

# Smith+Nephew

## Case study: Full thickness leg burn

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# Collagenase SANTYL<sup>◇</sup> Ointment 250 units/gram and ACTICOAT<sup>◇</sup> Antimicrobial Barrier Dressings on a full thickness burn

## Patient presentation

- 25 yo female
- While at work at a distillery, red, hot wax spilled onto her right thigh/leg
- Initially treated at an immediate care center where wax was removed and Silvadene treatment initiated
- Admitted to a burn center on Day 4 post injury due to increased erythema
- Refused surgical debridement and split thickness skin graft (STSG)
- Discharged home post injury Day 6 with SANTYL Ointment layered with Bacitracin<sup>™</sup>
- No relevant comorbidities

Day 4



## Burn presentation

- 2% Total body surface area (TBSA) full thickness burn to the right lateral thigh/leg
- Twice daily Sulfamylon Solution soaks prior to discharge

## Outcome

- Day 82 discharged and returned to work

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## Treatment provided

- Day 1 of admission she was treated with Sulfamylon<sup>™</sup> solution soaks twice daily
- At discharge post injury Day 6, treatment changed to SANTYL Ointment and Bacitracin<sup>™</sup> once daily, with Vaseline<sup>™</sup> gauze and referred to burn clinic
- First clinic visit Day 16, changed treatment to SANTYL Ointment layered with Bactroban<sup>™</sup> once daily with Vaseline<sup>™</sup> gauze.
- Treatment continued for 3 weeks to Day 40 then transitioned to ACTICOAT Dressing that was changed every 3 days
- ACTICOAT Dressing was utilized for 6 weeks to Day 82 until epithelialization occurred
- Custom compression initiated on Day 82



Day 40



Day 47

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Day 61

Over the counter compression and silicone to epithelialized areas



Day 82

Compression and silicone for scar management, discharge, return to work



### **Important Safety Information**

**Indications:** Collagenase SANTYL Ointment ("SANTYL") is a prescription-only medication indicated for debriding chronic dermal ulcers and severely burned areas. **Contraindications:** SANTYL is contraindicated in patients who have shown local or systemic hypersensitivity to collagenase. **Warning and Precautions:** The optimal pH range of collagenase is 6 to 8. Higher or lower pH conditions will decrease the enzyme's activity and appropriate precautions should be taken. The enzymatic activity is also adversely affected by certain detergents, and heavy metal ions such as mercury and silver which are used in some antiseptics. As such, the wound should be properly cleansed prior to application of SANTYL. Debilitated patients should be closely monitored for systemic bacterial infections because of the theoretical possibility that debriding enzymes may increase the risk of bacteremia. A slight transient erythema has been noted occasionally in the surrounding tissue, particularly when SANTYL was not confined to the wound. SANTYL is not indicated for wound closure. Discontinue use of SANTYL after granulation tissue is well-established.

**Adverse Reactions:** No allergic sensitivity or toxic reactions have been noted in clinical use when used as directed. The risk information provided herein is not comprehensive. For complete prescribing information, please refer to the accompanying PI or visit: <https://santyl.com/sites/default/files/2019-12/SANTYL-PI.pdf>. You are encouraged to report negative side effects of prescription drugs to FDA. Visit MedWatch or call 1-800-FDA-1088.

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