

# VACUNET AND VACUTEX COMBINATION THERAPY CASE STUDY SEPTEMBER 2005.



## BACKGROUND HISTORY

Mr M. is a 61 year old gentleman suffering complications secondary to Diabetes Mellitus (DM). He was diagnosed with IDDM in 1978, suffered 3 myocardial infarctions in 1990, developed Angina in 1996 and first presented with foot pathology in that same year.

He has bilateral peripheral sensory neuropathy and has been successfully managed for a number of plantar weight bearing ulcers since 1996.



## PRESENTATION: 05<sup>th</sup> Sep 2005

Mr M. presented with idiopathic plantar digital blistering on his right forefoot. These wounds were full thickness burns, covering the entire plantar surfaces of all digits and the plantar distal ball of the foot under 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> proximal phalanges.

## TREATMENT

On presentation, the foot was warm and oedematous. Mr M. was commenced on antibiotic therapy. The blisters were deroofed and drained and Inadine and Release were applied secured by Webril and crepe overwrap. Mr M. was placed into a Darco Post-operative Boot for review in one week.

**VACUNET/VACUTEX THERAPY** was introduced at week 2 with a novel application. Vacutex was applied directly to the wound bases and held insitu with VacuNet. Rationale for selection of VacuNet and Vacutex in combination - "a dressing was required that rehydrated the wound margins and allowed fluid discharge without becoming waterlogged and was gentle on the healthy new granulation tissue in the wound bases. Using VacuNet offered the ability to continue to rehydrate the tissue surrounding the lesions and fixate the Vacutex insitu. The sloughy fat pad was covered with Vacutex to debride the slough with micro force and promote healing."

## OUTCOME

Mr M. achieved complete healing of his ulcers at week 9. VacuNet/Vacutex combination therapy provided pain relief, managed exudate, and promoted rapid granulation of wound bases. Mr M. was able to continue working throughout this treatment.

# VACUTEX THERAPY IN THE MANAGEMENT OF Neuropathic Plantar Ulcer

**VACUTEX™** proves to be a most effective dressing for managing neuropathic plantar ulceration, enabling high absorbency, slough removal and the protection of surrounding tissue from maceration.

## BACKGROUND HISTORY

• J.R. is a pregnant 29 year old insulin dependent diabetic, diagnosed with Diabetes Mellitus at age 6. J.R. has developed diabetic complications including deteriorating eyesight, peripheral and autonomic neuropathy.

• 13th December 2001 patient presented with blister under left 3rd metatarsal head.

• Over following 12 months, daily dressings, fortnightly Podiatry intervention, footwear, insoles, orthoses. 4 episodes requiring oral antibiotic, 2 episodes of IV antibiotics.

• 16th November 2002, inpatient, diagnosis of osteomyelitis and stress fracture left 3rd metatarsal head, discharged with CAM walker.

• 2nd January 2003, severe infection, IV antibiotics, no surgical intervention patient 8 weeks pregnant.

macerated, sloughy base, 3rd metatarsal head exposed in base of wound. Patient non-weight bearing on elbow crutches. Commenced daily dressings of **VACUTEX™**, gauze, Peripad and crepe.



Sequestered 3rd metatarsal head removed from base of wound. Base sloughy, margins healthy, no clinical signs of infection. Patient recommenced use of CAM walker. Dressing continues 2nd daily, **VACUTEX™**, foam and crepe bandage.



Base sloughy, small area of necrosis lateral proximal aspect of lesion, margins healthy, no clinical signs of infection. This wound healed significantly over a 10 week period using **VACUTEX™** dressings, in conjunction with improved glycaemia, non-weight bearing, IV antibiotics and weekly Podiatric intervention.



**“VACUTEX™** is a felt like wound dressing which is inert until it comes in contact with serous discharge and moisture. In the field of Podiatric management of foot lesions it is an ideal dressing:- Interdigitally, the thin nature of the dressing offers excellent padding with a high level of absorbency and sufficient rigidity to enable toe splintage. Plantarly, we have used it extensively through apertures in plantar felt padding and under crepe bandage dressings. It manages exudate well (double layers for greater absorbency), quickly removes slough and under transparent film it will debride necrotic tissue.”

**VACUTEX™** is an excellent product, which is highly recommended by Sir Charles Gairdner Hospital podiatrists.