

A CASE STUDY ON THE USE OF RTD FOAM IN MANAGING POST OPERATIVE ACUTE WOUNDS

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Introduction

The foundation of the management of all types of wounds circle around proper debridement, managing the bacteria balance and controlling the exudate. This optimizes the wound bed and encourages granulation and epithelization. With the appearance of so many different types of modern wound dressings now available in the market, patients without financial constraint usually look for dressings that can promote wound closure.

A review of the 3 Case Series on the Use of RTD Foam in Managing Different Types of Chronic Wounds showed the effectiveness of RTD foam in promoting the healing process of chronic wounds. Each case was able to show wound closure after about 4 months of switching to RTD foam.

This case study aimed to study the effect of RTD foam on an acute wound and determine if there was a difference in duration required for wound closure.

Methodology

We recruited Mr FAR, a 38-year-old gentleman, with underlying Diabetes Mellitus and Hypertension. He had just been discharged from Sarawak General Hospital on 11.02.2022 after undergoing Ray amputation of the right 2nd - 4th toes due to necrotizing fasciitis.

Findings

He presented to us 3 days after discharge on 14.02.2022 with a fresh post debridement wound about 13.5 x 6.5 x 2.5cm in size. Tendons of the 1st and 5th toes were visible, wound bed was healthy looking, no bones exposed and no granulation tissue yet. We immediately placed him on RTD foam dressing, with a change after every 3 - 4 days.

1 month after RTD foam dressing on 07.03.2022, the wound had shrunk to 12 x 5 x 1cm with healthy granulation tissue filling up the cavity. There was minimal biofilm noted during each dressing change. Also, while

much of the 5th toe tendon had been covered, the 1st toe tendon had turned sloughy and unusable. The tendon remnants were debrided off that day.

2 months after starting RTD foam dressing, on 12.04.2022, the wound had fully granulated and epithelization was progressing quickly. Epithelization had divided the wound into 3 sections, each measuring 2.5 x 1 x 0cm, 3 x 1.5 x 0cm and 1.5 x 0.5 x 0cm respectively.

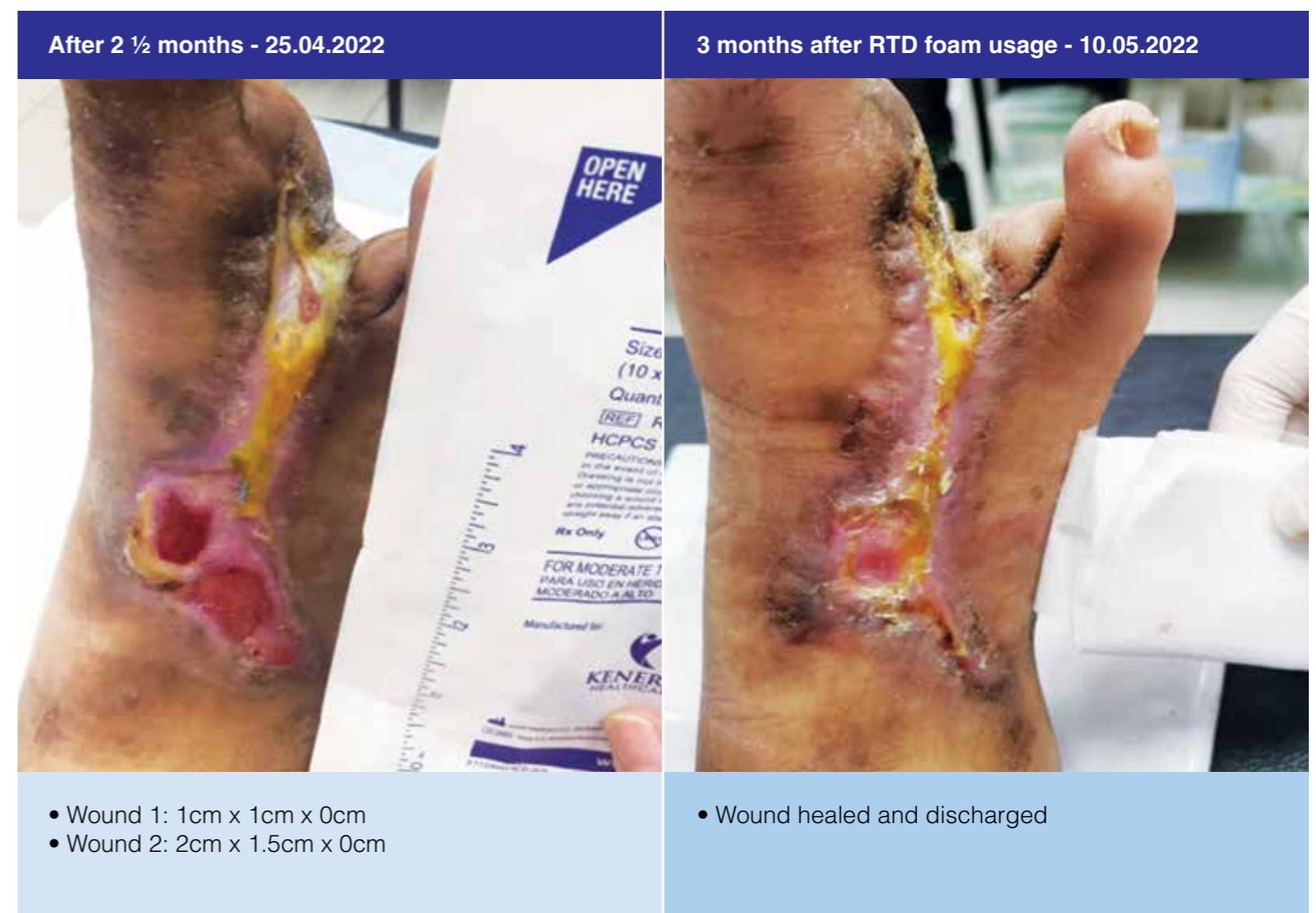
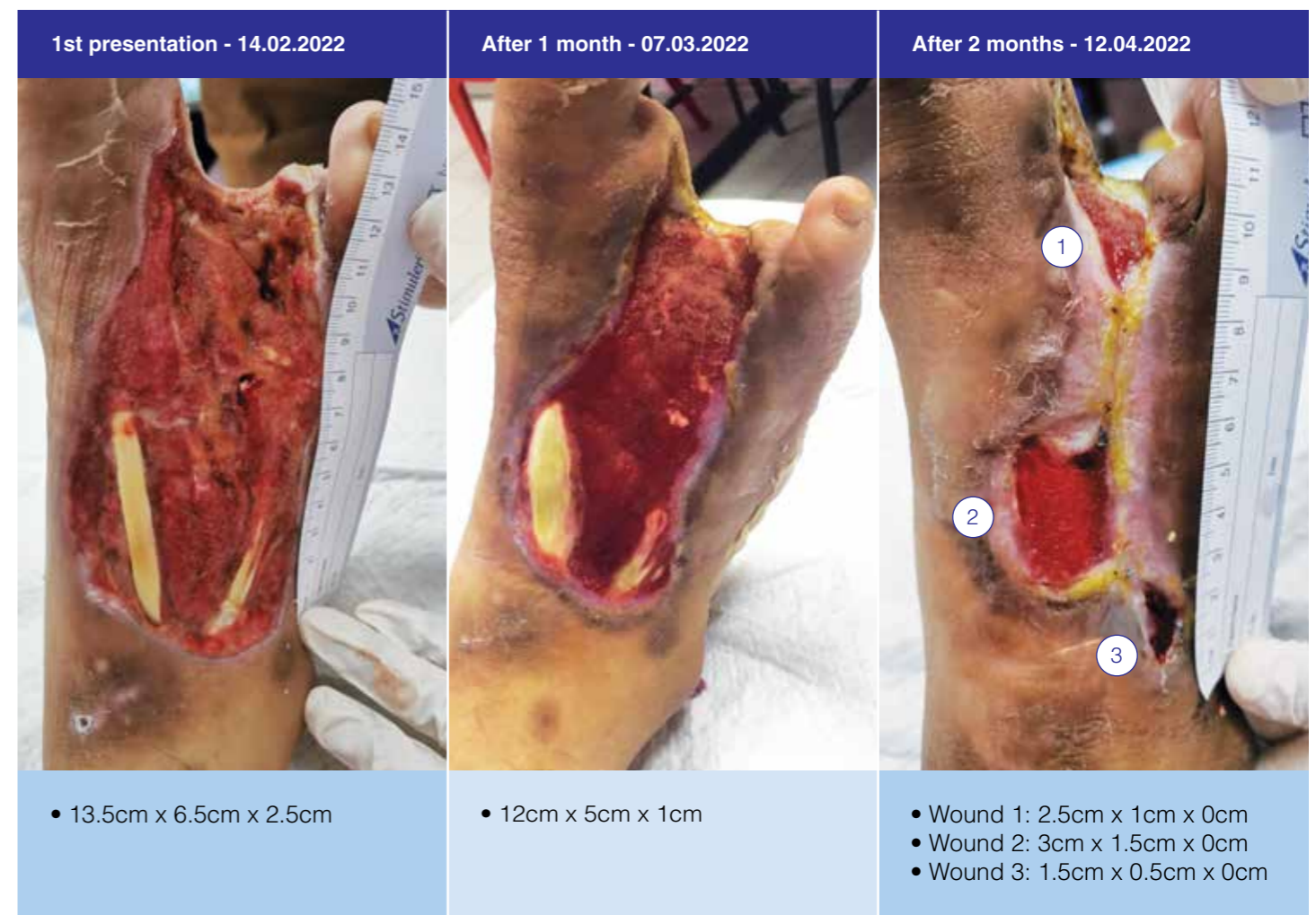
By 25.04.2022, there were 2 sections left and 3 months after the operation, on 10.05.2022, we discharged him from our care a happy man.

Discussion

When dealing with wounds, biofilm is most commonly controlled with regular debridement. But regular debridement also means frequent removal of part of the active granulation tissue, reducing healing rate immediately after each debridement session. Heavily exudative wounds also slow down epithelization by causing maceration of the surrounding tissues.

A broad spectrum antimicrobial dressing containing methylene blue, gentian violet and silver ion incorporated into a medical grade polyurethane foam provides a solution to the above issues. Methylene blue and silver ions which are antibacterial and gentian violet with its additional antifungal properties reduce biofilm build up. Besides being highly absorbent, the polyurethane foam also applies capillary suction therapy, which promotes neovascularization and granulation. It also provides a continuous moist environment for moist wound healing, yet protects the surrounding skin and epithelization from maceration.

Ultimately, regular debridement of biofilm combined with RTD foam shortens the wound healing period and with it, reduces the period of suffering for the patient. We would like to suggest prompt usage of RTD foam for patients with acute wounds if they can afford it, as it significantly reduces the dressing frequency and total healing time.





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