

# A Case Study – Using VAC Veraflo Cleanse Choice Therapy to Treat a Dehisced Infected Abdominal Surgical Wound.

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## Introduction:

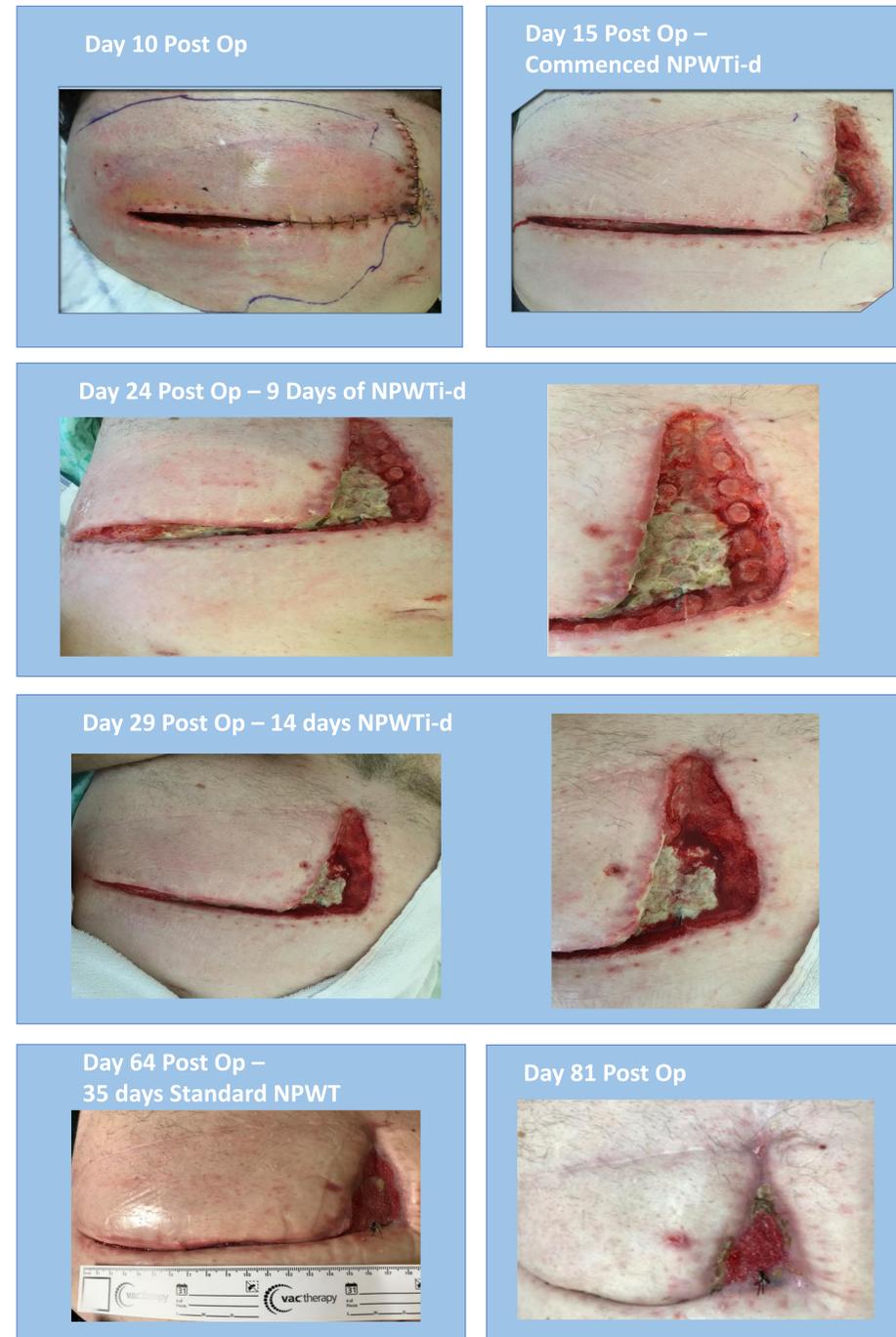
Negative pressure wound therapy (NPWT) has been shown to be effective in the treatment of dehisced surgical wounds. This case study presents a patient who had NPWT with instillation, for an infected wound that was too large to be managed in the community. The patient is a 65-year-old gentleman who had an elective Hepatojejunostomy. He had multiple comorbidities including high BMI, use of long-term steroids for an autoimmune illness and a recovery complicated by a hospital acquired pneumonia, requiring an admission to a high dependency unit.

## Method:

The wound was initially treated with standard VAC therapy. Following the first dressing change, it was decided to commence Negative Pressure Wound Therapy with Instillation and dwell time (NPWTi-d) to help remove the sloughy tissue and promote rapid granulation. Cleanse Choice dressing was applied, instilling normal saline (NACL) 0.9%. The therapy was continued for a total of 2 weeks with targeted oral antibiotics. Then the decision was made to step down to regular NPWT once the sloughy tissue had been debrided and the rapid granulation made the wound small enough for the patient to be discharged to the community.

## Results:

NPWTi-d results were visible within days of commencing the treatment. The instillation of NACL solution softened the sloughy tissue on the wound bed, the holes in the cleanse choice dressing aiding the debridement of this tissue, working quickly to clean this infected wound and created columns of granulation tissue. Following the two weeks of therapy the wound was reduced in size enough for the community nursing teams to manage it.



## Discussion:

NPWTi-d has been shown to effectively cleanse the wound, removing the sloughy tissue, which would not have been achieved using other dressings. The cleanse choice dressing debrided the wound bed and encouraged granulation tissue growth decreasing the depth of the wound bed.

The patient did have to remain as an inpatient to have the NPWTi-d as the community nursing team did not have the skills to provide this wound treatment or be able to safely manage a wound of this size in the community. If NPWTi-d had not been commenced, it would be suggested that the patient may have had to remain in the acute care setting for longer while on standard NPWT due to the size of the wound.

## Conclusion and Recommendations:

This case study is an example of the appropriate use of NPWTi-d for treatment of a dehisced infected surgical wound. It has shown how negative pressure therapy with the addition of instillation of solution over the wound bed, can be effective in the treatment of complex wounds. Following on from this case study, it would be suggested for further education and training to be provided to both acute and community care nurses in NPWTi-d care to allow more patients to have access to this therapy and reduce the amount of time needed to spend in the acute care setting.