Post-surgical wound:
Breast

Case study: Post-surgical breast reconstruction wound

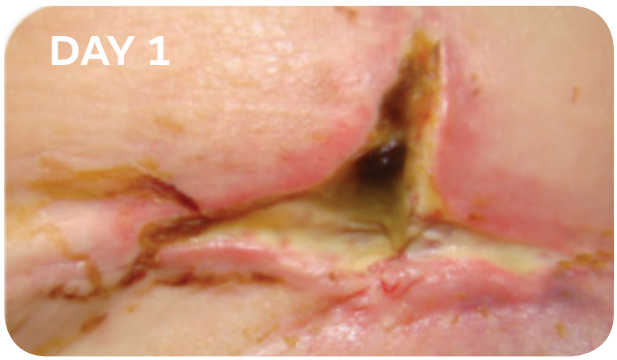
Smith+Nephew

Collagenase
SANTYL◊
Ointment 250 units/gram

Patient
The patient is a 63-year-old female who underwent a mastectomy with immediate reconstruction surgery with a breast implant using a T incision under-flap design, similar to a breast reduction.

Wound presentation
Following surgery, the T portion of the incision was covered with Dermabond Prineo® tape for 3 weeks. Upon removal, ischemia and skin necrosis had developed. The patient was prescribed Keflex® oral antibiotic and bacitracin antibiotic ointment for 2 weeks to attempt moist wound therapy but the wound failed to progress.

Treatment
SANTYL Ointment was prescribed for debridement of necrotic tissue. Wound dressings included Adaptic® and dry gauze.



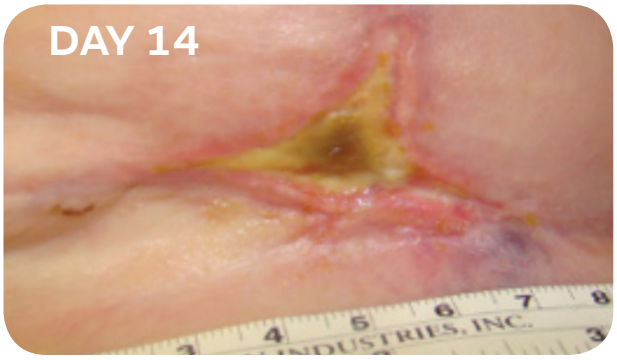
- SANTYL Ointment initiated
- Wound measures 4.5cm x 3.5cm
- 100% necrotic tissue (black and yellow slough)

Results
Enzymatic debridement over 28 days was associated with an 89% reduction in wound area

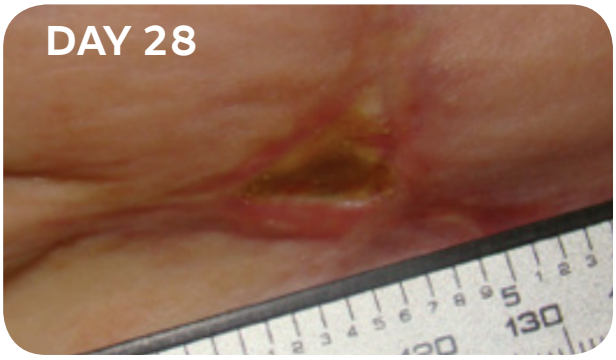
Individual results may vary.

Post-surgical wound:
Breast

Treatment



- Wound measures 3.5cm x 2.5cm
- Black necrotic tissue completely removed
- 20% granulation tissue and 80% yellow slough



- Wound measures 1.8cm x 1.0cm
- Some granulation tissue and minimal residual yellow slough
- SANTYL® Ointment discontinued
- Moist wound therapy with antibiotic ointment and Adaptic® dressing initiated

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.

Advanced Wound Management Smith & Nephew Fort Worth, TX 76109 USA www.santyl.com T- 800-876-1261
F- 727-392-6914 ®Trademark of Smith+Nephew ©2023 Smith+Nephew | SACE146-35268-0123