

Acoustic Pressure Wound Therapy* in Four Patients with Venous Stasis or Pressure Ulcers

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Introduction

Treatment of chronic pressure and venous ulcers in the skilled nursing facility setting consumes substantial resources and clinician time. Such ulcers also detract from patient quality of life. Alternative modalities that may expedite healing have the potential to reduce treatment time and healthcare expenditures, as well as to improve patients' lives.

Published studies suggest that the addition of acoustic pressure wound therapy (APWT)* to conventional wound care may hasten wound healing in chronic lower-extremity wounds.¹⁻⁴

Case Series

Two patients with non-healing pressure ulcers were treated with APWT and alginate dressings. Two patients with chronic, bilateral, lower-extremity venous ulcers were treated with APWT and moist/compression dressings.

Outcomes

The addition of 2 to 10 weeks of APWT to conventional wound therapies resulted in marked progress toward complete wound closure.

* MIST Therapy® System, Celleration Inc., Eden Prairie, Minnesota

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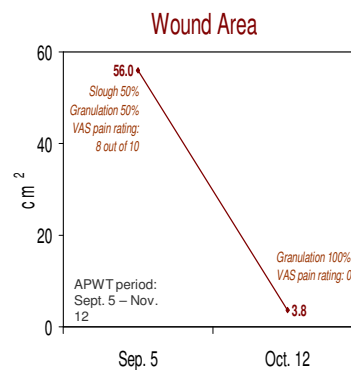
Pressure Ulcers

77-year-old diabetic man

Wound: Stage IV pressure ulcer with exposed bone over the coccyx complicated by persistent stool contamination and 50% slough

Medical History: right below-the-knee amputation (BKA), *E. coli* sepsis, diabetes, peripheral vascular disease, coronary artery disease, hypertension.

Treatment and Outcome: With 10 weeks of APWT and silver alginate, area decreased by 93% and granulation increased to 100%.

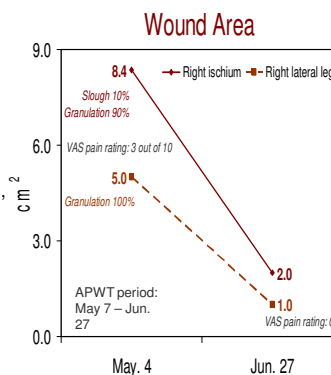


50-year-old quadriplegic man

Wounds: pressure ulcers of right ischium and lateral leg; patient unwilling to stay off wounds and refused dressing changes.

Medical History: smoking, prior pressure ulcers, bilateral BKA, sepsis, chronic treated osteomyelitis, quadriplegia, testicular cancer.

Treatment and Outcome: After 7 weeks of APWT and calcium alginate, area decreased 75-80%.



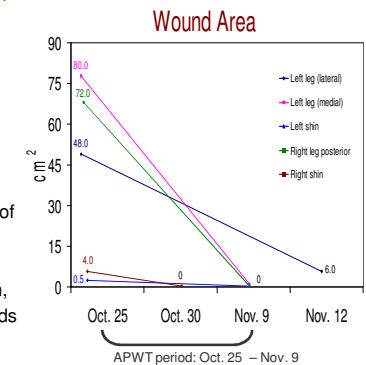
Venous Ulcers

76-year-old diabetic woman

Wounds: multiple chronic lower-extremity ulcers

Medical History: type 2 diabetes, chronic pain and cellulitis of lower-extremities, chronic lymphedema. Medication: vancomycin.

Treatment and Outcome: 2 weeks of APWT, compression, and dressing of petrolatum gauze, wound gel, and xenaderm. The medial left leg, left shin, posterior right leg, and right shin wounds closed completely. The lateral left leg wound decreased in area by 88% with 100% granulation.

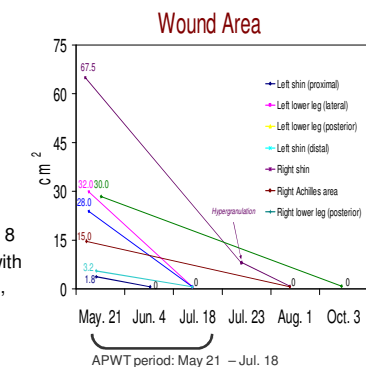


73-year-old diabetic man

Wounds: multiple chronic lower-extremity ulcers

Medical History: diabetes, COPD, chronic pain, hypertension, peripheral neuropathy.

Treatment and Outcome: A total of 8 circumferential venous ulcers healed with 8 weeks of APWT, compression wraps, and petrolatum gauze dressing.



References

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