Use of a An Antimicrobial Soft Silicone Bordered Foam Dressing as an Adjunctive Treatment with a Single Layer Bioengineered Dermal Tissue

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OBJECTIVE: To evaluate the effectiveness of an antimicrobial soft silicone bordered foam dressing in the management of diabetic foot ulcers.

ABSTRACT: Foot ulcers for the diabetic patient pose a significant health risk affecting more than 1 million patients. Improper diagnosis or inadequate treatment may lead to limb loss.1 Diabetic foot ulcers and amputations will affect up to 25% of people with diabetes in their lifetime. Approximately 19% of diabetic foot ulcers result in lower extremity amputations.1 2 Patients with diabetes have multiple flora in their wounds. Enteric organisms are common in wounds that have been present for more than one month.1 Control of exudate and wound organisms is important to healing wounds. Excessive healing reduces the risk of soft tissue or bone infection complications. Excessive healing is critical to preventing infection and amputation in patients with diabetic foot ulcers. Biologically engineered grafts have greatly advanced the healing of chronic diabetic foot ulcers that has not progressed to 50% closure after 28 days of conservative care. These diabetic foot ulcerations. Biologically engineered grafts in the management of diabetic foot ulcers. This abstract provides case studies on a type of dressing proved easy to use, prevented trauma on removal, minimized dressing-related pain, and the dressing showed here has many significant benefits. This silver based foam dressing is bacteriacidal, absorbs exudate from the wound, has many versatile sizes, the silver component of ulcer treatment, and the dressing is affected to handling exudates and avoiding dressing-related pain when applied and removed. This dressing is thin, adherent, and can be used in conjunction with afoils and biologic grafts. The average duration per use was seven days, leading to a greater compliance by the patient, and providing an effective choice to practitioners in treating diabetic wounds.

METHODS: Eight patients with Neuropathic Diabetic Foot Ulcers of greater than 28 days duration were treated with a single layered bioengineered dermal tissue, covered with a contact layer and dressed with an antimicrobial soft silicone bordered foam dressing. The patients were seen for 10 visits or discharged sooner when the wound healed. Patients with diabetes have multiple flora in their wounds. Enteric organisms are common in wounds that have been present for more than one month.1 Control of exudate and wound organisms is important to healing wounds. Excessive healing reduces the risk of soft tissue or bone infection complications. Excessive healing is critical to preventing infection and amputation in patients with diabetic foot ulcers. Biologically engineered grafts have greatly advanced the healing of chronic diabetic foot ulcers that has not progressed to 50% closure after 28 days of conservative care. These diabetic foot ulcerations. Biologically engineered grafts in the management of diabetic foot ulcers. This abstract provides case studies on a type of dressing proved easy to use, prevented trauma on removal, minimized dressing-related pain, and the dressing showed here has many significant benefits. This silver based foam dressing is bacteriacidal, absorbs exudate from the wound, has many versatile sizes, the silver component of ulcer treatment, and the dressing is affected to handling exudates and avoiding dressing-related pain when applied and removed. This dressing is thin, adherent, and can be used in conjunction with afoils and biologic grafts. The average duration per use was seven days, leading to a greater compliance by the patient, and providing an effective choice to practitioners in treating diabetic wounds.

CONCLUSIONS: This abstract provides case studies on a type of dressing that can be utilized to successsfully treat diabetic ulcerations. Dressings are a critical component of ulcer treatment, and the dressing shown here has many significant benefits. This silver based foam dressing is bacteriacidal, absorbs exudate from the wound, has many versatile sizes, and causes minimal disturbance to the ulceration when applied and removed. This dressing is thin, adherent, and can be used in conjunction with afoils and biologic grafts. The average duration per use was seven days, leading to a greater compliance by the patient, and providing an effective choice to practitioners in treating diabetic wounds.