

1. PATIENT CHARACTERISTICS

- **Gender:** Female
- **Age:** 76
- **Problem description:** Postthrombotisches Syndrom for nearly 40 years
- **Duration of the wound:** Nearly 6 months
- **Main co-morbidities:**
 - First diagnosis: atrial fibrillation
 - Wound area: 28 cm²
 - 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



Before treatment



First dressing change/1 week



2 weeks



End of treatment with Vacutex

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