

ABTHERA™ OPEN ABDOMEN NEGATIVE PRESSURE THERAPY SYSTEM

CASE STUDY: TEMPORARY ABDOMINAL WALL CLOSURE FOLLOWING SEVERE PERITONITIS FOLLOWING COLONIC ANASTOMOTIC LEAK

PATIENT

A 65-year-old male with history of recurrent diverticulitis received an elective open left colectomy and primary anastomosis 6 days prior to presentation with peritonitis and fascial dehiscence (A).

An emergency reoperation revealed an anastomotic leak and severe peritonitis (B).

INITIAL TREATMENT/APPLICATION OF ABTHERA™ OPEN ABDOMEN NEGATIVE PRESSURE THERAPY (OA NPT)

The segment of the colon with the anastomotic leak was resected (C), and primary re-anastomosis was performed. The peritoneal cavity was washed out with copious saline, and the abdomen was left open for re-evaluation and to prevent abdominal compartment syndrome.

Temporary abdominal wall closure was performed using the ABThera™ OA NPT System (KCI, San Antonio, TX). The ABThera™ fenestrated Visceral Protective Layer (VPL) was trimmed to size and tucked inside the abdominal wall under the peritoneum to completely cover the viscera and protect abdominal contents. The ABThera™ Perforated Foam was measured and cut to fit inside the exposed abdominal cavity. The ABThera™ Drape and tubing were placed over the dressing to create a seal and negative pressure was set at -125 mmHg (D). The patient received standard ICU treatment, including fluid resuscitation and antibiotics. Dressing changes and washouts were performed on days 1, 2 and 4.

By hospital Day 4, the patient's condition was stable, and there was no evidence of residual abdominal sepsis. (E). On hospital Day 6, the ABThera™ OA Dressing was removed, and the abdomen was primarily closed.

DISCHARGE AND FOLLOW-UP

The patient had an uneventful recovery and was discharged on post-operative day 9. There were no complications at subsequent outpatient follow up.

CLINICAL OUTCOMES

The ABThera™ OA Dressing played a significant role in the effective removal of infected peritoneal fluid and facilitated early definitive fascial closure in this patient.

USER EXPERIENCE

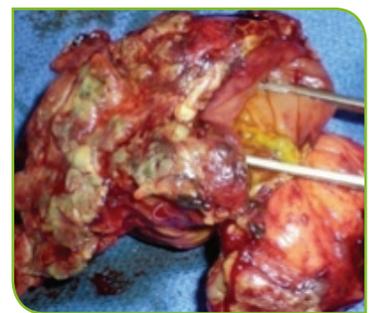
In this case, the ABThera™ OA NPT system effectively removed any residual infected fluid, possibly helped to avoid postoperative intra-abdominal infection, and allowed definitive abdominal wall closure.



A. Dehiscent, acute open abdomen at presentation.



B. Anastomotic colonic leak.



C. Diseased section of colon excised during emergency resection.

ECONOMIC VALUE

Prevention of post-operative sepsis in this patient reduced intensive care unit and hospital stay and eliminated the need for further invasive procedures, such as reoperation or percutaneous drainage.

PROVIDED BY

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D. ABThera™ OA Dressing applied as temporary abdominal closure.



E. Open abdomen on 4th post-operative day after removal of ABThera™ OA Dressing looks clean and free of infection.



NOTE: As with any case study, the results and outcomes of this patient should not be interpreted as a guarantee or warranty of similar results. Individual results may vary depending on the patient's circumstances and condition.

NOTE: Specific indications, contraindications, warnings, precautions and safety information exist for KCI products and therapies. Please consult a physician and product instructions for use prior to application. Rx only.

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