

Hematoma Patient Treated with BioRelease® Achieves Near-Resolution in Eight Weeks Without Infection

PATIENT'S MEDICAL HISTORY

EV, Jo was born 8/23/34. He has been a patient of the office for several years. He has been being treated for a chronic wound on his right foot that has been very slow to resolve. EV Jo suffers from type two diabetes, stage 4 renal failure, morbidly obese, PAD and severe edema of the lower extremities.

INJURY AND TREATMENT PROTOCOL

EV, Jo presented at the office mid-January 2023 with a large hematoma. He injured his leg while in the dentist office. He accidentally ran into a dental chair and sustained the injury.

The objective of the treatment plan was to avoid a skin graft due to his medical status. His plan involved weekly debridement and dressings changes in the office. He cared for his wound at home with a dressing change every other day. The patient was instructed to cleanse the wound with purified water, apply BioRelease to cover the entire wound and apply a silicon dressing to protect the wound and the surrounding tissue.

OUTCOME

EV, Jo's wound showed excellent results within the first couple of weeks. There were no signs of infection and the treatment with the BioRelease remained the only wound care product used on the patient.

1/16/23



2/20/23



2/06/23



2/27/23



2/13/23



3/14/23



BACKGROUND

In 2012 the civilian National Trauma Data Bank recorded 278,100 lower extremity injuries. From this group there were 3,700 amputations. The objective of a wound care plan for all patients, but especially patients over 70 and patients with diabetes, vascular disease and a compromised immune system, should include topical products that can stabilize the wound and protect it from the risk of infection.

Lower extremity trauma is a common patient emergency seen by wound care and trauma

doctors. Patient evaluation includes the involvement of four factors, damage to: nerves, vessels, bones and soft tissue. If a patient presents with three or more of these elements the patient is deemed to have a "mangled extremity" (*T.E. Rasmussen, et al*). A patient suffering from three or more factors should be deemed as high risk.

Based upon an initial evaluation of peripheral nerves, vascular integrity and potentially an ankle brachial index test, patients can be further rated on one of the validated injured

extremity index scales. Physician' experience coupled with validated index scales gives patients the best opportunity to recover fully.

Lower extremity injuries most often are caused by falls followed by work-related injuries, car and motorcycle accidents. Among this group it was found that about ten percent of patients required an amputation if primary care failed. With an aging population, that are at high risk of falls and lower extremity injuries, more needs to be done to improve patient outcomes.

INVESTIGATORS

Michael Lavor, MD is Medical Director of Saguardo 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. 7140 E. Rosewood Street, Suite 110 - Tucson, AZ 85710 Phone (520) 633-1715 • Saguardowoundcare@gmail.com