

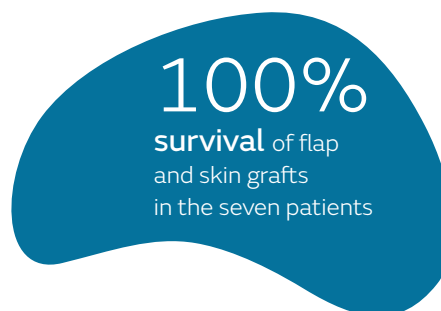
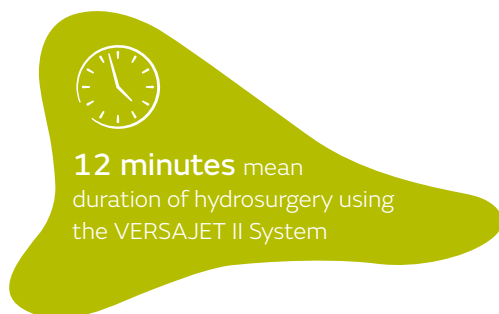
+ Evidence in focus

Publication summary: Matsumine H, et al. *Plast Reconstr Surg Glob Open* (2020)*

Smith+Nephew

Using the VERSAJET[◇] II Hydrosurgery System enabled fast and effective wound bed preparation of truncal pressure injuries (PIs)

+ Plus points

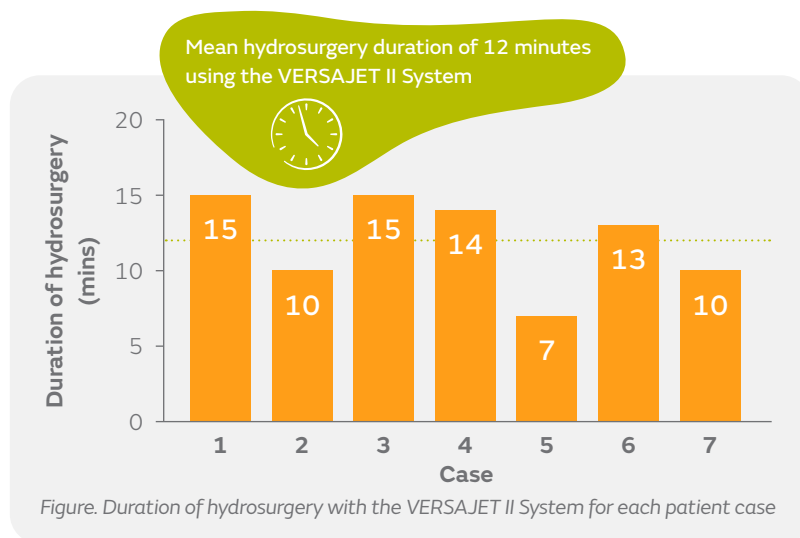


Overview

- Single-centre, single-surgeon, prospective, uncontrolled case series
- Patients (N=7; mean age, 78.9 years) had an American Society of Anesthesiology (ASA) score ≥ 2 and a Stage III or IV truncal PI requiring debridement and surgical repair (mean PI area, 26.4cm²)
- Prior to surgery, eschar and necrotic tissue were removed from PIs using an electric scalpel, and treated for one week with either daily saline irrigation or traditional negative pressure wound therapy (RENASYS[◇] tNPWT)
- The VERSAJET II System was used to remove necrotic tissue, cleanse the site and prepare the wound bed for repair of soft tissue with fasciocutaneous flaps or split-thickness skin grafts
- Patients were followed-up daily during hospitalisation, weekly after discharge until day 30 and then monthly until six months post surgery

Results

- Duration of hydrosurgery using the VERSAJET II System was ≤ 15 min for all cases (Figure)
- All surgeries were successful with survival of flaps and skin grafts
- No recurrence of PIs at the same sites was observed within 6 months of follow up
- No wound dehiscence, flap or graft necrosis, surgical site infections, seroma or systemic complications were observed within 30 days
- All patients with positive bacterial swabs before surgery had negative post-operative wound swabs



Conclusions

The VERSAJET II System enabled fast and effective wound bed preparation as an alternative to surgical debridement in patients with truncal PIs.

Citation

*Matsumine H, Giatsidis G, Takagi M, Kamei W, Shimizu M, Takeuchi M. Hydrosurgical debridement allows effective wound bed preparation of pressure injuries: a prospective case series. *Plast Reconstr Surg Glob Open*. 2020;8(6):e2921. Available at: [Plastic and Reconstructive Surgery – Global Open](https://doi.org/10.1097/XG0000000000000921)

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