

Clinical challenge: To improve oxygen concentration to the wound bed and to promote tissue regeneration with concomitant wound exudate management to facilitate wound healing.

PATIENT AND WOUND HISTORY

- 42-year-old female.
- No relevant medical history.
- Surgical history: Lipo-abdominoplasty, liposuction of the back.
- Following 3 sessions of hyperbaric oxygen therapy for ischemia, surgical debridement of necrotic tissue in lower abdomen was performed 15 days after abdominoplasty; present for 21 days.
- Previous treatment: negative pressure wound therapy.

Surgical wound

INTERVENTION AND TREATMENT REGIME

- **Granulox®** (intervention), a topical haemoglobin spray, selected for its ability to improve oxygenation of the wound bed to support healing; **Mepilex® Ag** (intervention), a conformable foam dressing with silver, chosen for its antimicrobial action concomitant with effective management of exudate and prevention of wound maceration.
- Wound cleansing was carried out using normal saline until day 23.
- The wound was coated with a thin layer of Granulox® and then dressed with Mepilex® Ag. At day 23, Mepilex® Ag was discontinued.
- Dressings were changed every two to three days.

WOUND PROGRESSION



Wound area	50 cm ²	50 cm ²	30 cm ² (↓ 40%)	Healed
Wound depth	4 cm	3 cm (↓ 25%)	1.5 cm (↓ 63%)	
Signs of infection	Erythema, oedema	Erythema, oedema, exudation	Resolved	-
Viable tissue	90%	90%	100%	-
Peri-wound	Dry, macerated	Macerated	Dry	Healthy
Exudate	High, viscous, Yellow/green	High, viscous, yellow/green	Low, non-viscous, clear/serous	None
Pain score#	3, 5, 2/10	3, 4, 2/10	1, 2, 1/10	0, 0, 0/10

Pain prior to dressing change, on dressing removal and during wound cleansing

PERSPECTIVE

The use of **Granulox® and Mepilex® Ag** promoted the successful closure of a surgical wound with delayed healing, negating the need for flap reconstructive surgery.

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