

Treating a Quadriplegic's Non-Healing Wound with Fentonite®-Based Products

PATIENT'S BACKGROUND

It's difficult to imagine how a person's life can change in a instant. One moment you are doing repairs to your home. The next moment you have fallen from a ladder and your life's journey as a quadriplegic begins. After the fall and now for the past 7 years, EG's health has continued to fail making treatment choices more challenging. Providing EG with the best possible outcome was the objective of his care.

When EG was referred to our wound clinic he was suffering from a stage 4 sacral wound that included the bone and a stage 3 ulcer on his right leg. The leg ulcer resolved using standard of care.

TREATMENT HISTORY FOR SACRAL WOUND

At the time of referral, EG's sacral decubitus wound was 5cm X 3cm X 6cm in depth.

The patient's wound was examined and it was determined that an initial treatment plan would be a gauze packing with dressing changes 3 times a week. After one month of care this approach didn't provide the desired results. The treatment plan was changed to the use of a wound vac changed 3 times a week. The wound vac treatments continued for approximately 3 months. At this point, because the wound was not progressing, we decided other treatment options needed to be initiated.

TREATMENT AND PROGRESS OVER 4-MONTH PERIOD

12/16/21



12/16/21



2/1/22



TREATMENT WITH THERMOSET WOUND CLEANSER AND FENTONITE® AGFRESH WOUND HYDROGEL

In early May of 2022 the wound vac treatments were discontinued and the patient's care plan was changed to cleansing with ThermoSet Wound Cleanser and treating with AgFresh Wound Hydrogel with Fentonite and silver.

5/15/22



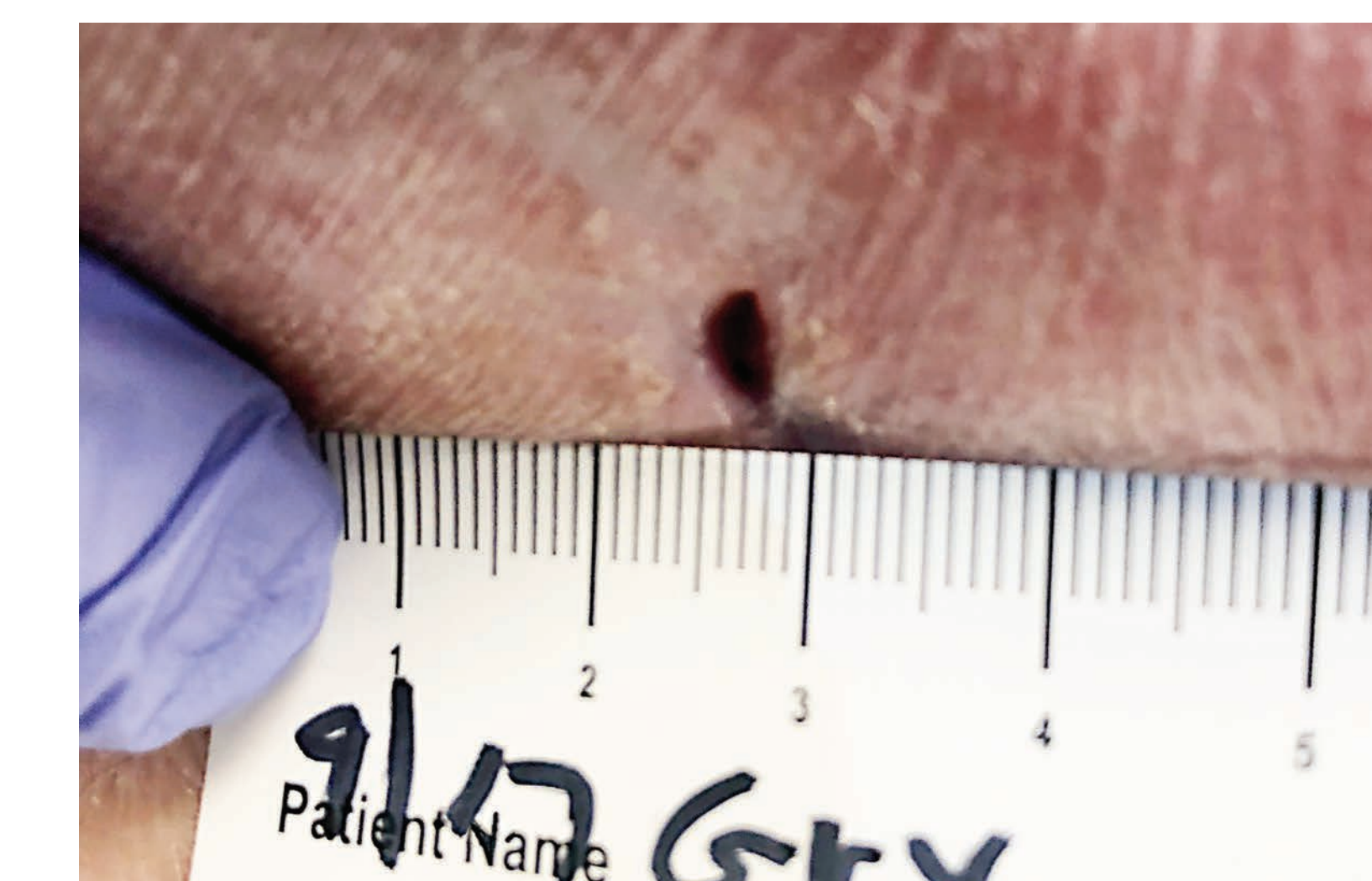
Between May 15th and September 17th the patient was seen 3 times a week for observation and dressing changes. By June the patient's wound had started to heal again. Between July and early September the wound showed excellent progress and the depth and width

7/26/22



of the wound was substantially resolved. The final patient visit to the wound clinic was late September at which time the patient's wound was completely healed and the patient was released from our care.

9/17/22



When the wound gauze packing failed to achieve the desired results the patient was scheduled for a rotational flap procedure to cover the ischial ulcer. The patient preferred not to have surgery and elected for a second opinion at my

IMPORTANT PATIENT HISTORY NOTE

facility knowing that I had options not available elsewhere. The surgery, with everything considered would cost the system close to \$100,000 and would require the patient to endure extensive 3 to 6 month recovery.

The patient's care was transferred to our facility and we initiated a care plan using the wound VAC. When the healing stagnated, it was decided to try the products with Fentonite® as a better course of action.

PATIENT'S MEDICAL BACKGROUND AND HEALTH STATUS

EG is currently an 80-year-old male with multiple health issues that affect his ability to heal by primary intention.

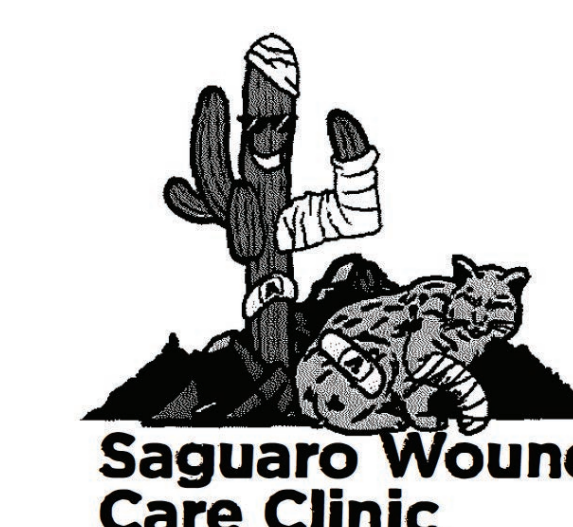
In addition to being a quadriplegic, he suffers from PAD, anxiety, cerebral vascular disease, type-2 diabetes, gastrointestinal reflux,

hyperlipidemia, hypertension, and cerebral vascular disease. The patient also suffered an ischemic stroke.

INVESTIGATORS

Michael Lavor, MD is Medical Director of Saguaro Wound Care Clinic. He served as Dept. Chairman for General and Vascular Surgery at Tucson Medical Center, and Chief of Surgery and Staff at El Dorado Hospital. He is board certified in general surgery and fellow in the American College of Surgeons. He's past president of the Rocky Mountain Vascular Surgical Society, a Fellow in the Southwestern Surgical Congress. He was Commander/OIC of a surgical base in

Afghanistan, 2012-2013. **Jessica Barcelo (CCMA)** is a clinically certified medical assistant. She served two years as clinical lead for an urgent care center with an additional two-years experience as a wound care specialist.



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