

**TREATMENT OF DELAYED HEALING WOUNDS FOLLOWING A SURGICAL PROCEDURE IN A PLASTIC AND RECONSTRUCTIVE SURGERY DEPARTMENT**

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In the cohort of patients followed-up by the plastic surgery department, we identified patients with wounds persisting for several weeks to several months following a surgical procedure (surgical wound care, excision-graft) and in the process of directed healing. Closure of these wounds was not obtained despite appropriate local treatment (careful debridement, consistent local care) and systemic treatment (histological control, antibiotic treatment). These patients generally presented with local healing delay factors (integument fragility, episode of local infection, large surface area, etc.) and/or systemic ones (diabetes, smoking, arteriovenous disease, advanced age, etc.). In these patients, with debrided wounds no longer presenting any signs of local infection but failing to heal, we started local wound care using the lipidocolloid dressing impregnated with NOSF. This was begun between 6 weeks and 9 months after a graft and between 2 and 10 months after surgical wound care interventions. After 5 to 10 weeks of treatment, we obtained either complete wound closure or a reduction in wound size of > 80%, enabling treatment to be continued using a neutral hydrocolloid dressing.

Since it re-triggers the healing process in wounds that are not healing in patients often presenting with local and systemic healing delay factors, the TLC-NOSF dressing seems to us to be a very useful treatment alternative, particularly when an additional surgical procedure is not desired or cannot be performed.