



Negative Pressure Wound Therapy: How to Break Down Costs Increasing Availability

Laura Antolino*, Maria Sole Mattei and Francesco D'Angelo

Division of General Surgery, St Andrea Hospital, Sapienza University of Rome, Italy

Abstract

Herein we present a case of SSI after laparotomy with exposure of the mesh who was treated with NPTW as follows: we connected a V.A.C.® GranuFoam™ dressing to a bellows drainage system Redax®.

Background

Incisional hernia is one of the most frequent complications after abdominal surgery. Surgical treatment is based on a prosthetic repair with an onlay/sublay mesh. However the wound defect is commonly associated with SSI (Surgical Site Infection). Hypoalbuminemia, DMII, obesity, age >70, colorectal surgery or previously cancer are some of the risk factors related to SSI, wound defect and often to a mesh infection. Negative Pressure Wound Therapy (NPWT) has established its role both in treatment and prevention of SSI even in wound defects following the exposure of a mesh after incisional hernia repair.

Surgical Technique

Herein we present a case of SSI after laparotomy with exposure of the mesh who was treated with NPTW as follows: we connected a V.A.C.® GranuFoam™ dressing to a bellows drainage system Redax®. Patient had a history of successfully surgically treated tongue cancer and underwent an emergency laparotomy for bowel occlusion; he developed an incisional hernia within one year. Probably because of its chronic malnutrition and underweight issues due to feeding problems,

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*Correspondence:

Laura Antolino, Division of General Surgery, St Andrea Hospital, Sapienza University of Rome, Rome, Italy,
E-mail: laura.antolino@uniroma1.it

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Image 1:



Image 2:



Image 3:

after the mesh repair he experienced a wound dehiscence and was treated with antibiotics per OS and our NPTW system. We obtained a complete healing within 22 weeks with very low costs compared to other devices available on the market. Patient was treated in the outpatient clinic once or twice a week as needed (Images 1-3).

Discussion

In our practice, home assistance activation for NPWT management is troublesome and this results in an increase of hospital stay. This is mostly due to the economic burden of electric NPWT on our public health system. Hence the need to find an economically easy available alternative solution. Our device can be obtained from materials available in every surgical department. It provides a reservoir for exudate collection unlike other electric ones. It doesn't need any battery and is powered only by mechanical suction. It is easily reproducible even in low-income realities. It is money and time saving: The economic advantage comes from avoiding any renting or buying expensive devices and time is saved discharging the patient without any red tape for home assistance activation.