

Treatment of delayed healing wounds following a surgical procedure in a plastic and reconstructive surgery department

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INTRODUCTION

In the cohort of patients followed-up by the plastic surgery department, we identified patients with wounds persisting for several weeks or months following a surgical procedure (wound excision, graft excision) and in the process of undergoing controlled healing. Closure of these wounds had not been obtained despite appropriate local (careful debridement, consistent local care) and systemic (histological control, antibiotic treatment) treatment.

PATIENTS AND WOUNDS

As a general rule, these patients presented local (integument fragility, episode of local infection, large surface area, etc.) and/or systemic (diabetes, smoking, arterial and venous disease, advanced age, etc.) healing delay factors. In these patients with debrided wounds no longer presenting any signs of local infection but not healing, we started local treatment using the **new NOSF absorbent lipido-colloid dressing***. This was started between 6 weeks and 9 months after a graft and between 2 and 10 months after a surgical wound excision.

RESULTS

After 2 weeks of treatment, the resumption of healing was very significant. Complete closure of the wound was obtained in 5 to 20 weeks of local treatment with the **new NOSF absorbent lipido-colloid dressing***.

PATIENT 1

65 year-old man with diabetes, whose left leg was trapped in the door of a bus, causing degloving of the leg skin, treated by means of a graft. 9 months later, the internal malleolar and submalleolar zone had still not healed. The wound was treated with the **NOSF absorbent lipido-colloid dressing*** for 4 months (23/06/08 to 3/11/08). 5 weeks (28/07/08) later, the reduction in wound surface area was 35% and after 4 months of treatment with the **NOSF absorbent lipido-colloid dressing*** the wound was completely closed.



PATIENT 2

68 year-old woman, with circular skin necrosis of the left lower leg, excised after 48 hours. Covered by a thin 3/10th dermal-epidermal graft (taken from the left thigh), expanded by 3. 10 months after, healing was not complete. The stagnating wound was treated with the **NOSF absorbent lipido-colloid dressing*** to re-trigger granulation and epithelialisation. After 2 weeks (11/08/08) the reduction in surface area was 40% and after 4.5 months of treatment with the **NOSF absorbent lipido-colloid dressing*** the wound was completely healed.



PATIENT 3

58 year-old female smoker, with a 3rd degree thermal burn (flames) on the outside of the left lower leg treated with a mesh graft. After 6 weeks, a large zone had still not epithelialised and presented an ulcerated appearance. The patient was treated locally with the **NOSF absorbent lipido-colloid dressing*** for 5 weeks from 11/06/08 to 09/08/08.

After 5 weeks, the wound had closed, with only a few scabs left, treated with an emollient cream.



CONCLUSION

By re-triggering the healing process of wounds not healing in patients with healing delay factors, often local and systemic, the **new NOSF absorbent lipido-colloid dressing*** appears to us to be a very interesting treatment alternative when further surgery is not desired or not possible.

* Brand name: The new NOSF absorbent lipido-colloid dressing* is UrgoCell® START (Cellostart) from Laboratoires URGO.