TOPICAL NEGATIVE PRESSURE AND LIPIDO-COLLOID CONTACT LAYER *: VALUE OF THIS ASSOCIATION IN WOUND MANAGEMENT

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INTRODUCTION

The treatment of the acute and chronic wounds which we encountered in our daily practice in plastic surgery requests sometimes less conventional methods than usually used in our conventional healing strategies (modern wound dressings).
The characteristics of certain wounds (length/width, depth, fibrinous aspect, volume of exudates) or the absence of favorable evolution often lead us to treat locally these difficult wounds by topical negative pressure (TNP) therapy.
Used during a limited time (in the range of a few days to several weeks) TNP therapy allows the wound to obtain good quality granulation tissue by a drainage of exudates, then making the possible use of local therapeutics or a surgical procedure.
However, we are frequently confronted with a problem of adherence of the foam of this system to the wound bed, and thus making removal of this foam painful.
This problem is most probably related to the inclusion of granulation tissue of the wound bed in this foam.
To avoid this traumatic dressing removal and patient's pain, in a systemic way we applied a non adherent ***lipido-colloid dressing**** *which covered the wound bed prior to the application of the foam.*
The authors will expose throughout a clinical observation, issued from a large clinical evaluation, their experience with a ***lipido-colloid dressing **** *in association with TNP therapy.*

CASE HISTORY

Male patient, 52 years of age, who underwent reconstruction of the humeral diaphysis involving transfer of a free revascularized flap from the fibula and soleus muscle. The development of postsurgical complications affected the site from which bone and muscle had been taken, causing devascularization of the anterolateral aspect of the leg and necessitating amputation after 18 months of treatment. The aim here was to promote wound healing of the devascularized amputation stump.

Lateral wound of the stump, complicated, making fitting a prosthesis impossible.

Surgical preparation of this chronic wound, then treatment with the TNP system using a protocol combining it with the ***lipido-colloid interface****.*

Technical application: cleaning of the lesion.
Positioning of the ***lipido-colloid contact layer **** *interface on the wound.*

Cutting the foam to the dimensions of the tissue loss, then application over ***lipido-colloid contact layer ****.*

Covering with a PU film to keep the system leaktight.

Application of vacuum via a drain connected to a motor. The mode of action is simple: maintenance of a moist environment, stimulation of granulation, reduction of serous substance. Non-traumatic removal with ***lipido-colloid contact layer **** *interface, preserving the newly formed granulation tissue.*

Granulation tissue of good quality is obtained, allowing an autograft covered by the ***lipido-colloid contact layer ****.*

CONCLUSION

Use of this new contact layer* in conjunction with TNP substantially reduced pain and dressing adherence during dressing changes. These effects can help overcome one of the disadvantages of TNP, which may allow for better compliance with this advanced wound therapy.

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