

# Case study: Unstageable pressure ulcer

Contributed by Matthew Hardy, MD, CWSP

**Smith+Nephew**

Collagenase  
**SANTYL**   
Ointment 250 units/gram

## Patient

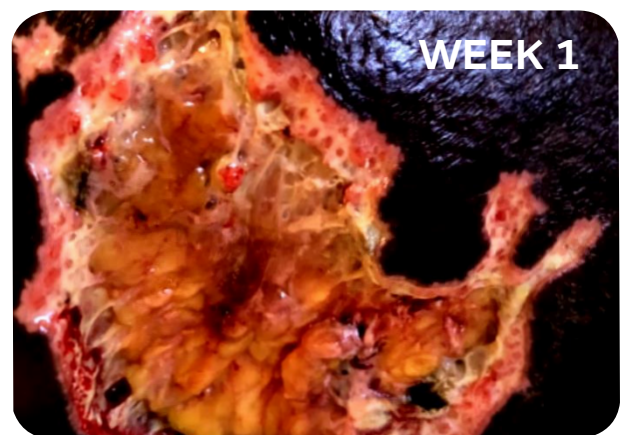
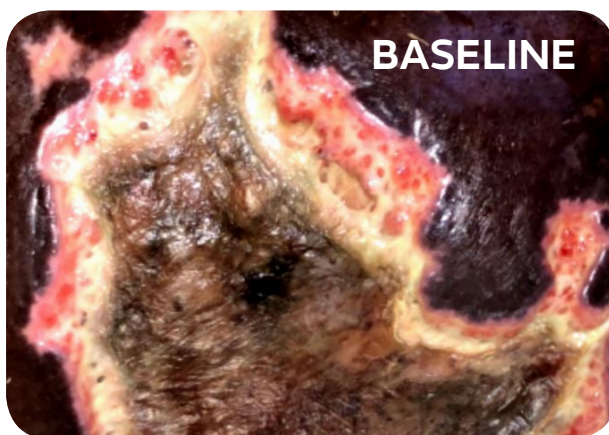
The patient is a 66-year-old male with a primary medical history including diabetes, chronic kidney disease, obesity, and opioid abuse.

## Wound presentation

The patient arrived at the clinic with a wound that is classified as an unstageable pressure injury over the sacrum. Current treatment included triple antibiotic ointment and gauze dressing daily. The wound measured 23cm x 17cm x 3cm.

## Treatment

The patient was treated with sharp debridements and the daily application of SANTYL Ointment for 22 days.



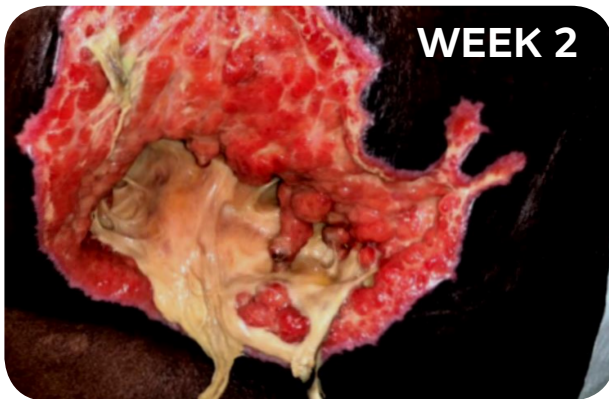
- Sharp debridement performed along with the use SANTYL Ointment daily with 0.125% Dakin's solution moistened gauze with dry gauze cover dressing

## Results

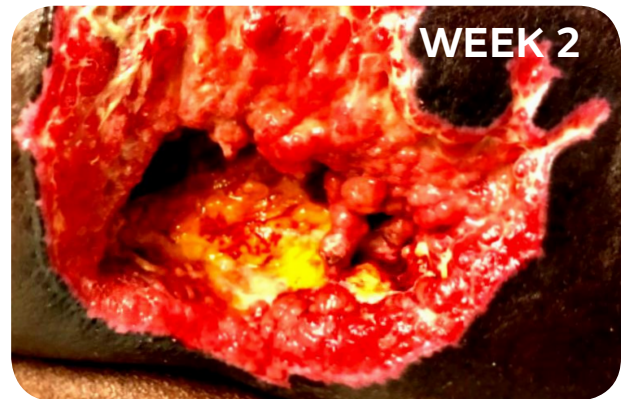
Patient was admitted to another skilled nursing facility serviced by another member of our team who noted complete re-epithelialization of the sacral wound, seven months from the initial consultation.

Individual results may vary.

## Treatment

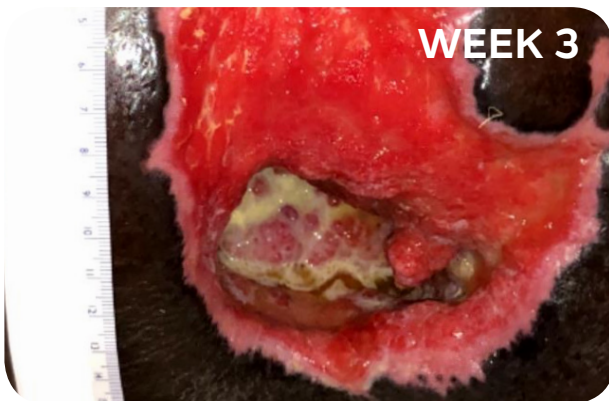


- Red wound bed revealed along with stringy adherent slough on the deepest part of the wound
- Elected to perform a second sharp debridement followed by SANTYL<sup>®</sup> Ointment



### **Post surgical debridement**

- Sharp debridement revealed a much deeper section
- Wound measures 22cm x 16.1cm x 6cm
- Continue SANTYL Ointment daily
- Dressing with 0.125% moist gauze packing with dry gauze cover dressing changed daily



- Wound measures 21.5cm x 15.7cm x 6cm
- 20% yellow necrotic tissue, 60% soft, pink granulation tissue, 20% epithelial with moderate serous drainage
- Sharp debridement followed by SANTYL Ointment continued daily
- Dressing with 0.125% moist gauze packing with cover dressing of dry gauze changed daily



- Wound measures 19.8cm x 15.5cm x 6cm
- 10% yellow necrotic tissue, 70% soft, pink granulation tissue, 20% epithelial with moderate serous drainage
- Sharp debridement during visit
- SANTYL Ointment and Dakins 0.125% moistened gauze with dry dressing applied daily



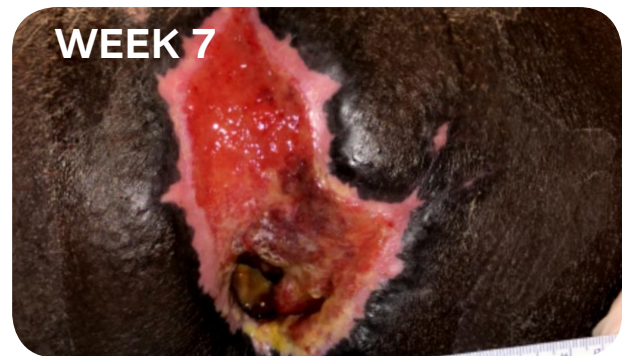
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## Treatment



- Wound measures 16.1cm x 12.8cm x 5.9cm
- 10% yellow necrotic tissue, 80% soft, pink granulation tissue, 10% epithelial with mild serous drainage
- Sharp debridement during visit
- SANTYL<sup>®</sup> Ointment and normal saline moistened gauze packing with dry cover dressing applied daily
- Dakin's 0.125% discontinued
- Patient was discharged from the skilled nursing facility to home



- Patient seen in the office setting with home health nursing visits daily for treatment and dressing changes
- Wound measures 12cm x 7.5cm x 5.2cm
- 10% yellow necrotic tissue, 70% soft, pink granulation tissue, 20% epithelial with mild serous drainage
- Sharp debridement during visit
- SANTYL Ointment and normal saline moistened gauze with dry dressing applied daily



- Patient traveled out of state and did not follow up with his appointments
- Wound measures 9cm x 3.2cm x 3.8cm
- 10% yellow necrotic tissue, 70% soft, pink granulation tissue, 20% epithelial with mild serous drainage
- Sharp debridement during visit
- SANTYL Ointment and normal saline moistened gauze with dry cover dressing applied daily



- Patient missed several in office appointments, home health nurse continues to come daily, wound continues to improve
- Wound measures 7.5cm x 3.2cm x 1.4cm
- The patient did not follow up again

### 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.