

Fasciotomy Closure

History

A thirty-four-year-old male presented to Plastics for closure of a left lower leg fasciotomy. Sutures (visible in photo) were placed by the orthopedic surgeon at the time the incision was made in anticipation of a future closure problem.

The fasciotomy was indicated following an embolectomy as a complication of his coarctation repair. Rather than covering the defect with a skin graft, Plastics opted to close the defect using a dynamic method.

Treatment

At bedside, under local anesthetic, eight pairs of ABRA Surgical Skin Anchors were secured 1 cm distal to the wound margins. A DuoDERM® dressing was applied over the open wound area and elastomers were set to provide a wound reduction force.

In this case, primarily because of swelling within the muscle compartment, the dynamic system was used to control both wound edge retraction and edema.

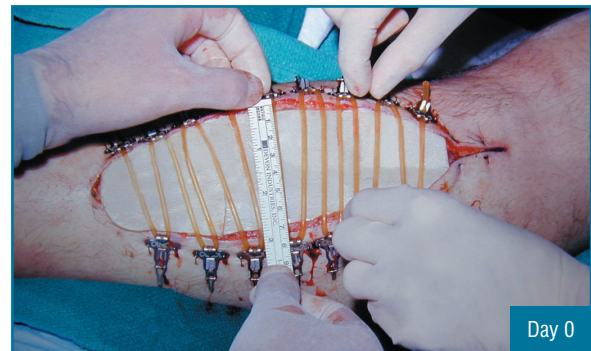
By day two, the patient was mobile and able to walk without assistance, reporting only minimal discomfort.

By day four, normal inter-compartmental volumes were restored. The wound area was reduced by more than 50%.

By day ten, the wound margins were re-approximated. The wound was closed using suture, and the patient released.



As presented to plastics for closure of a 20 cm incision retracted 9 cm.



ABRA Surgical Skin Closure System, as installed.



Note: Product shown is not current.