



# 1 PATIENT CHARACTERISTICS

- Gender: Female
- Age: 76
- **Problem description:** Postthrombitisches Syndrom for nearly 40 years
- **Duration of the wound:** Nearly 6 months
- Main co-morbidities:
  - First diagnosis: atrial fibrilation
    - Wound area: 28 cm<sup>2</sup>
    - CHA2DS2-VASc-Score: 5 Points
    - Initial pulmonary congestion with congestive pneumonia
  - Diastolic heart failure with good left-ventricular systolic function
  - Coronary heart disease eliminated
  - Several thromboses on both sides, partly under oral anti-coagulation with Marcumar®
    - Chronic venous insufficiency with extensive ulceration on left leg
  - Cardio vascular risk factors: arterial hypertension, obesity permagna
- Type of wound: Venous leg ulcer
- Location of wound: Left lower leg

# 2. PREVIOUS TREATMENT

- Location of care: Previously in a specialist vein clinic and with GP
- Previous Wound therapy used: Wound contact layer and pads, compression bandages

# 3. INITIAL TREATMENT

#### Preparation: What sort of debridement?

Sharp / with curette at every dressing change

- Treatment:
  - Did you cut it to fit the woundbed? No
  - Did you layer it in the woundbed? Yes
  - Did you use it to make a drain? No

#### Moisture of the wound bed:

Moderately exuding, then reducing with each dressing change

#### Why use Vacutex:

Promotes epithelialisation

### • How long to use Vacutex without dressing changes?

Daily dressing change to begin with, then twice weekly on Mondays and Thursdays Record each dressing change? Yes

## • Results with Vacutex:

- Epithelialisation in total percentage of the wound: significant increase in epithelialisation
- Wound moisture levels: midly exuding
- Peri-wound skin health: improved

## • Precautions and additional treatments to wound closure:

Compression therapy, daily at first, then later twice weekly using self-adhesive compression bandage

# 4. PICTURES







First dressing change/1 week



2 weeks



**End of treatment with Vacutex** 



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