

A novel way to use a post-operative wound dressing: Leukomed® Sorbact®

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Introduction

A 14 year old, female, neutered West Highland Terrier presented for total left ear canal ablation. The dog was suffering from chronic otitis externa which had been ongoing for some years and resulted in stenosis of the canal.

Methods

A left sided total ear canal ablation and lateral bulla osteotomy was performed. The bulla was filled with hyperplastic mucosa, which was curetted out and the bulla flushed. The wound was closed in layers with Ethilon™ sutures in the skin. A bupivacaine block was applied after wound closure. Samples for culture were submitted from the middle ear and all tissue submitted for histology

Leukomed® Sorbact® post-op dressing was applied over the t-shaped incision. The dog was discharged the following day. Leukomed® Sorbact® dressings were chosen for their ability to adhere in difficult places, and their bacteria-binding ability.

Results

There was no strikethrough on the dressing so no dressing change prior to discharge.

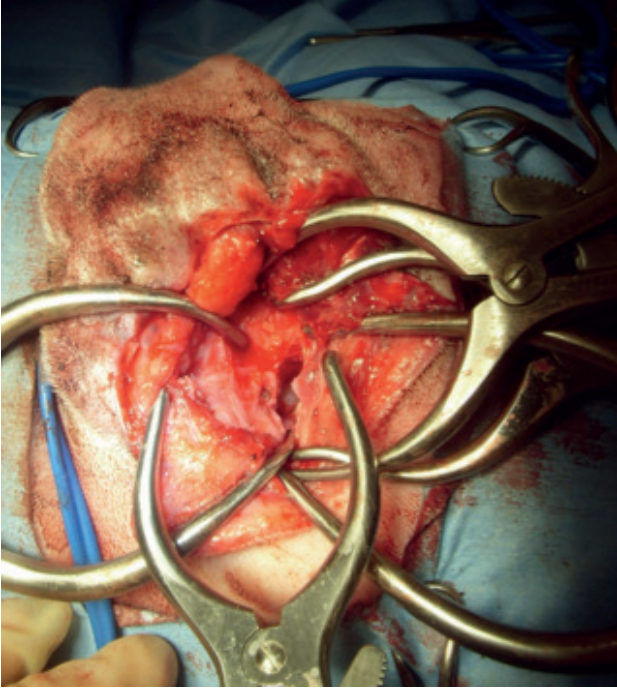
When the patient presented for re-examination three days later the dressing was in place and the patient was comfortable with no evidence of strike-through. This was still the case seven days post-surgery.

The dressing was finally removed so that sutures could be removed ten days post-surgery. There was a small area of skin eversion at the top of the wound but otherwise the skin had healed well.

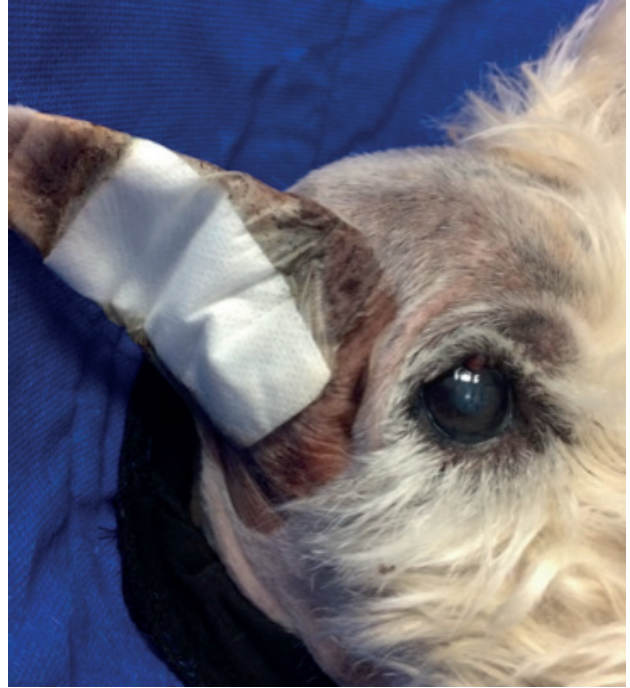
Histopathology confirmed chronic otitis and otitis media. A coagulase negative staphylococcus was cultured from the middle ear.

Conclusion

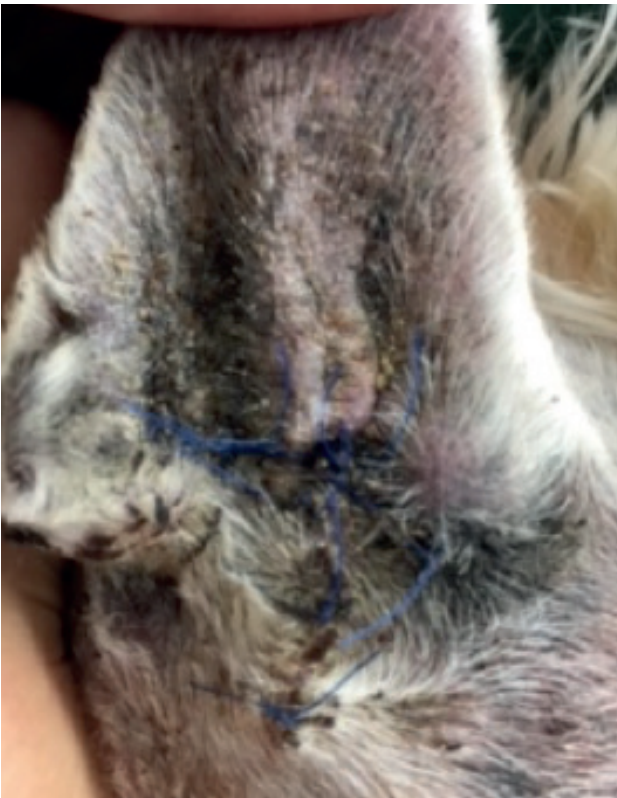
The dressing remained attached for ten days protecting the wound in a very hard to apply area. The skin healed well under the dressing.



Intraoperative view of surgery



Dressing still adhered seven days post-surgery



Wound at suture removal, ten days post-surgery