

# Case study: Post-operative arteriovenous fistula (AVF) wound

Contributed by Matthew Hardy, MD

**Smith+Nephew**

Collagenase  
**SANTYL**   
Ointment 250 units/gram

## Patient

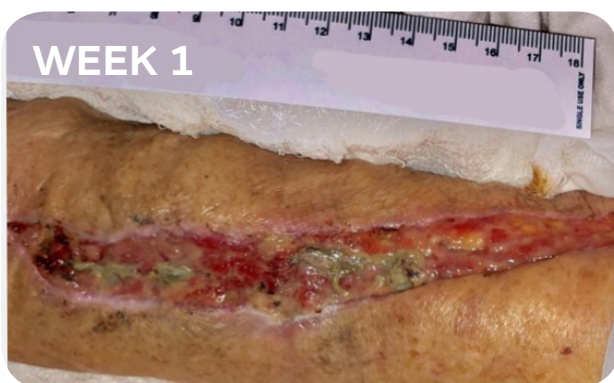
86-year-old Caucasian male with a medical history including cerebrovascular disease, diabetes mellitus, anemia, coronary artery disease, hyperlipidemia, and end stage renal disease requiring hemodialysis.

## Wound presentation

The wound is a post-operative wound located over an arterio-venous fistula (AVF) of the left arm that had recently been revised. Initially, the wound appeared to be 60% yellow-brown necrosis, 40% soft, pink granulation tissue with mild to moderate serosanguinos drainage.

## Treatment

This wound had been treated with triple antibiotic and a dry dressing changed daily for approximately 2 weeks prior to presenting at the clinic.



## Prior to SANTYL Ointment use

- 18.2cm x 2.2cm x 0.3cm (depth estimated)
- SANTYL Ointment ordered to be applied to wound bed, nickel thick, edge to edge and with Dakins 0.125% moistened gauze with roller gauze and elastic bandage compression daily

## Results

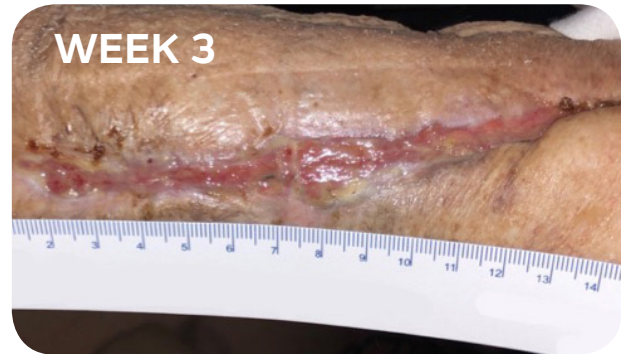
Wound 100% resolved prior to the follow up visit and the patient was discharged home with orders for routine cleansing and using of skin prep daily until follow up with his vascular surgeon.

Individual results may vary.

## Treatment



- 18.1cm x 2.2cm x 0.2cm
- 60% granulation tissue, 30% soft, pink granulation tissue, 10% epithelial with mild serous drainage
- SANTYL<sup>o</sup> Ointment applied to wound bed and Dakins 0.125% moistened gauze with kerlix and ACE bandage compression daily treatment continued



- 17.8cm x 1.6cm x 0.2cm
- 70% granulation tissue, 10% soft, pink granulation tissue, 20% epithelial with mild serous drainage
- SANTYL Ointment applied 4x4 with roller gauze and elastic bandage compression daily; Dakins solution 0.125% discontinued at this visit



- 1.5cm x 0.8cm x 0.1cm
- 90% granulation 10% epithelial; no drainage
- SANTYL Ointment applied 4x4 with roller gauze and elastic bandage compression daily



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.