

Diabetic Amputation Wound – Healing Progression

PATIENT INFORMATION:

62-year old female

WOUND HISTORY:

This patient was hospitalized for infected gangrenous toes resulting from her neuropathic diabetes and peripheral vascular disease. She was taken to the operating room and was found to have osteomyelitis of the 2nd and 3rd ray and underwent partial amputations. The resulting wound was extensive, involving all the soft tissue overlying the metatarsophalangeal joints and extending to the mid shaft of the 2nd and 3rd metatarsals. When the patient presented to the wound care center, the wound bed had become necrotic with exposed bone and calcified vessels. She underwent debridement and dressing changes with Dakin's Solution. After approximately 1 month of traditional wound therapy, the infection appeared to have cleared, but there remained a large wound with exposed bone and minimal granulation tissue.

DIMENSIONS:

Prior to SNAP™ Therapy, the wound measured 65mm x 36mm with a depth of 6mm without undermining.

COMORBIDITIES:

The patient had a complex medical history most notable for insulin-dependent diabetes, peripheral vascular disease, hypertension, and hyperlipidemia. Her medications included Crestor®, Lisinopril, Metformin, Lantus®, and Humalog®.

SNAP™ THERAPY TREATMENT:

The patient achieved full granulation of the wound bed and complete soft-tissue coverage of exposed bone as a result of 4 weeks of treatment with SNAP™ Therapy with bi-weekly dressing changes. The wound was then closed with an advanced cellular matrix.

OUTCOME:

Wound closure was achieved at 10 weeks post-initiation of SNAP™ Therapy.



Start of SNAP™ Therapy



Week 4



Week 6



Week 11

SMART FOR CLINICIANS

SMART FOR PATIENTS

SMART FOR FACILITIES

As with any case study, the results and outcomes should not be interpreted as a guarantee or warranty of similar results. Individual results may vary depending on the patient's circumstances and condition.

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