

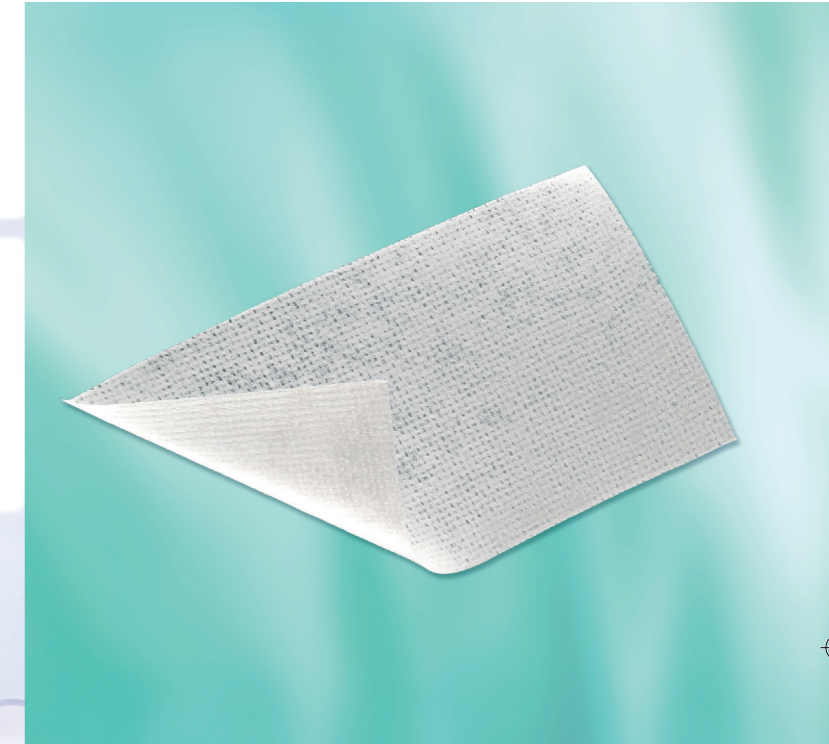
# Askina® SilNet

## Clinical Case Studies



### Ordering information Askina® SilNet

Size	Unit/Box	Article Number
5 x 7,5 cm	10	5195710
7,5 x 10 cm	10	5197510
10 x 18 cm	10	5191810
20 x 30 cm	5	5192305



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Reference: ZJ01245

# Clinical studies

## Introduction

Askina® SilNet is a soft silicone wound contact layer designed to protect the wound site from mechanical disruption during dressing changes. It prevents adhesion of the secondary dressing to the wound surface and minimizes the trauma associated with dressing changes. Askina® SilNet has been used successfully in several European countries for a wide range of indications.

This booklet presents five specific clinical cases which confirm the effectiveness of Askina® SilNet and bear out its non-adherent and pain reducing properties.

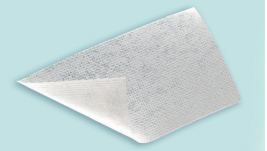
Our special thanks go to Mr. Frans Meuleneire from the AZ St. Elisabeth Clinique in Zottegem, Belgium, for presenting us these studies.

## Summary

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## Superficial second degree burn

CASE 1



**PATIENT:** 19 year old man

**WOUND DESCRIPTION:**

Second degree burn on the right knee and calf, caused by boiling water

**REASONS FOR USE OF ASKINA® SILNET:**

Askina® SilNet was used to preserve the newly formed tissue, yet allow the transfer of large amounts of exudate to flow into the secondary absorbing dressing.



Day 1 - 6. 7. 2009

One day after the trauma, the blister was partially removed. The wound was producing a high level of serous wound exudate.



Day 1 - 6. 7. 2009

The blister was removed completely. The wound was painful but there was no sign of infection. The wound was thoroughly cleansed with Prontosan® solution.



Day 1 - 6. 7. 2009

Askina® SilNet was applied to the wound and covered with a secondary absorbing dressing and fixed with a bandage.



Day 2 - 7. 7. 2009

The secondary absorbing dressings were changed every day. It was possible to monitor the wound through Askina® SilNet.



Day 10 - 16. 7. 2009

At day 10, Askina® SilNet was removed. Askina® SilNet stayed perfectly in place for the 10 days. Re-epithelialisation had started. After cleansing with Prontosan® solution some more non viable skin came off. The wound was not painful anymore, but still very fragile, and required further protection. The use of Askina SilNet was continued.



Day 17 - 23. 7. 2009

Result: The wound is completely healed, with a very satisfying cosmetic aspect, without any scabs.

### CONCLUSION

Askina® SilNet facilitated the passage of large amounts of exudate, which were produced during the inflammatory phase, into the absorbing dressing. The fact that the dressing could be left in place during 10 days

ensured undisturbed wound healing. Askina® SilNet proved to be an efficient protector for the newly formed tissue and helped to avoid the formation of scabs

# Pretibial traumatic wound in an elderly patient

## CASE 2



**PATIENT:** 82 year old woman

**WOUND DESCRIPTION:**

Large very painful pretibial wound resulting from a fall. The wound was treated for 5 days with an alginate dressing. The dressing adhered to the wound bed and to the edges, causing additional trauma to the patient.

**REASONS FOR USE OF ASKINA® SILNET:**

As the wound was heavily exuding and very painful, it was important to avoid trauma during daily dressing changes to the patient. By using Askina® SilNet only the secondary dressing was changed, without any pain or damage to the newly formed tissue.



Day 1 - 26. 2. 2009

Highly exuding and very painful wound.



Day 1 - 26. 2. 2009

Application of Askina® SilNet. A secondary absorbing dressing was fixed with a non compressive bandage and changed daily.



Day 4 - 2. 3. 2009

After 4 days, Askina® SilNet was changed and easily removed without damaging the fragile wound surface. The epithelialisation had started at the wound edges.



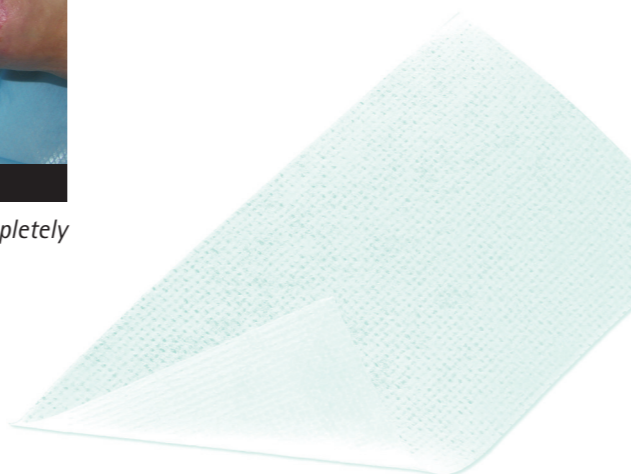
Day 8 - 6. 3. 2009

There was a significant reduction of the wound surface and presence of a healthy granulation tissue.



Day 18 - 16. 3. 2009

After 18 days, the wound was completely epithelialized.



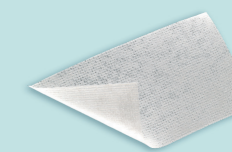
### CONCLUSION

Despite the patient's age and general condition, the wound was almost completely epithelialised within 18 days, thanks to the efficient

removal of the exudate and an undisturbed healing process. Dressing changes were completely painless.

# Painful second degree pressure ulcer on the heel

## CASE 3



**PATIENT:** 81 year old woman hospitalised for a hip fracture

**WOUND DESCRIPTION:**

Very painful second degree pressure ulcer, previously treated with a foam dressing that adhered to the wound surface.

**REASONS FOR USE OF ASKINA® SILNET:**

Askina® SilNet was used to avoid painful dressing changes and to protect the fragile wound surface.



Day 1 - 10. 2. 2009

Start of treatment: Pressure ulcer with fragile surrounding skin.



Day 1 - 10. 2. 2009

Askina® SilNet was easy to apply on the wound despite it being a difficult to dress area. Askina® SilNet was covered with a secondary absorbing dressing that was fixed with a non-compressive bandage.



Day 3 - 13. 2. 2009

After 3 days, Askina® SilNet was changed. It did not adhere to the wound surface and the dressing change was totally painless.



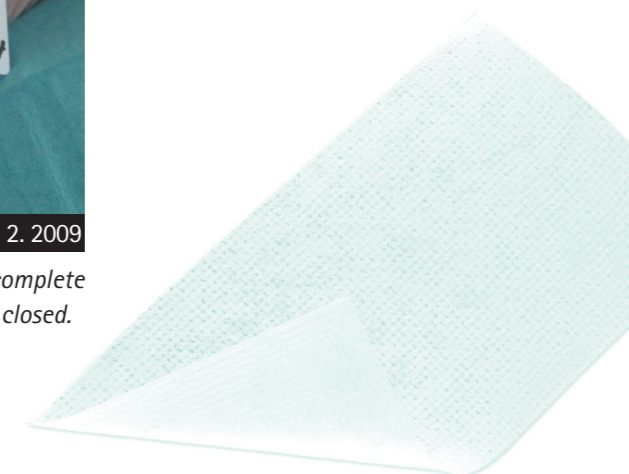
Day 8 - 17. 2. 2009

After only 1 week, healthy granulating tissue appeared and the wound size significantly decreased.



Day 34 - After 5 weeks - 17. 2. 2009

The healing process was almost complete and the wound almost completely closed.



### CONCLUSION

The general condition of the immobilized, elderly patient did not favour a good wound healing process. However, the treatment

was successful and use of an atraumatic interface dressing prevented pain to occur during dressing changes.

# Skin graft following extended knee trauma

## CASE 4



**PATIENT:** 48 year old woman hospitalized for an extended traumatic wound on the knee caused by a bicycle fall.

**WOUND DESCRIPTION:**

8 days after the accident, a hematoma was removed surgically. Because of the large tissue loss a skin graft was necessary. Negative pressure therapy was used for two weeks to prepare the wound bed and stimulate the granulation process before graft.

**REASONS FOR USE OF ASKINA® SILNET:**

To ensure that the graft would take, negative pressure was applied. Askina® SilNet was placed on top of the graft to ensure that it remained undisturbed during this phase and to avoid adherence of the graft to the GranuFoam™ dressing.



Day 1 - 10.7.2009  
Initial state: Wound after the injury, with hematoma surgically removed.



Day 21 - 31.7.2009  
After one week of treatment with moist therapy and two weeks of V.A.C.® Therapy, the condition of the wound bed was optimal for receiving a meshed split thickness graft, taken from the opposite thigh. The skin graft was fixed with staples.



Day 21 - 31.7.2009  
The graft was covered with Askina® SilNet to ensure that it remained undisturbed during this sensitive phase.



Day 21 - 31.7.2009  
GranuFoam™ dressing was placed on top of Askina® SilNet and covered with a transparent film dressing to seal the wound. Askina® SilNet slightly overlapped the wound edges. A negative pressure of 150 mm Hg was applied for 6 days.



Day 27 - 6.8.2009  
Removal from the top of the skin graft: After 6 days of continuous negative pressure therapy, Askina® SilNet did not adhere to the graft. Removal of the dressing was surprisingly easy and non-traumatic.



Day 32 - 11.8.2009  
Results: The skin graft was vital and did not move at all. All staples were removed. The treatment was continued using Askina® SilNet (changed every 3 days) and Askina® Foam as a secondary dressing. The dressing came off very easily.

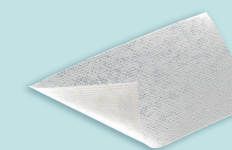
**CONCLUSION**

After 11 days the skin graft was vital and in perfect condition. Almost all of the wound surface was covered with epithelium. This case demonstrated the usefulness of Askina® SilNet for the protection of the skin graft especially when negative pressure was applied.

Askina® SilNet protected the graft from moving and from adhering to the GranuFoam™ dressing. Askina® SilNet was completely compatible with V.A.C.® Therapy, allowing for an excellent pressure transmission and efficient exudate elimination.

# Post operative wound dehiscence due to an infected hematoma

## CASE 5



**PATIENT:** 23 year old man was operated on after an injury on the right thigh. After surgical closure, the site became infected, with the presence of an oedema that caused dehiscence of the wound.

**WOUND DESCRIPTION:**

Dark, red wound with signs of delayed healing.

**REASONS FOR USE OF ASKINA® SILNET:**

In order to stimulate the healing process, V.A.C.® Therapy was used. Askina® SilNet was used as an interface to avoid any adherence of the GranuFoam™ dressing to the wound bed and to prevent excessive pain during dressing changes.



Day 1 - 17.4.2009  
After drainage of the abscess, a deep wound with a dark - red wound surface was observed.



Day 1 - 17.4.2009  
After cleansing with Prontosan®, the wound bed was lined with Askina® SilNet to prevent any wound bed adherence to the GranuFoam™ dressing and avoid pain during dressing changes.



Day 1 - 17.4.2009  
GranuFoam™ was cut to fit the wound size and applied directly on top of Askina® SilNet, then sealed with a transparent film dressing. A negative pressure of 150 mm Hg was applied.



Day 6 - 23.4.2009  
GranuFoam™ dressings were changed at Day 3 and Day 6. After a very short time a cleaner wound surface and commencement of the granulation process was observed. There was no damage to the surrounding skin.



Day 10 - 27.4.2009  
Result: The size of the wound was reduced and covered with healthy granulating tissue. Askina® SilNet was very easy to remove.

**CONCLUSION**

Askina® SilNet was fully compatible with V.A.C.® Therapy: transfer of exudate was very efficient, and there was no damage caused to the granulating wound surface or to the wound surrounding skin as a result of using the interface dressing.

No in-growth of granulation tissue was observed despite the high level of negative pressure applied. Dressing removal was completely painless.

