
Silver MicroLattice Uses in Chronic Wound Care

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Abstract

Once a wound is debrided, wound management includes both controlling the wound fluid to maintain the optimal moisture level and reducing bioburden. Historically, chronic wounds have been treated in a variety of ways, including gauze saline dressings, occlusive dressing, advanced wound care dressings, other treatment modalities including topical antibiotic therapies. Few dressings are able to address both the optimal moisture in the wound bed and effectively reduce the bioburden. The recent introduction of a silver dressing with moisture management capabilities has allowed this series of case studies. Effective wound management was achieved by utilizing a MicroLattice dressing composed of a synthetic polyacrylate hydrophilic matrix* that releases ionic silver into the wound bed. Various types of wounds are included. This series revealed a reduction in bioburden with appropriate management of wound fluid.

*SilvaSorb™ Silver Antimicrobial Dressings, Medline Industries, Inc., Mundelein, IL

Introduction

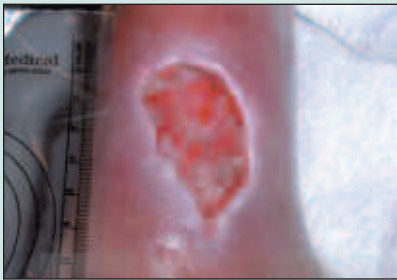
The recent development of a silver dressing with moisture management capabilities has initiated this series of case studies. They explore the use of Silver MicroLattice[®] dressings in a variety of wounds with various etiologies. Our patient population includes those seen in the Hospital Trauma Services, Hospital Acute Care Services and Physical Therapy Out Patient Wound Care Center.

Method

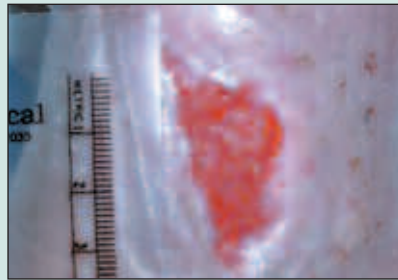
All the patients were evaluated by the attending physician with surgical procedures performed as necessary. Physical Therapy developed a wound care treatment plan, individualized for each patient and his/her specific type of injury and needs. This usually included irrigation and cleansing with normal saline and debridement as necessary. The wounds were dressed with Silver MicroLattice[®], a secondary outer dressing and a retaining dressing.

Case Study #1 is a 78 y/o female who fell at home and suffered a laceration to the left lower extremity. She was treated with traditional topical dressings and IV antibiotics and discharged to home with an open wound. She presented to our clinic with a full thickness wound measuring 4.9 x 2.8 x 1.5 cms with undermining from 6:00 to 10:00 for up to 2 cms and a moderate amount of drainage. Silver MicroLattice was used as the primary dressing. The wound was completely closed in 108 days.

November 1st



December 12th



January 17th

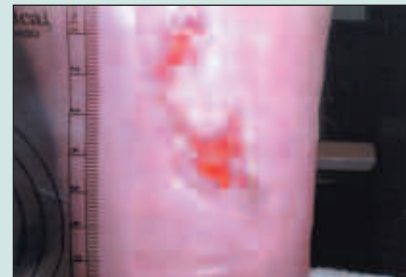


Case Study #2 is an 83 y/o male who presented with a full thickness traumatic wound to his left lower extremity. He was seen in the urgent care center and discharged with treatment of antibiotic ointment and gauze dressings. Two weeks later, he presented to the PT Wound Clinic with a 7.4 x 4.3 x 0.2 cm wound with moderate amount of exudate and necrotic tissue that was sharply debrided. After the wound plateaued with traditional dressings, cultured positive for staph aureus and pseudomonas, Silver MicroLattice was initiated. The wound showed significant progress in 38 days. The wound went on to close with other advanced wound care dressings.

November 8th



December 16th



Results and Conclusion

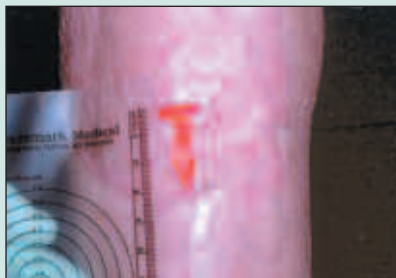
The following four case studies demonstrate that full thickness wounds were able to progress through the phases of wound healing in a timely and progressive manner. Each of these patients were somewhat compromised in their ability to heal. With the use of Silver MicroLattice dressings, all patients were all able to go on to complete closure. It helped reduce the wound bed bioburden and led to overall decreased visits for Physical Therapy Wound Care Treatment.

Case Study #3 is a 76 y/o male who suffered a full thickness injury when a motor vehicle traumatized his left lower extremity. He was immediately sent for surgical correction with approximation of the wound margins and secondary staples. Approximately 15 days later the flaps became ischemic and necrotic, requiring debridement and grafting. The surgical site went on to heal without incident. The graft sites, however, required wound care. With the use of Silver MicroLattice dressings the graft site closed within 51 days.

October 6th



November 4th



November 26th



Case Study #4 is a 41 y/o male who suffered a traumatic occupational accident to his right forearm. The wound was closed with primary closure. After three days, the flap became necrotic, and surgical debridement with irrigation of the flap was performed. A skin graft was taken from the right thigh and placed over the wound. The wound as well as the graft site was dressed with Silver MicroLattice dressings. Both wounds closed uneventfully within 9 days.

Ischemic Flap



S/P Flap removal skin graft in place



Donor Site, right thigh



Day 9, Graft site (left) and donor site (right)



References

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