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Treatment of Post-Operative Chronic Abdominal Wounds Using a Novel Powder Wound Dressing

Objectives

Upon viewing this poster, attendees will have observed the treatment of post-surgical abdominal wounds that have shifted from an acute postoperative stage to a chronic-non-healing stage.

Attendees will also see the results of the application of a novel powder dressing which allows the coverage of these wounds in a region where torsion and strain make retaining a dressing difficult.

Introduction

Healing postoperative wounds is problematic due to their location in positions not conducive to standard dressings, tendency towards dryness and the many etiologies of the failure to heal. Abdominal wounds pose their own set of problems in that they are on areas that are in constant motion which reduces the adherence of the dressings, and their position makes application and adherence difficult due to gravity. A typical patient with a non-healing post-operative abdominal wound can also have fragile skin in this location so minimal adhesive and fewer changes are desirable traits in the choice of dressing. Pain is also a significant factor in patient care. We report on the use of a novel powder dressing in the treatment of two cases involving non-healing post operative wounds in the abdomen.

Case 1

A 58 year old male patient presenting with an open draining wound of the abdomen which had been present for 6 months. The patient had undergone 4 previous ventral hernia repairs the last of which was 4 years prior and used mesh in the repair. The patient had a history of Staph infections of the wound which necessitated treatment with IV antibiotics. Previous treatments to this wound included topical antibiotics, dry gauze and topical steroids and the wound remained in stasis for the 6 month period. He reported pain as a "6" on a 0 to 10 scale when initially presenting. Sharp debridement of the wound was performed and one week later, the wound was covered with a novel powder dressing. The 4.1 cm X 3.4 cm X .4 cm. Pain decreased to a 1 on the same scale since initiation of Altrazeal. The wound has shown a decrease in depth with some improvement in granulation bed.



Initial Treatment



2 Months



4 months



5 months

Case 2

A 74 year old male patient presenting with an incisional dehiscence. The patient underwent repair of an abdominal aortic aneurysm 1 month prior and the dehiscence occurred 1 month after surgery. The patient had been undergone treatments including VAC, topical antibiotics, and simple dry dressings with the patient doing his own care for the 4 months prior to referral. After initial evaluation, aggressive debridement of the wound was performed with initiation of treatment with the powder wound dressing commencing one week later. Initial measurements of the wound were 10.6 cm X 6.0 cm X .5 cm. Pain prior to treatment was a "4" on a scale of 0 to 10 and decreased to a "0" after two weeks of treatment. The periwound has shown some decrease in erythema and the wound depth has decreased with improvement in the granulation bed appearance.



Initial Treatment



2 Months



3 months



4 months