

Managing a wound with bacterial bioburden that is resistant to antibiotics

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Introduction

A two year old, female, neutered, domestic short-hair cat presented with two severely contaminated wounds after a suspected road traffic accident. Both wounds were clipped, lavaged with saline and debrided. A large laceration to the right thigh (Image 1) and a cranial laceration overlying the right stifle (Image 2) can be seen post initial wound treatment.

Methods

Under general anaesthetic (GA), a wet-to-dry dressing was applied and left in place for 24 hours, secured with nylon stay sutures over both wounds.

After 24 hours further debridement and lavaged with sterile saline was performed under GA. The thigh wound was surgically closed and dressed with Cutimed® Sorbact® gel. The stifle wound was dressed with a Cutimed® Siltec® foam dressing for protection and absorb any exudate (Images 3 and 4).

After seven days the thigh wound showed signs of a partial wound breakdown. A bacterial swab was taken for culture and sensitivity. This showed that the antibiotics prescribed were ineffective as the bacteria was resistant. Further debridement under general anaesthetic undertaken. This wound was then dressed with Cutimed® Sorbact® gel to help manage the bacterial bioburden and Cutimed® Siltec® foam dressing to provide a moist wound environment.

Results

At day twelve both wounds were reassessed (Images 5 and 6) a healthy granulation bed could be seen on both wounds and a repeat dressing combination of Cutimed® Sorbact® gel and Cutimed® Siltec® foam dressing was used every three to five days depending on client availability to present the patient. (Image 7).

At week four there was good wound contraction at both sites, surgical closure was performed at this point with minimal tension required (Images 8 and 9).

A supportive dressing was applied after surgery using Cutimed® Sorbact® gel as the primary dressing and Cutimed® Siltec® to help reduce movement. This dressing was replaced twice using the same regime over a period of 10-14 days, wound healing was achieved by day 37 (Images 10 and 11).

Conclusion

Our overall experience with these dressing materials exceeded our expectations when compared to previously used materials. The dressings were easy to apply and remove. They were comfortable for the patient when in situ. A combination of excellent owner and patient compliance along with the new dressing technology ensured an end result of a healthy tissue bed, allowing closure of the wounds to the satisfaction of all involved with the care of this patient.



Image 1

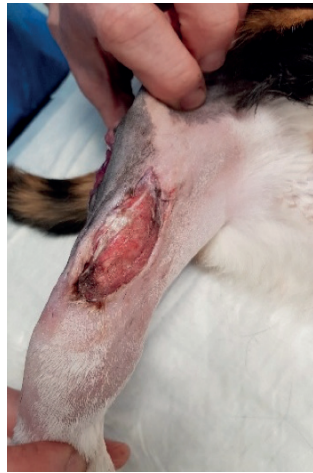


Image 2



Image 3



Image 4



Image 5



Image 6



Image 7



Image 8



Image 9



Image 10



Image 11