

Hip Replacement with Comorbidities Case Study

Author	Blaine Farless, MD
Location	Cleburne Orthopedics & Sports Medicine, Cleburne, TX
Patient	Previous surgical site with comorbidities
Issues	History of delayed wound healing
Outcomes	Wound healed with addition of CellerateRX® Surgical Powder

Patient Profile

Middle-aged female with a history of:

- Diabetes
- Obesity
- Previous hip replacement with complications that delayed wound healing
- · Previous surgical site

Presentation

Patient had previously undergone hip replacement with subsequent complications that delayed wound healing, requiring wound management for two months. Patient was admitted for surgery for an artificial hip replacement.

Treatment

Hip replacement was performed and the fascia was closed, but not the incision site. CellerateRX Surgical Powder was applied in the surgical wound bed, followed by the application of negative pressure wound therapy. Three days after the initial surgical procedure, the patient returned to the operating room for surgical closure. The wound demonstrated granulation tissue, and the incision site was closed. Negative pressure wound therapy was discontinued. The wound went on to heal successfully without complication.



Results/Outcomes









Treatment Rationale

Intraoperative

Surgical site where the previous hip joint was removed and replaced with an artificial joint.

Intraoperative

CellerateRX[®] Surgical Powder applied above the fascia of the surgical wound site.

Post-op

Placement of negative pressure on the open wound.

3 Days Post-op

CellerateRX Surgical Powder was reapplied on post-op Day 3. The wound was demonstrating healthy granulation tissue prior to secondary wound closure.

Surgery on obese patients can lead to longer operating times, higher complication rates, a higher risk of infection and longer hospital stays.¹² Diabetes may also complicate recovery from hip surgery by increasing perioperative complications.³

Collagen is a key component of a healing wound. CellerateRX Surgical Powder is composed of Type I hydrolyzed collagen, providing an ideal environment for surgical wound healing. The patient healed from her total hip replacement successfully and without complications.

References: 1. Fehring TK, et al. *J Arthroplasty*. 2007;22(6 Suppl 2):71-6. 2. Rajgopal R, Howard JL. *Lower Ext Rev*. 2013. 3. Rhee C, et al. *Can J Surg*. 2018; 61(3): 165–176.





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