



TOPICAL NEGATIVE PRESSURE* (TNP) IN THE HOMECARE SETTING. FIRST YEAR EXPERIENCE: 61 PATIENTS

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Aim: To describe the effects of vacuum closure therapy with the TNP device in patients with acute or chronic wounds treated in the homecare setting.

Method: This study describes the outcome of 61 patients treated from 1st november 2005 until 1st november 2006. All types of patients were included: bolster after split skin grafting, traumatic infected wounds, dehised wounds, venous ulcers, diabetic ulcers, decubital ulcers, wounds after amputations and sinus pilonidalis. Necrosis or the need for debridement were exclusion criteria for TNP. The sponge-dressing changes took place in the outpatient-clinic. In a minority of patients (n=8 13%) some of the changes were carried out at home.

Results: In total 29 of the patients were female (48%); average age is 54.8 years (range 9-89 years). In total 31 patients (51%) were classified as ASA III/IV, indicating high anesthetic risk. The most important negatively wound influencing factors were obesity (n=19), diabetes mellitus (n=12, 33%) smoking (n=9, 25%) peripheral arterial disease (n=6). Complications during the treatment: skin problems n=7, pain (n=2), infection (n=5, 14%) thrombosis (n=2, 6%). Average duration of TNP therapy was 26 days.

Conclusion: 82.7% Wounds are closed (57/69). TNP therapy can be considered as a safe and effective therapy in the homecare setting with a low rate of complications.

We would like to report the first year's experience of TNP therapy in the home care setting. We would like to discuss safety aspects, complications and outcome of 61 patients.

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