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AN EVALUATION OF AN EXTRACELLULAR MATRIX PROTEIN TREATMENT IN INTRACTABLE WOUNDS

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A healing wound will produce an extracellular matrix (ECM), which serves as a support for new cells and regulates cellular functions through cell adhesion. Decreased ECM production combined with excessive degradation of ECM can result in slow healing wounds. A new treatment (extracellular matrix substitute*) for hard-to-heal wounds has been developed to temporarily replace the required ECM protein within a wound to restore cellular and biochemical balance and promote healing.

Aim: A series of case studies recorded the changes that occurred in 10 intractable wounds after treatment with extracellular matrix substitute*. The underlying cause of these wounds was venous stasis.

Method: Patients were consented prior to becoming a case study and consent was also provided for photographs to be taken. Photographs of the wounds were taken weekly and extracellular matrix substitute* was applied to wounds weekly. Patients were followed for a period of 24 weeks.

Results: The average duration of these wounds was 9.3 years (1 wound was 65 years duration (following a war injury), 1 was 10 years, 1 was 5 years, 2 were 3 years, 3 were 2 years and 2 were 6 months. Therefore, these wounds were extremely chronic. Five patients wounds (50%) healed and 5 were in a healing state. The patient in the case study of the 65 year old wound fully healed as did those of 2 years and 6 months.

Discussion: This paper will discuss the case studies and present the outcomes of the case studies.

*Xelma® (Mölnlycke Health Care)

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DEFAULTS AND FAILURES IN HEALING WOUNDS

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Aim: In our presentation we are trying to analyse the most common mistakes and failures we usually make in healing of chronic and complicated acute wounds.

Methods: The attraction zone of our Centre of vascular and miniinvasive surgery has more than 100 000 inhabitants living in the north-moravian region. We have identified the most common mistakes in healing wounds by retrospective analysis of dispensarised patients in our presentation. This study was not commercially supported.

Results: We had 240 patients with chronic wounds in years 2005-2006. 96% of wounds we treat with modern procedures, while other departments in Czech republic only about 20-30% of wounds. Our definition of mistake: situation in diagnosis and treatment involving healing very seriously and decreasing stay of the wound. Total amount of failures is 36.5%, 8,3% of that are inpatients and about 80% outpatients transmitted from other hospitals. We divided mistakes into several groups: false local therapy (using toxic antiseptics, dry mull – 45%, application of inappropriate modern dressings – 20%), missing (9%) or misdone (11%) compression bandage, mistakes in management of treatment of the sores (misdiagnosis and late diagnosis 19,5%, faults in sequence of diagnostics and therapy (9%), misexamination and false evaluation of the local stay of the wound, miscompliance of patients (15%).

Discussion: The total number of mistakes is too high. Education of health service workers and patients is necessary. The basis for the improvement of current situation will be the issue of obligatory guidelines for wound treatment in Czech Republic.

