



# APPLICATION OF SILVER FOAM DRESSINGS TO DONOR SITES IN IMMUNOCOMPROMISED PATIENTS CAN ENHANCE WOUND HEALING

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## **Introduction and Background:**

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Several studies have been performed examining dressings for healing donor sites in burn and surgical wound cases. Most of these patients have had limited morbidity and have responded to negative pressure therapy, silver alginates, xeroform gauze, hydrocolloids, and other modalities (Feldman, 1991; Innes, 2001; Vaingankar, 2001). In addition, many studies demonstrate inhibition of fibroblasts with products containing high amounts of silver (Burd, 2007; Lazareth, 2007).

The following case study represents an example of an immunocompromised patient with severe co-morbidities managed successfully with a silver foam dressing.

## **Methods:**

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An immunocompromised patient with end-stage liver disease, rectal carcinoma and lymphedema with skin

flap for rectal fistulas, had failed several treatment regimens. A unique foam containing silver salts, along with a lipocolloid dressing, was used to provide a moist environment to promote healing at the donor site involving skin and muscle. The product was applied every two to three days along with wound cleansing and weekly debridement. Progress was monitored by patient compliance, ease of application, tolerance and clinical improvement.

## **Results:**

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Healing rate was 3.5 sq. cm/day (17%/wk) over a one month period. Patient feedback indicated a significant reduction in pain during dressing changes.

## **Conclusion:**

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Benefits can be obtained with lipocolloid and foam silver dressings in challenging donor sites.

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The following case study represents an example of an immunocompromised patient with severe co-morbidities managed successfully with a silver foam dressing.

## Methods:

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- An immunocompromised patient with end-stage liver disease, rectal carcinoma and lymphedema with skin flap for rectal fistulas, had failed several treatment regimens.
- A unique foam containing silver salts, along with a lipocolloid dressing, was used to provide a moist environment to promote healing at the donor site involving skin and muscle.
- The product was applied every two to three days along with wound cleansing and weekly debridement.
- Progress was monitored by patient compliance, ease of application, tolerance and clinical improvement.

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- Patient feedback indicated a significant reduction in pain during dressing changes.

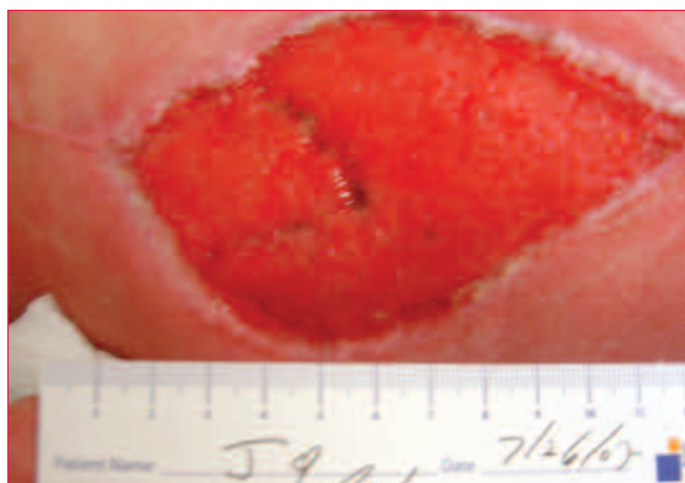
## Case Study:

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A 37-year-old Caucasian male presented to the wound center with a month history of a left thigh wound. The patient suffered from rectal fistulas. A skin and muscle harvest site was used from the patient's left inner thigh. Prior to arrival at the wound center, the patient received treatment with negative pressure therapy in New York City. The patient's wound had reduced drainage and improved granulation which no longer required negative pressure therapy.

The patient's past medical history included colon cancer, Crohn's disease, hepatitis and deep vein thrombosis of the left involved leg. Patient was a non-smoker who was taking Protonix, Avapro, Maxzide, Rifampin, Zithromax, fish oil, Synthroid, Lasix and vitamins. The patient's general pertinent physical condition included anasarca, significant lower leg edema due to hepatitis and jaundice. The patient had good lower extremity circulation and no signs of active infection.

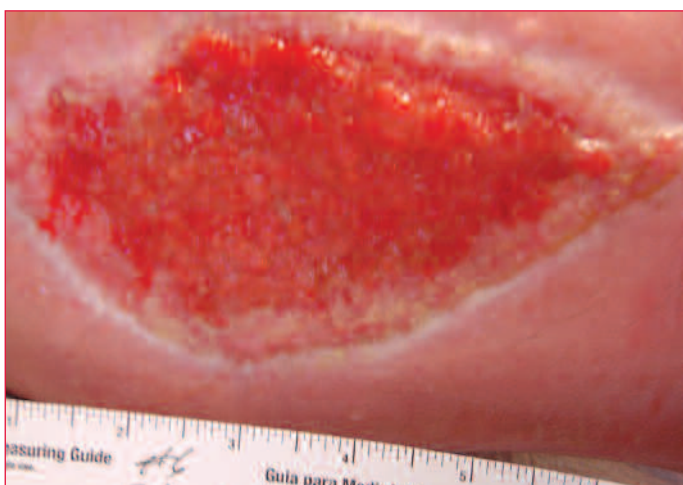
Upon initial wound examination on 7/26/07, the patient's left thigh wound was 100% granulated with moderate drainage measuring 14.9 x 9.5 x 0.3 cm.



A non-adherent silver foam dressing\* was applied to the wound and was changed every two to three days.



Subsequent visits required fewer interval dressing changes with minimal pain. The patient was self-applying the dressings with minimal difficulty and removing the dressings with minimal bleeding. Exudate and drainage control were well controlled with almost no peri-wound maceration.



The patient was treated for seven weeks prior to moving back to New York. At this time, the wound had reduced to the size of 9.2 x 4.0 x 0.0 cm.



### Conclusion:

- Benefits can be obtained with lipocolloid and foam silver dressings in challenging donor sites.

See Instructions for Use for important information regarding the use of this product at [www.hollisterwoundcare.com/products/ifus.html](http://www.hollisterwoundcare.com/products/ifus.html).

\* **Caution:** Federal law restricts this device to sale or on the order of a physician or licensed healthcare professional.

\* Restore Non-Adhesive Foam, Silver Dressing with TRIACT Technology by Hollister Wound Care LLC.

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Burd A, Kwok CH, Hung SC, Chan HS, Gu H, Lam WK, Huang L. *A comparative study of the cytotoxicity of silver based dressings in monolayer cell, tissue explants, and animal models.* Wound Repair Regeneration 2007; Feb 15: 94-104.

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#### FINANCIAL ASSISTANCE/DISCLOSURE

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