

# A treatment of stagnate abdominal wounds after bowel surgery

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## Introduction

Study of ten patients with stagnating abdominal wounds after bowel surgery. These wounds contain all the aspects of the TIME principles. The patients experience a social isolation with these abdominal wounds

## Methods

The wounds are treated with 100% collagen and a calcium alginate dressing with silver, the wound will be covered with a foam bandage with adhesive. All the patients will be seen with the stoma-wound care nurse. The wound will be photographed and policy will be evaluated every time they visit the clinic.

## Results

- lesser moistness of the abdominal wound
- control of infection
- lesser social isolation
- restore the abdominal wound
- lesser odour
- lesser pain

## Conclusion

All abdominal wounds after bowel surgery were treated with collagen on a silver alginate. The wounds heal from three months depending of the size of the wound. Patients do not suffer anymore and they get a better quality of life

## Case 1

- 71 year old male
- April 2004 ileocolonic resection and Wound dehiscence with small intestine perforation
- End of May: discharge with open abdominal wound



- July 2008 policlinical visitation stomapoli
- Stagnating abdominal wound
- Start Suprasorb C and covered with Suprasorb P, rinse and dress wound every other day



- Dressing change: rinse out and Suprasorb A-Ag on woundbottom, on top of that Suprasorb C. Change this dressing every other day and first following change first apply Suprasorb C followed by Suprasorb A-Ag on top of that.
- Cover with foamdressing



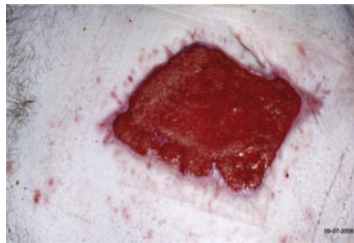
- Abdominal wound almost closed. Wound around the dressing change treated with terracortril eye-ointment as stimulation



- 11/04/09, abdominal wound closed
- Rub Sanyrene on skin once a day to firm the skin

## Case 2

- 62 year old male, married
- June 2005 subtotal colectomy + end ileostomy in view of therapy resistant ulcerative colitis
- March 2008, strangulated parastomal hernia, operative correction
- June 2008 splitskin graft abdomen, transplant comes loose after 2 days



- Wound policy at discharge absorbing dressing
- Check-up stoma policlinic
- Start wound covered with Suprasorb X-PHMB and covered with Suprasorb P



- Rinse wound daily and cover with Suprasorb C and Suprasorb A-Ag. Alternate Suprasorb C and Suprasorb A-Ag under in the woundbed. Cover with Suprasorb P



- Apply Terra Cortril eye-ointment thinly every other day and cover with Suprasorb P, almost closed
- Rub remainder of skin once a day with Sanyrene, to firm the skin

## Case 3

- 67 year old male, married
- June 2005 abdominal rectum extirpation in view of rectum carcinoma T3 N0 Mx
- January 2008 total colectomy and placing of ileostomy in view of multiple polyps in colon
- 2 x fascia dehiscence, during last operation the fascia was closed and the rest of the abdominal wound left open



- March 2008
- Woundbed covered with Suprasorb A and covered with Suprasorb P



- July 2008
- Suprasorb A-Ag on the woundbottom and Suprasorb C on top of that Alternate this every other dressing change
- Cover with Suprasorb P



- Apply Terra Cortril eye-ointment thinly every other day and cover with Suprasorb P, almost closed
- Rub remainder of skin once a day with Sanyrene, to firm the skin



- Start beginning of April with Terra Cortril eye-ointment
- 15/04 wound closed
- Rub closed wound once a day with Sanyrene to firm the wound