Burn:
Right & left foot

Case study: Deep partial thickness burn

Contributed by Dr. Nooshin Zolfaghari, DPM, CWSP

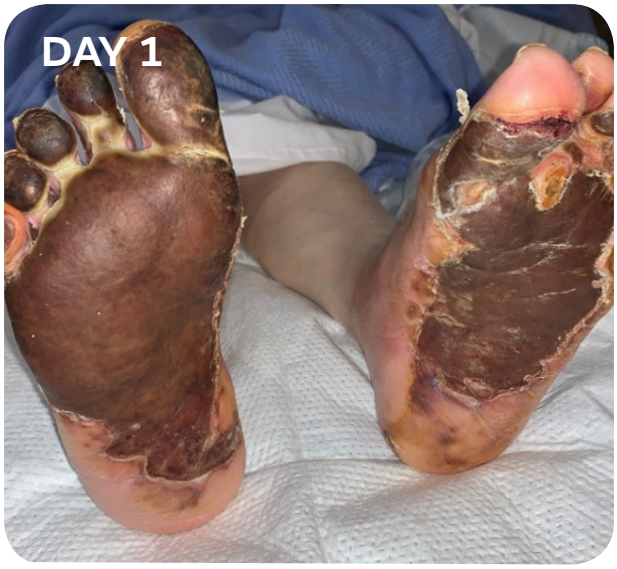
Smith+Nephew

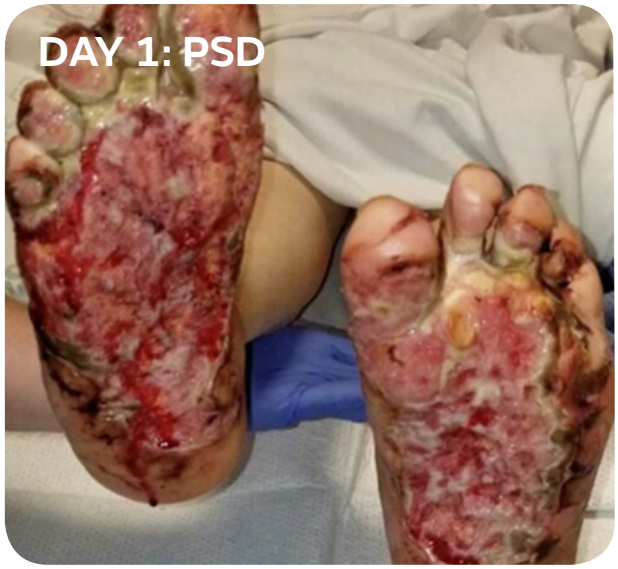
Collagenase SANTYL◊
Ointment 250 units/gram

Patient
A 65-year-old female with a history of hypertension, peripheral vascular disease and Type 2 Diabetes Mellitus with peripheral neuropathy.

Wound presentation
The patient presented to ER with severe burns to bilateral feet after walking barefoot on hot sand on the beach. She first presented in the office July 28, 2020.

Treatment
Initially, betadine solution and wet-to-dry dressing was applied to bilateral foot. Left foot healed in 30 days with weekly sharp debridement and daily SANTYL◊ Ointment. Right foot/leg needed vascularizing, but progressed on healing after vascular intervention. Left foot healed in 1.5 months, right foot healed in 4 months.





- Surgical sharp debridement post-injury week 2 with ™ADAPTIC, wet-to-dry dressing, ™ABD pad, ™KERLIX and ™ACE wrap
- Upon hospital discharge, dressings were removed and changed daily in order to observe the burn. SANTYL Ointment with ™XEROFORM and dry dressings were applied once daily
- Patient was seen weekly in the office for sharp debridement and daily dressing changes were performed by home healthcare

Burn:
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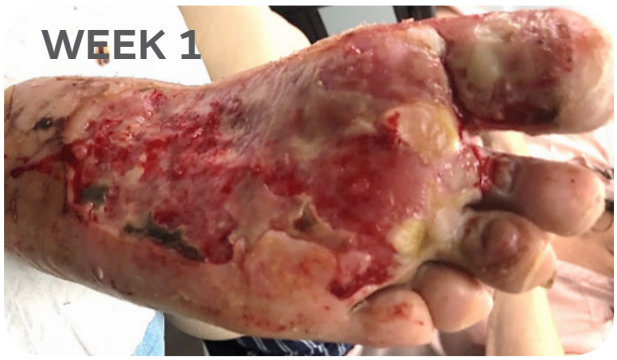
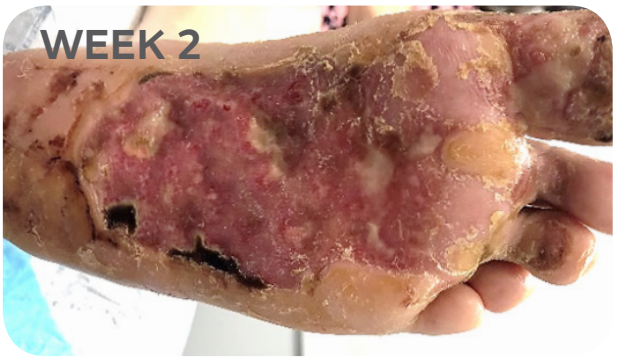
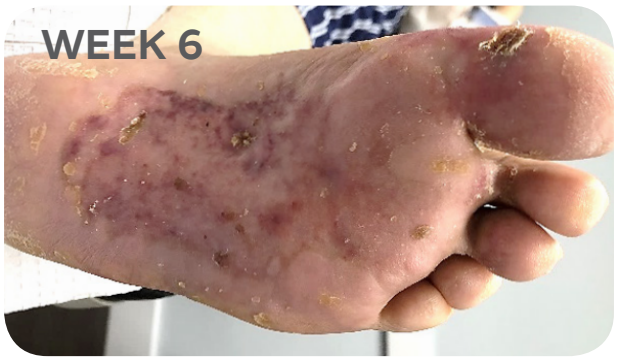
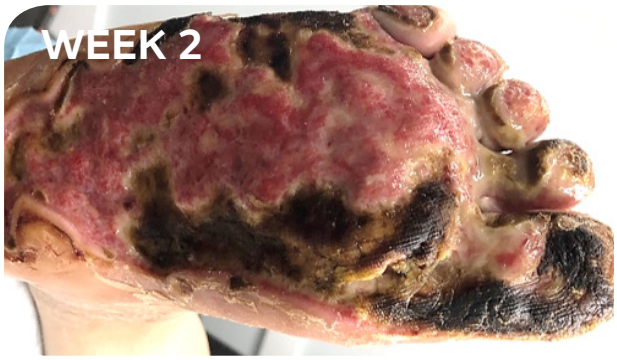
Treatment: Left foot

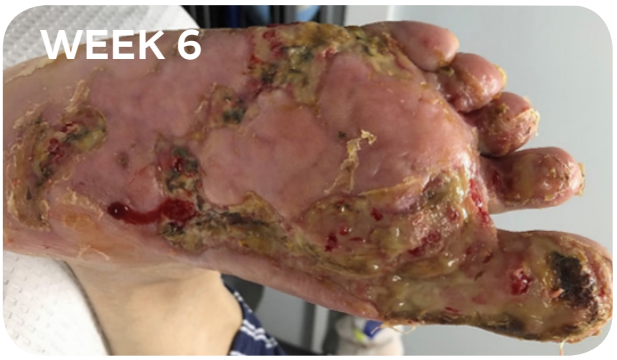


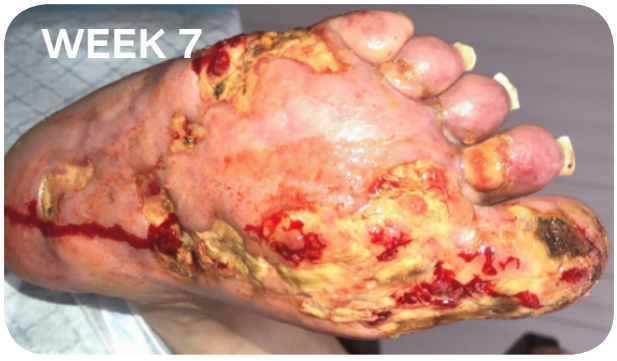


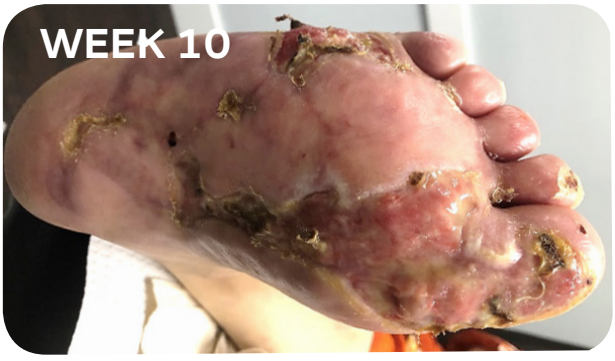


Treatment: Right foot



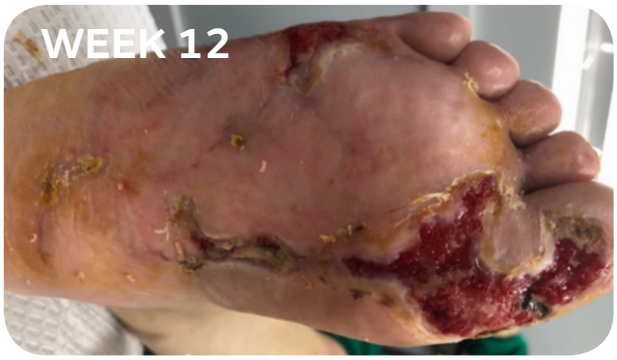


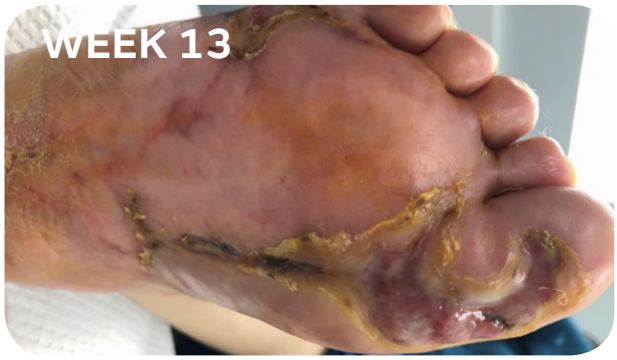


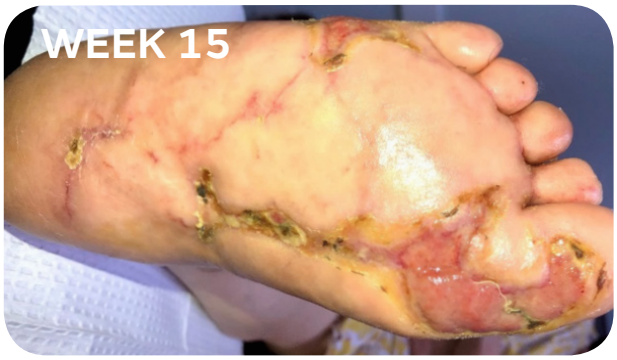


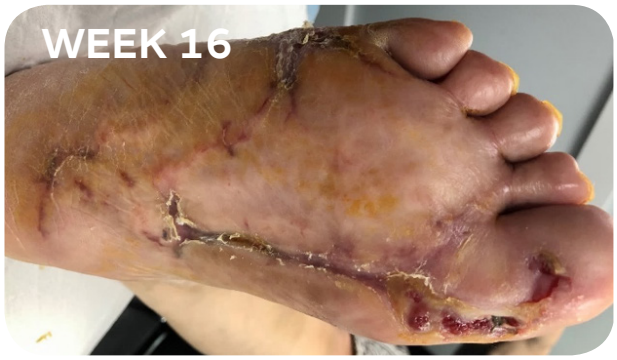
Burn:
Right & left foot

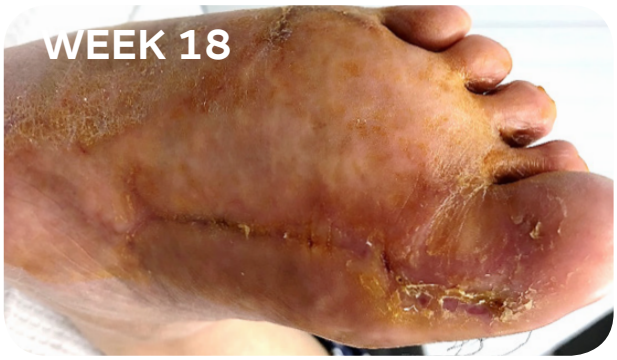
Treatment: Right foot (continued)

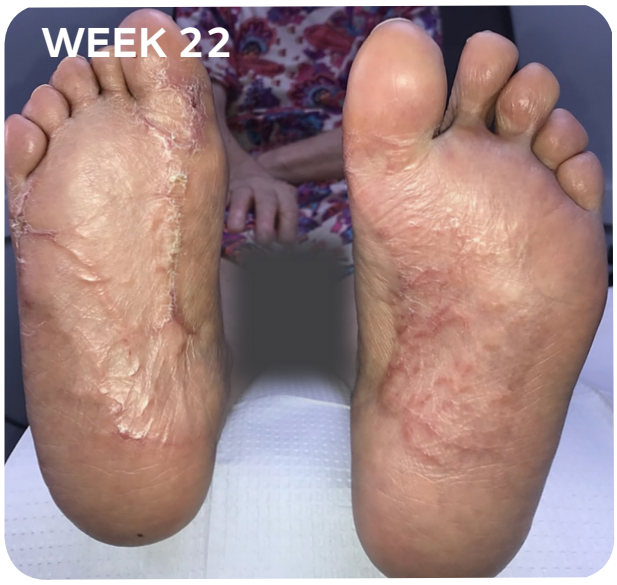












Product compatibility

Dosing calculator

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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