

CHRONIC POST-SURGICAL WOUND CASE STUDY

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HYCOL™
HYDROLYZED
COLLAGEN

PATIENT PROFILE

63-year-old male with a history of diabetes mellitus, hypertension, hyperlipidemia, severe peripheral vascular disease, left digit amputation surgeries, C-diff colitis, muscle weakness, gait instability, pressure ulcer and other lower extremity ulcers.

WOUND PRESENTATION

The patient had a skin graft procedure to close a chronic right lower extremity heel wound. The wound reopened at the site of the prior skin graft, and the patient then underwent a revascularization procedure on the right lower extremity to improve blood flow/circulation. The surgical wound was treated with V.A.C.® Therapy for two months. The wound started to decrease in size and exudate, but after a few weeks the wound healing stalled and there was increased sanguineous exudate, so the V.A.C.® Therapy was removed.

TREATMENT

The wound was cleansed with normal saline. Then, HYCOL™ Hydrolyzed Collagen Gel was applied daily, and the wound was covered with a non-adherent dressing. The legs were elevated, and loose wraps and physical therapy range of motion were used.

RESULTS

The wound healed in 14 days with the use of HYCOL™ Hydrolyzed Collagen Gel.



Day 1
Wound size = 18 cm x 2 cm x 0.8 cm
Wound status: 90% granulation, 10% fibrin/slough
Small serosanguineous exudate with no erythma or warmth to the periwound



Day 7
Wound size = 13 cm x 1 cm x 0.5 cm
Wound status: 100% granulation
Small serous exudate and no erythma or warmth to the periwound



Day 14
The wound is resolved. Scar tissue is present.

