

# Global Wound Care Congress

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## PROPHYLACTIC CLOSED INCISION MANAGEMENT BY NEGATIVE PRESSURE THERAPY

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Surgical Site Infections (SSI) affect 3%-6% of patients undergoing Cardiothoracic surgery; however, in high-risk subgroups (obesity, diabetes) infection rate may rise to 20%. The key event in most SSI (60%-80%) is caused by the skin suture breakdown and subsequent seepage of germs into deeper tissue layers. Due to delayed (secondary) wound healing, i.e. delayed establishment of an effective anti-microbacterial barrier, Surgical Site Infections (SSI) occur up to 90 days after wound closure.

The concept of (prophylactic) closed incision management of negative pressure therapy (ciNPT) consists in 1) preserving a protected (low-germ) wound environment by an occlusive dressing for several days and 2) supporting accelerated wound healing by drainage of wound secretions, improved microcirculation and lymph drainage as well as by stable approximation of incision edges (shear stress reduction). In this way an effective anti-microbacterial barrier is already acquired after 7 to 8 days, even in problem zones (e.g. incision crossing the submammary fold).

During the past years we have investigated (prophylactic) closed incision management by negative pressure therapy (ciNPT) in (obese) high-risk patients as well as in an "all-comers" population and have found a reduction of SSI requiring surgical intervention from 16.0% to 4.0% and 3.4% to 1.3%, respectively.

In the meantime, these results have been confirmed by many surgeons from other disciplines and recently an International Multidisciplinary Consensus Conference recommended that "surgeons assess patients' individual risk factors and type of surgery and consider using ciNPT for individuals at high risk for developing SSI or for those undergoing a high-risk operative procedure."

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## THE BURDEN OF DIABETIC FOOT ULCERS IN JORDAN

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The prevalence of diabetes is very high in middle east countries. In Jordan, it is 17.1% in 2008. The percentage of patients with optimal control ( $HbA1c < 7\%$ ) ranges between 25.4- 27.5% at the National Center for Diabetes, Endocrinology, and Genetics (NCDEG).

The prevalence of foot ulcers and amputations among diabetic patients in Jordan is 5.3% and 1.7% respectively and it is associated with Loss of protective sensation, loss of vibratory sensation, and vascular insufficiency.

Foot ulcers represent a major concern for patients with diabetes in Jordan. Research at the NCDEG to evaluate the burden of DFU have shown that patients with foot ulcers have a high rate of recurrence within 2 years (58.5%), anemia (69%), and have a high rate of anxiety 37.7% and depression 39.6%. Approximately, 25% of diabetic patients in Jordan have poor practice of foot care, and 16.6% have poor knowledge of foot care.

In light of these numbers, it is sometimes important to determine the optimal course for patient management. This presentation is aimed at helping decision makers and health care personnel make better decisions about, screening, treatment, resource use, and strategies for future foot ulcer prevention in Jordan.

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