

MAXIOCEL-100% CHITOSAN WOUND DRESSING ON AN INFECTED WOUND POST TRANS TIBIAL AMPUTATION.

Center

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Patient details	68 years , Male
Diabetes	Yes
Nicotine consumption	No
Localized infection	Yes
Nutritional status	Well nourished
Co-morbidities	None
Current medication	Localized treatment with saline and gauze
Wound history	Patient suffering from an exudating and sloughy wound post amputation below right knee from a period of 1 week with measurements being L=80mm,D=10mm and W=60mm

Initial wound bed evaluation

Infection (Local Factors)	Yes	No	Exudate	Dry	Low	Medium	High
Exudate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Erythema	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exudate	Watery	Cloudy	Thick	Purulent
Malodorous	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Red
Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Oedema	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

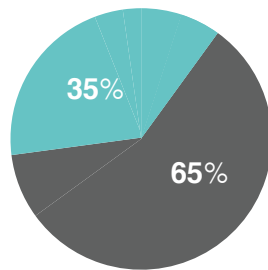


Wound before MaxioCel treatment



Wound after 4 days of MaxioCel treatment

Tissue type



Wound management goals

Parameters	Yes	No
Debridement		
Infection prevention		
Exudate management		
Optimum moisture maintenance		
Protect granulation tissue / Epithelializing tissue		

End report

No of MaxioCel dressings done	2
Frequency of MaxioCel dressings	Alternative days
MaxioCel variant used	MX1010
Final day wound condition	Exudate levels significantly reduced, wound has granulated and margins started contracting.

Result

Patient Outcome with MaxioCel	Ease of Application / Removal	Anti-microbial barrier	Wound adherence	Conformability	Wound scar improvement	Pain management
Excellent						
Good						
Fair						
Poor						

Discussion

- Amputation is the removal of a limb by trauma, medical illness, or surgery. As a surgical measure, it is used to control pain or a disease process in the affected limb, such as malignancy or gangrene.
- The use of advanced removable dressings in trans-tibial (below knee) amputations, rather than bandaging has been shown to improve healing time, reduce edema, prevent knee flexion contractures and reduce complications, including further amputation and should be considered standard practice.
- Post-operative management, in addition to wound healing, should consider maintenance of limb strength, joint range, edema management, preservation of the intact limb (if applicable) and stump desensitisation.
- In the shown case, the prime objective was infection prevention and promotion of faster healing because of wound size while managing exudates which could pool and cause an increase in microbial load.
- MaxioCel dressings were initiated as the treatment regimen and within 2 dressings(alternative days) over a period of 4 days,significant reduction in exudates were seen with rapid desloughing.Wound circumference reduced and healthy granulation tissue was observed.