

Use of Solventum™ V.A.C.® Peel and Place Dressing After Mohs Surgery on the Right Foot

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Patient & diagnosis

An 83-year-old female presented with a surgical wound created during Mohs surgery. The patient was on blood thinning medication and was a former smoker with a history of diabetes, hypertension, gastroesophageal reflux disease, atrial fibrillation, mitral valve regurgitation and basal cell carcinoma.

Procedure

The Mohs procedure resulted in a surgical wound on the right foot of 4.0 cm length x 4.0 cm width x 0.2 cm depth (**Figure 1**). The wound was treated with hypochlorous acid wound cleansing solution and petrolatum gauze for the first 10 days after surgery as per the instruction of the Mohs surgeon.



Figure 1. Presentation of a surgical wound 10 days after Mohs surgery.

Initial application of Solventum™ V.A.C.® Peel and Place Dressing

The decision was made to use the V.A.C.® Peel and Place Dressing with Solventum™ V.A.C.® Therapy for faster dressing changes and longer dressing wear time. Sharp debridement was performed (**Figure 2**), and the small size V.A.C.® Peel and Place Dressing was selected based on the wound dimensions.

The dressing has a built in perforated non-adherent layer which allows the foam portion of the dressing to cover the wound and periwound area. The Solventum™ SensaT.R.A.C.™ Pad was placed to orient tubing in line with the leg to prevent bending or blocking. The tubing was positioned to run up the leg and secured with cotton gauze and a piece of foam. Negative pressure of -125 mmHg was applied using the Solventum™ ActiV.A.C.™ Therapy Unit (**Figure 3**). Total application time took less than two minutes.



Figure 2. Sharp debridement was performed prior to initiating V.A.C.® Therapy.



Figure 3. Application of the small V.A.C.® Peel and Place Dressing Kit. A. The dressing was positioned so that the foam portion of the dressing with integrated perforated non-adherent layer completely covered the wound and periwound area. B. The hybrid acrylic and silicone drape, integrated in the dressing design, was smoothed for crease-free coverage without pulling or stretching the drape or foam. C. The pre-cut hole in the dressing was oriented to face up and to facilitate attachment of the SensaT.R.A.C.™ Pad. D. tube placed without bending or blocking the tubing connection to an ActiV.A.C.™ Therapy Unit.

Treatment

The first dressing change occurred after five days of therapy. The wound bed showed areas of increased granulation tissue and areas of proteinaceous material. No periwound maceration was observed. Wound dimensions were 3.9 cm length x 3.8 cm width x 0.2 cm depth (**Figure 4**, next page). During all dressing changes, the wound was cleansed by soaking for five minutes with hypochlorous acid solution. Additional acrylic drape was used to secure the dressing edge where minimal rolling had occurred on the previous dressing.

The second dressing change was performed after seven days of therapy. There was no loss of seal during wear time, and the patient tolerated the dressing without any problems. The wound bed had increased granulation tissue and proteinaceous film, and the periwound skin was soft and supple with no visible irritation. Minimal drainage was observed in the therapy unit canister.

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The wound area had decreased, with dimensions of 3.7 cm length x 3.6 cm width x 0.2 cm depth (**Figure 5**). Due to scheduling around a holiday weekend, the third dressing change occurred after four days of wear (**Figure 6**). The wound size appeared smaller and had increased granulation tissue.

Follow-up

Four weeks after Mohs surgery, the wound bed was optimally prepared for a split-thickness skin graft procedure (STSG, **Figure 7**).

Solventum™ V.A.C.® Therapy with V.A.C.® Peel and Place Dressing was applied over the STSG for five days (**Figure 8**). At this dressing change, the graft take was approximately 95%. After V.A.C.® Therapy was discontinued, 3M™ Adaptic™ Non-adhering Dressing and wound cleansing with hypochlorous acid solution were used for three weeks. 3M™ Promogran Prisma™ Collagen Matrix with ORC and Silver was used over a small area where epithelization was slower, until closure was achieved nine weeks after STSG (**Figure 9**). Follow-up of this patient after six months showed the STSG healed well (**Figure 10**).



Figure 4. The first dressing change was performed after five days of therapy.



Figure 5. The second dressing change was performed after seven days of therapy.



Figure 6. The third dressing change was performed after four days of therapy.



Figure 7. Four weeks after Mohs surgery. **A.** The wound bed was ready to undergo a split-thickness skin graft. **B.** Intraoperative split thickness skin graft.



Figure 8. Five days after STSG



Figure 9. Nine weeks after STSG



Figure 10. Six months after STSG

The patient reported no pain at V.A.C.® Peel and Place Dressing removals and commented that this dressing was more convenient than previous wound management experiences. In this patient, use of V.A.C.® Therapy with V.A.C.® Peel and Place Dressing resulted in increased granulation tissue development, epithelialization, wound size reduction and successful graft take.

Clinician experience

V.A.C.® Peel and Place Dressing removal took less than 30 seconds and dressing changes were simple and required only one person. Fewer products were also used with V.A.C.® Peel and Place Dressing. Per the clinician, the periwound skin looked intact and relatively healthy, the level of edema decreased with each dressing change and wound bed preparation was achieved quicker than anticipated.

As with any case study, the results and outcomes should not be interpreted as a guarantee for warranty of similar results. Individual results may vary depending on the patient's circumstances and condition.

NOTE: Specific indications, limitations, contraindications, warnings, precautions and safety information exist for these products and therapies. Please consult a clinician and product instructions for use prior to application. Rx only.

Photos courtesy of Robert J. Klein, DPM, FACFAS, CWS; RCPS (Glasgow); University of South Carolina School of Medicine - Greenville; Prisma Health, Greenville, SC.