft (**Figure 6**). TIELLE<sup>™</sup> Non Adhesive Hydropolymer Dressing was applied over the graft followed by 4-layer compression dressings.

**Fig. 6:** Allograft application. A. Wound prior to allograft procedure (anterior view); B. wound prior to allograft procedure (medial view); C. application of allograft (anterior view); D. application of allograft (medial view).



**Fig. 7:** Reepithelialization observed in the wound 44 days after grafting.

After 2 days, the dressing was switched to ADAPTIC<sup>™</sup> Non-Adhering Dressing, SILVERCEL<sup>™</sup> NON-ADHERENT Dressing, and 4-layer compression dressings. Dressing changes occurred twice a week. The patient was discharged to a skilled nursing facility for continued care. After 44 days of care, the wound demonstrated areas of reepithelialization (**Figure 7**).



The wound was fully closed 102 days post grafting and remained closed at a follow-up visit 56 days post closure (**Figure 8**).

**Fig. 8:** Wound fully closed. A. Wound fully closed after 102 days of advanced wound dressing care; B. wound remained closed at the follow-up visit (56 days post closure).

Photos and patient information courtesy of Kersten Reider BSN, RN, CWOCN and Elizabeth McElroy, RN, MSN, CRNP, CWS, CWOCN-AP; Tower Health System, West Reading, PA.

Note: 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.

**NOTE: Specific indications, contraindications, warnings, precautions, and safety information exist for all [KCI and/or Systagenix] products and therapies. Please consult a clinician and product instructions for use prior to application. RX only.**

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