

**Patient: 73-year-old female patient admitted to acute care facility for pain and wound care needs to her right lower extremity. Patient had history of peripheral vascular disease. A wound developed secondary to the swelling in her lower leg, which was caused by a blood clot. After examination and testing, results revealed a deep venous thrombosis (DVT)**

### Wound characteristics and prior treatment:

- Wound measurement at onset:
  - Proximal ulcer: 5.2cm x 5.8cm x 1.0cm (friable, slough 20%)
  - Distal ulcer: 2.5cm x 3.2cm x 1.0cm with 3.0cm undermining at 5 o'clock (tan/brown slough 50%)
- Wound had a large amount of serosanguinous fluid with minimal odor
- Periwound intact, no signs and symptoms of infection noted
- Pain during dressing changes was reported as 8 on a scale of 1-10
- Analgesics were given intravenously to allow care and dressing changes to be performed at the bedside

### Treatment:

- Applied Endoform dermal template directly to the wound bed, covered with Restore Contact Layer FLEX dressing, a flexible non-adherent lipidic-colloid contact layer, and negative pressure wound therapy (NPWT) was initiated
- 72 hours after Endoform dermal template application, the NPWT dressing was removed and reapplied
- Wounds were assessed and findings documented upon each dressing change (3 times)

### Results:

- Pain during dressing changes was reported to be 0 on a scale of 1-10
- No medication was given during dressing change
- Dimensions of wound at final dressing change:
  - Proximal: 5.5cm x 4.5cm x 0.5cm
  - Distal: 3.5cm x 2.5cm x 0.5cm with 2.5cm undermining at 5 o'clock
- 100% granulation tissue noted
- One week after initial application, patient was sent home



Day 1 presentation



Endoform dermal template applied and rehydrated



Restore Contact Layer FLEX dressing applied over Endoform dermal template



NPWT treatment initiated



NPWT removal after 72 hours

## CASE OVERVIEW

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### Purpose:

To present a case study in which a new dermal template derived from ovine extracellular matrix (ECM), covered by a flexible non-adherent lipido-colloid contact layer, is used in conjunction with negative pressure wound therapy (NPWT). Chronic wounds are known to have a disrupted or damaged ECM. Strategies which include a collagen-based advanced wound product may be beneficial. The Endoform dermal template was assessed for its ability to remain hydrated, ease of application, and patient comfort when used with NPWT foam dressings.

### Method:

Applied the Endoform dermal template directly to the wound bed, covered with Restore Contact Layer FLEX dressing, a flexible non-adherent lipido-colloid contact layer, and an NPWT dressing. Wounds were assessed and findings documented. Assessment included:

- Endoform dermal template ability to stay hydrated
- Ease of application
- Patient comfort when used with NPWT

### Results:

Application of Endoform dermal template directly to the wound bed covered with Restore Contact Layer FLEX dressing, a flexible non-adherent lipido-colloid contact layer, yielded quite favorable results. Based on clinical observation:

- There was no Endoform dermal template adherence to the contact layer
- There was no adherence to the foam NPWT dressing
- Patient reported pain was 0 on a scale of 1-10
- 100% granulation tissue was noted at end of regimen

### Conclusion:

In this case, the ability to use a collagen-based advanced wound product to assist in healing chronic wounds, which is easy to use for clinicians and provides patient comfort, yielded positive results and is very promising.



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