



*RTD Wound Care Dressing  
Case Studies*

# Case 1

## Pressure Ulcer

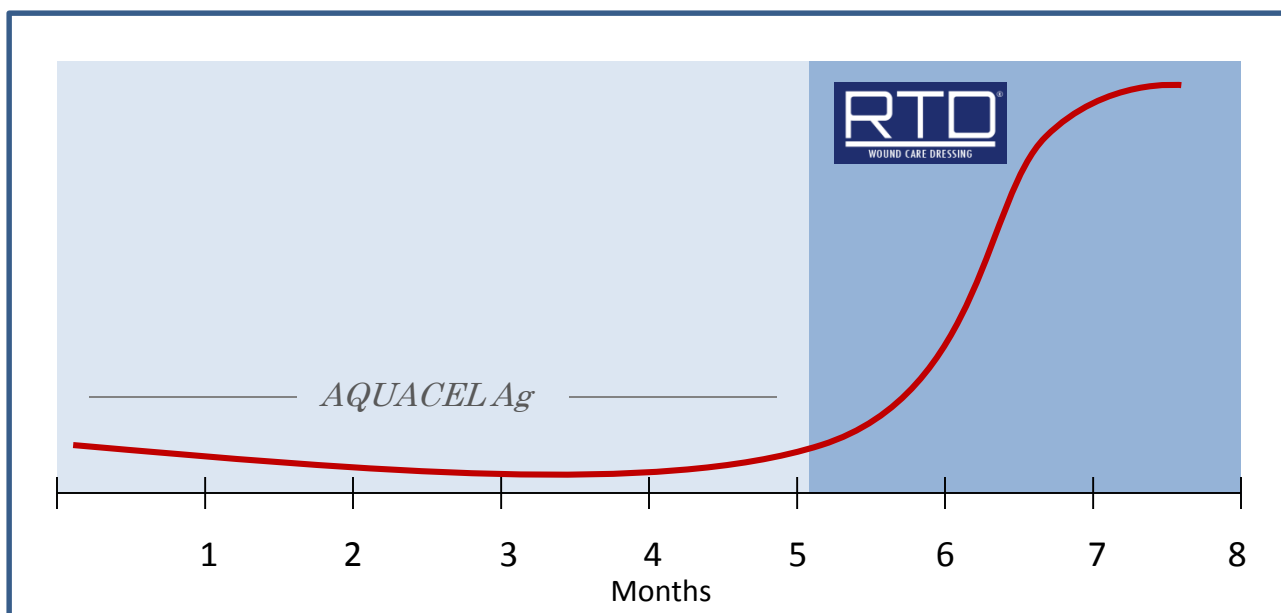


April 11



July 11

83 year old female with chronic stage 3 pressure ulcer. Patient was treated for 5 months with Aquacel AG® with no improvement in healing. On April 11 the patient started treatment with RTD® Wound Dressing. **The wound was completely healed after 82 days with RTD® Wound Dressing.**



# Case 2

## Pressure Ulcer



August 17



November 23

82 year old female with chronic stage 3 pressure ulcer located at the coccyx. Patient is frequently incontinent of urine and stool. Infection could not be resolved with previous treatment. **The wound was completely healed after 96 days with RTD® Wound Dressing.**

# Case 3

## Surgical Wound



February



May

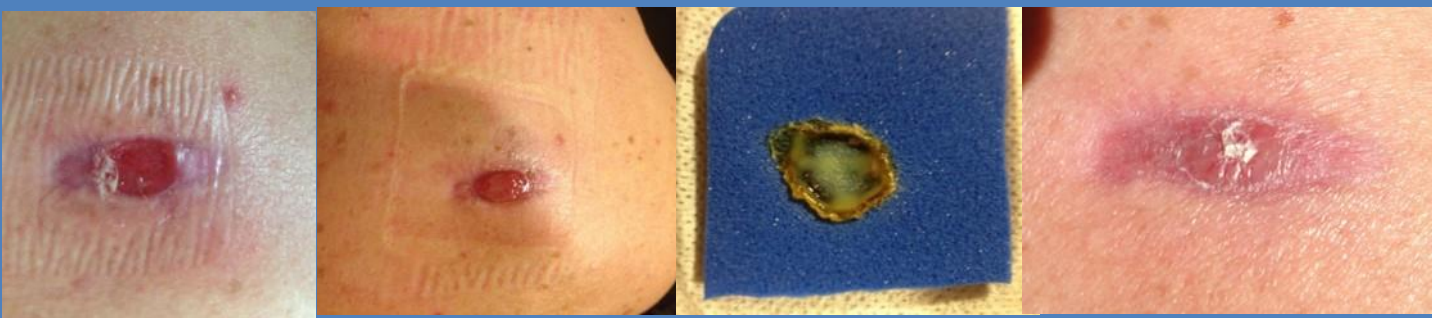
36 year old male with non healing post surgical wound. Patient has history of laryngeal myofibroblastic tumor with chronic dyspnea. Patient is a non-smoker and is height weight proportionate.

On February 13th patient had subcutaneous lipoma excised. Patient was referred to wound care specialist March 12 for treatment of non healing surgical wound. The following treatment regimen was implemented.

Dressing	Treatment Duration	Observation
Aquacel AG	21 days	No Change
Calcium Alginate	42 days	No Change
Inadine	27 days	No Change
Aquacel AG	5 days	No Change
RTD Wound Dressing	11 days	Healed

# Case 3 (continued)

## Surgical Wound



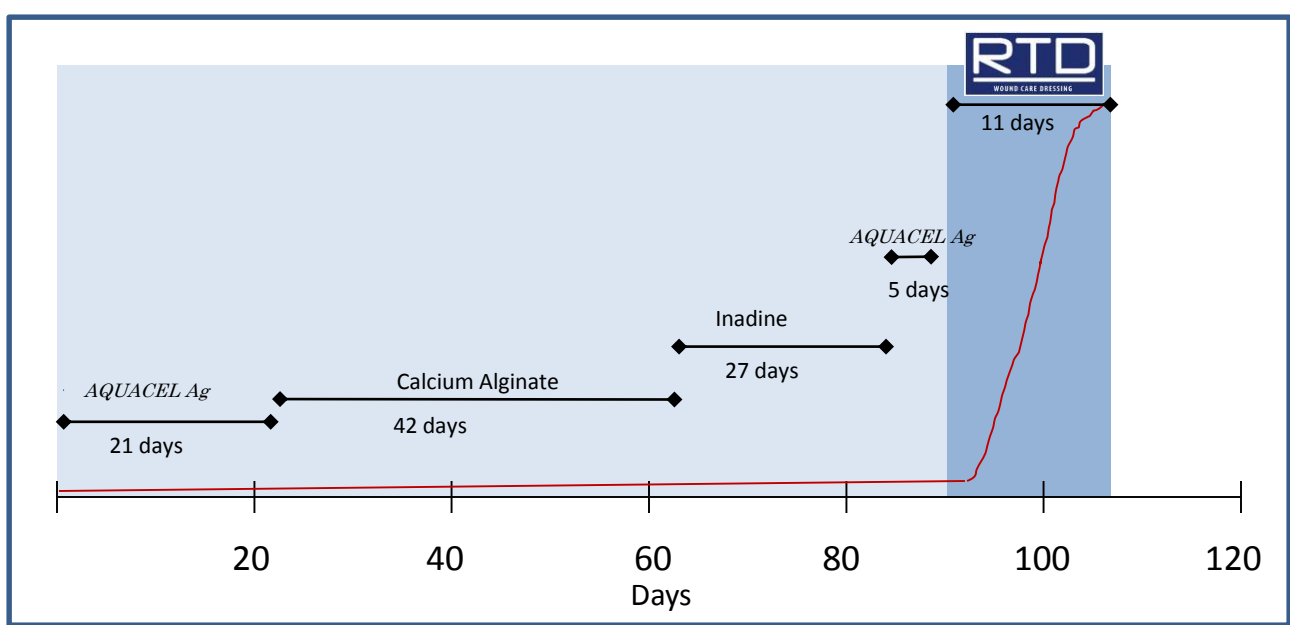
June 19

June 21

June 21

June 27

Patient started treatment with RTD Wound June 16<sup>th</sup>. RTD Wound The wound showed significant improvement daily and was healed in 11 days. The RTD Dressing was effective in managing the exudate and promoting healing.



# Case 4

## Pyoderma Gangrenosum



April 18



September 23

61 year old female with chronic pyoderma gangrenosum located on left medial leg. Patient has a chronic autoimmune disease and has six wounds on her legs. The University of Utah Medical Center could not suppress the infection after 8 months of treatment. The patient was high risk for sepsis and was a candidate for amputation. **Significant improvement in healing was noted after 162 days of treatment with RTD Wound Dressing.**

# Case 5

## Pressure Ulcer



January 18



March 21

68 year old female with chronic stage 3 pressure ulcer located on right lateral malleolus. Patient has advanced dementia and is bed ridden. Infection was not able to be suppressed with antibiotics. **The wound healed after 63 days of treatment with RTD Wound Dressing.**

# Case 6

## Diabetic Ulcer



January 28



February 23

60 year old male with chronic diabetic ulcer located on left lateral shin. Patient was treated by infectious disease specialist for one year with no resolution of wound. Infection could not be suppressed with IV antibiotics. **The wound healed after 26 days of treatment with RTD Wound Dressing.** IVs were discontinued during time treated with RTD.



# Case 7

## Pyoderma Gangrenosum



October 18



November 21

64 year old female with chronic pyoderma gangrenosum located on right posterior leg. Patient was treated with hyperbaric and wound V.A.C. regiment for one year with no resolution of wound. Wound pockets are 5cm deep. **The wound healed after 48 days of treatment with RTD Wound Dressing.**

# Case 8

## Traumatic Wound



First Visit - February 25

Before RTD March 1

Week after RTD March 8

### Use of the RTD wound dressing in Combination with a Wound Vac Bill Tettlebach MD, Diane Smith MSN

#### Abstract

40 year old female presents to wound clinic for evaluation and management of her non healing right knee traumatic wound. The patient reports the trauma began approximately 3-4 weeks ago when she slipped on ice outside of a restaurant. The patient initially treated the wound with ice and ibuprofen. The wound did not improve. The wound increased in swelling and pain. Patient denied any associated signs and symptoms such as fevers or chills. The patient sought medical attention and was initially placed on oral Bactrim and Clindamycin. The patient was also given intravenous Ceftriaxone. The patient was diagnosed additionally with cellulitis and bursitis. The patient continued to have drainage from the knee. Modifying factors include borderline diabetes. No significant pain is reported. Her past medical history is positive for depression, borderline diabetes, history of insomnia and obesity. The patient has a positive history of tobacco use. Her medications included Trazodone, Naproxen, and Celexa. The initial assessment of the wound showed a right knee wound measuring 3.0 x 4.5 x 0.1 cm. There was a sinus tract at the 7 o'clock position that measures to a depth of 0.5 cm. There is black eschar covering the wound. There is visible yellow serous drainage from the wound. There is no significant peri wound erythema. Culture of the wound showed 1+ Staphylococcus species, coagulase negative.

# Case 8

## Traumatic Wound



2 weeks into RTD with wound vac March 12



4 weeks with RTD March 26



March 29

After sharp instrument debridement a wound vac was placed on March 1, 2013. On March 26<sup>th</sup> RTD was added as the wound had not improved as much as expected. That was continued until May 16<sup>th</sup> with significant progress in healing. Almost complete closure was obtained by May 16<sup>th</sup>. Patient cancelled her last appointment as the wound had completely closed. **This case shows safe and effective treatment with the RTD dressing under a wound vac.**



April 16



May 16

# Case 9

## Infection



September 26, 2013



October 21, 2013

78 year old female with chronic infection of the second toe. Infection was first noted in early February 2013. The infection was treated with various creams and medication with no improvement. RTD was started on September 26, 2013. The infected wound was resolved by October 21, 2013. **The wound healed following 25 days of treatment with RTD Wound Dressing.**

# Case 10

## Post Operative Infection



October 28, 2013



October 29, 2013

46 year old healthy male. Patient received Testosterone Implant on October 18, 2013. Surgical site became increasingly infected. Wound was swollen, very warm to touch, painful, and had heavy purulent discharge. RTD was started after October 29<sup>th</sup> photo. The following photos were taken at 24 hour intervals.

Dressing was removed after 24 hours on October 30, 2013. RTD effectively absorbed the exudate. Significant reduction in swelling, pain and redness is noted.



October 30, 2013



October 30, 2013

# Case 10

## Post Operative Infection



October 31, 2013



October 31, 2013

Photos from October 31<sup>st</sup> show the wound after 48 hours of RTD treatment. Swelling and redness are reduced by 80%. **Within 72 hours the infected wound is resolved using RTD Wound Dressing.**



November 1, 2013



November 1, 2013