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SURGICAL TACTICS IN THE TREATMENT OF PRESSURE ULCERS

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Aim: Pressure ulcers impose a significant financial burden on health care systems and negatively affect the quality of life. Surgery is an important component of pressure ulcer care and the general principle in the treatment is complete wound closure. This goal might be achieved in different ways. During the past two decades, radical debridement and musculo-cutaneous reconstruction were the «Gold standard» in the surgical treatment. Nevertheless, in recent years new technologies become available for the less traumatic debridement and closure.

Methods: Pressure ulcers are susceptible to variations in their treatment. There are different therapeutic options for the superficial to deepest pressure ulcers from the use of advanced dressings and negative pressure therapy to use of biological substitutes and well as growth factors. There are different debridement methods: surgical-sharp, ultrasound ablation and hydrosurgery, maggot therapy, autolytic and enzymatic. More conservative debridement is precise; it helps to avoid the damage of viable tissue and its vascular supply, thus reducing the extent of surgical procedure, allowing to postpone that until patient's condition stabilises or avoid the surgical procedure achieving better outcome. Promotion of wound spontaneous closure is also beneficial in the treatment of pressure ulcers. The use of growth factors, cultured cells (fibroblasts, keratinocytes) advanced dressings and technical means (topical negative pressure, light and oxygen) show impressive results in different institutions.

Conclusion: Advanced wound care is progressing fast. New technological means and better understanding of wound healing processes change protocols of wound care making the treatment more individual.