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Combining advanced treatment modalities for complex wounds

Lucian G Vlad
Wake Forest School of Medicine, USA

As wound care practitioners we are facing increasing number of patients with complex wounds and sometimes high recurrence rates, especially for diabetic foot ulcers or venous leg ulcers. As such, after the "standard of care" has failed, we are forced to come up with different and sometime innovative approaches to treatment plan. There is an ever-increasing number of treatment options and products available presented as "advanced treatment modalities". Each of these treatment modalities have more or less complete data that show 50% or 70% of patient that heal or close at 12 or 16 weeks, etc. Sometimes these patients are facing severe and advanced disease state that interfere with wound healing no matter what treatment plan is used.

I would like to present/share my clinical experience with combination of some of the treatment methods used for challenging situations that allowed a good outcome. Considering that wounds and patients present in different stages or healing it would make sense to consider a standardized approach based on the presentation stage.

Case 1: Refractory VLU treated with collagen scaffold, NPWT, compression, epidermal grafting

Case 2: DFU with osteomyelitis treated with outpatient bone resection, dermal matrix, NPWT, total contact casting and HBO

Case 3: DFU/ abscess treated with dermal scaffold followed by micrografting procedure in outpatient settings

Case 4: Refractory DFU treated with hyaluronic acid dermal matrix followed by epidermal grafting

Case 5: refractory elbow pressure ulcer treated with NPWT, collagen scaffold, micrografting technique and cast immobilization.

e: lvlad@wakehealth.edu