

## Occlusive Dressing: An Alternative For Wound With Exposed Bone And Tendon

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### INTRODUCTION:

Managing wound with exposed bone or tendon poses a great challenge. Vacuum dressing has been used to manage those wounds but it requires long hospital stay especially in large wounds. We found an alternative method using occlusive dressing by which patient is mobile and able to be treated as an outpatient. We have a case series of three patients who have been successfully treated with occlusive dressing.

### MATERIALS & METHODS:

Three diabetic patients who had undergone a thorough surgical debridement for necrotizing fasciitis with exposed tendon/bone were included in this study. Cortical drilling were done with exposed bone. Occlusive dressing using opsite was applied immediately after the debridement. Two patients have exposed tibial bone and tendons and one patient with wound over the dorsum of hand with only exposed tendons. These patients were solely treated with occlusive dressing until bone and tendons were covered with granulation tissue. Each occlusive dressing cycle lasted between 4 to 7 days depending on the amount of exudate. The shortest duration was 4 cycle and the longest was for 7 cycle. Patients were monitored closely in ward for a few cycles of dressing until less exudate was observed. Then only patients were discharged and came weekly for change of dressing.

### RESULTS:



A

B

C

**Figure 1:** A. The condition pre occlusive dressing B. The wound condition after 3rd cycle of occlusive dressing C. The wound condition after 7th cycle of occlusive dressing

### DISCUSSIONS:

Occlusive dressing provides a conducive environment for granulation by maintaining and trapping moist next to the wound bed <sup>(1,2,3)</sup>. We applied this principle to our cases. We were able to promote granulation tissue over the bone and tendons. We also able to revive and salvage dried tendon. We were able to manage these patients as outpatient as opposed to vacuum dressing which requires hospitalization and limited mobility. Hospitalization only needed initially when exudes was excessive and leaking requiring early change of dressing.

### CONCLUSION:

Occlusive dressing using opsite is an alternative to manage wound with exposed bone and tendons in facilities where other options of dressing method were limited. Patient also able to be treated as an outpatient.

### REFERENCES:

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