

THE MANAGEMENT OF DEHISCENT STERNOTOMIC WOUNDS WITH ACTISORB PLUS.

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Objectives

We report our experience in the management of these wound complications with the silverimpregnated activated charcoal xerodressing Actisorb Plus TM.

Methods

From January 1998 to April 2004 we treated in our Institution with Actisorb Plus all Pts affected by dehiscence of sternotomic wounds: 90 Pts, 65 male and 25 female, a mean age

58+/-3 years;60 Pts were diabetics (36 Pts were insulin dependent, 24 non-insulin dependent); 70 Pts underwent coronary artery grafting with one or two internal mammary arteries; 50 Pts were affected by obesity (35 male and 15 female); 55 Pts had infective agents

in their wound exudate. The dehiscences were completely opened to expose soft tissue and to

allow a radical debridement of wound. Then wounds were systematically dressed with Actisorb Plus . When necrotic and exudative wastes were removed definitively and granulations and peripheral epithelialization appeared, the Pts were discharged from the Hospital and called for periodic medications (every 2 or 4 days and afterwards once a week).

We sutured the wound when it reached an advanced degree of healing.

Results

We obtained the complete healing of wound in all Pts without recurrence of dehiscence.

The

hospital stay and medication decrease was significant in this group of Pts in comparison with

our previous experience and this resulted in reduction of total cost of treatment and in substantial improvement of Pts compliance.

Conclusions

This sorbent is particularly helpful in the care of dehiscant wounds because it eliminates uncomfortable daily medications and it spares staff and economic resources