

Case study: 4 bilateral lower extremity (BLE) venous stasis ulcers (VSU)

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Smith+Nephew

Collagenase
SANTYL [◇]
Ointment 250 units/gram

Patient

72-year-old Caucasian male with BLE edema, severe BLE pain, and 4 large untreated venous stasis ulcers; 2 on each leg. Past medical history includes: chronic venous stasis ulcers, osteomyelitis, congestive heart failure, irritable bowel syndrome, facial reconstruction, ankle surgery, and vascular surgery. The patient is diagnosed with cellulitis of the bilateral lower extremities with an Albumin Level of 2.9.

Wound presentation

The patient presented with 4 lower extremity wounds: lateral and medial venous stasis ulcers.

Treatment

Surgical debridement of BLE ulcers done with VERSAJET[◇] Hydrosurgery System. Leg biopsy performed in the operating room. Daily application of SANTYL Ointment applied nickel thick, edge to edge on all wounds, covered with moist to dry Dakin's solution, wrapped with Army Battle Dressing and secured with compression bandage.

Results

After approximately 3 weeks of therapy the patient had shown dramatic improvement. The wounds continued to progress and the use of SANTYL Ointment was discontinued. The wounds were managed with compression through the wound treatment center. Individual results may vary.

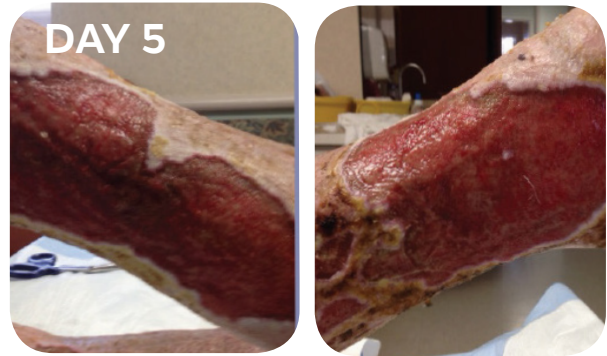


Learn more

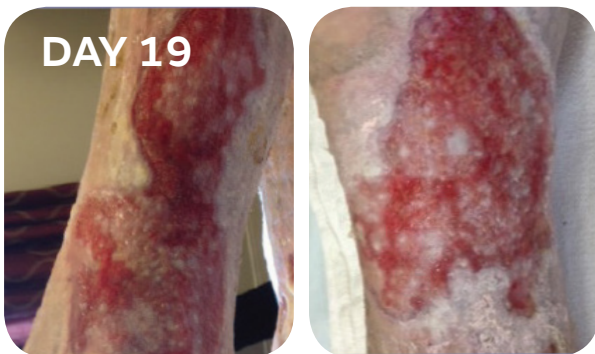
Treatment: Left leg



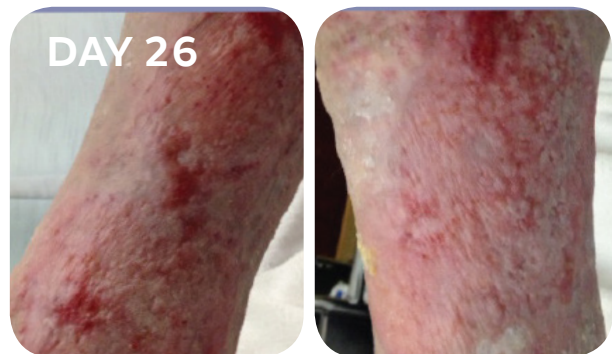
- Both wounds are 80% tan slough, 20% pink and moist wound bed
- Lateral wound measures 21cm x 9cm x 0.3cm depth
- Medial wound measures 19cm x 11cm x 0.3cm depth



- Both wounds are 100% beefy red and moist wound bed, slight odor
- Lateral wound measures 21.5cm x 10.5cm x 0.4cm depth
- Medial wound measures 19.8cm x 9cm x 0.4cm depth
- Continued with daily SANTYL[®] Ointment application, dressing changes and compression bandages

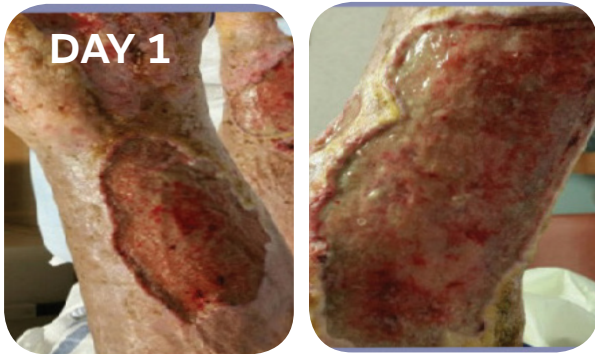


- Both wounds are 75% red and moist wound bed, 25% fibrin
- Lateral wound measures 21cm x 8cm x 0.3cm depth
- Medial wound measures 15cm x 8.1cm x 0.2cm depth
- Use of hypochlorite topical solution is discontinued
- A dry dressing is applied with a 4x4 compression bandage to wound
- Continued with daily SANTYL Ointment application and dressing changes

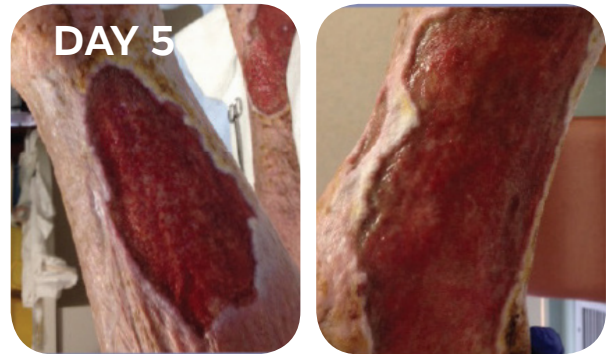


- Lateral wound is 60% pink and moist wound bed; 40% epithelial islands
- Lateral wound measures 19.8cm x 8cm x 0.1cm depth
- Medial wound is 80% pink and moist wound bed; 20% epithelial islands
- Medial wound measures 14cm x 7.5cm x 0.1cm depth
- Discontinued SANTYL Ointment

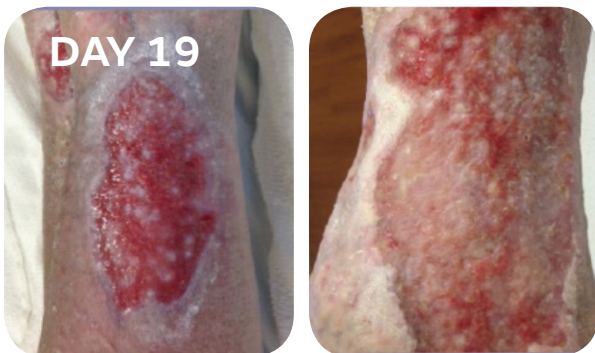
Treatment: Right leg



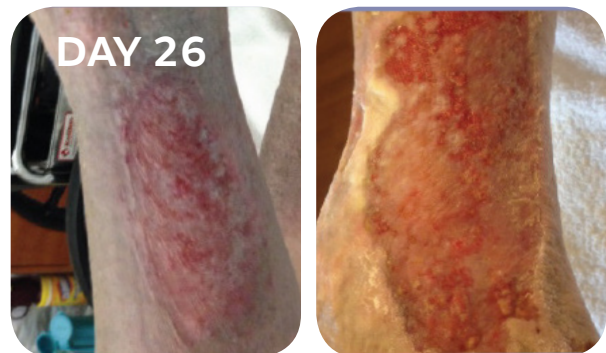
- Both wounds are 85% tan slough, 15% pink and moist wound bed
- Lateral wound measures 14cm x 8cm x 0.3cm depth
- Medial wound measures 18cm x 11cm x 0.3cm depth



- Both wounds are 100% beefy red and moist wound bed, slight odor
- Lateral wound measures 16cm x 7.5cm x 0.5cm depth
- Medial wound measures 19cm x 11cm x 0.4cm depth
- Continued with daily SANTYL^o Ointment application, dressing changes and compression bandages



- Lateral wound is 90% red and moist wound bed, 10% fibrin; measures 11cm x 6cm x 0.1cm depth
- Medial wound is 45% red and moist with epithelial islands; 45% pink wound bed, 10% fibrin; measures 16.5cm x 10cm x 0.2cm depth
- Use of hypochlorite topical solution is discontinued; dry dressing is applied with a 4x4 compression bandage
- Continued with daily SANTYL Ointment application, dressing changes and compression bandages



- Both wound beds are 60% pink and moist with 40% epithelial islands
- Lateral wound measures 9.6cm x 5cm x 0.1cm depth
- Medial wound measures 14cm x 8cm x 0.1cm depth
- Discontinued SANTYL Ointment

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.