

# Case study: Post-surgical abdominal wound with a history of radiation

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**Smith+Nephew**

Collagenase  
**SANTYL** <sup>◇</sup>  
Ointment 250 units/gram

## Patient

44-year-old female with a history of squamous cell carcinoma of the cervix has undergone multiple abdominal surgeries and radiation therapy resulting in a post-surgical, non-healing, chronic wound. The patient is on chemotherapy with severe anorexia and fatigue.

## Wound presentation

The patient presented with a complex abdominal wound with deep tissue involvement and undermining. 95% of the wound had slough and no granulation tissue was present. Sharp debridement was deemed inadvisable.

## Treatment

Daily application of SANTYL Ointment with a non-adherent layer and foam dressing was continued for 47 days.



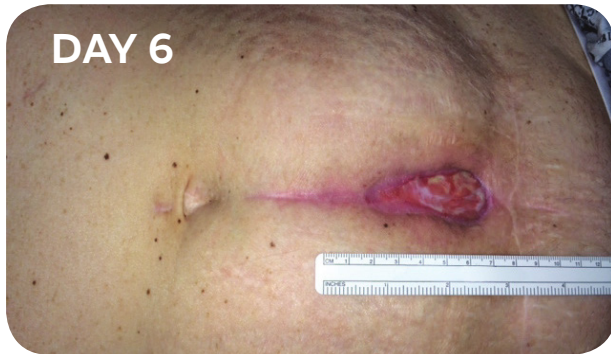
- Wound measures 9cm x 3.5cm (undermining at 6 and 12 o'clock positions)
- 95% necrotic tissue (yellow slough)
- Daily application of SANTYL Ointment with dressing was initiated

## Results

Treatment over 47 days resulted in 100% reduction in slough and 100% re-epithelialization.

Individual results will vary.

## Treatment



- Wound measures 6.5cm x 2.5cm (minimal undermining)
- New granulation tissue present
- 20% re-epithelialization
- 80% slough
- Continued with daily SANTYL<sup>®</sup> Ointment application and dressing changes



- Wound measures 3.5cm x 2.1cm
- 20% granulation tissue present
- 40% re-epithelialization and reduction in wound size
- Continued with daily SANTYL Ointment application and dressing changes



- 100% reduction in slough
- 100% re-epithelialization
- Discontinued application of SANTYL Ointment



Learn more

### 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.