

CASE STUDY CHRONIC POST-SURGICAL WOUND

BY SACHIN CHOPRA, D.O.

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 erythema 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 erythema or warmth to the periwound

Day 14



The wound is resolved. Scar tissue is present.

