



Use of TECASORB absorbent dressing in a diabetic patient after repeated amputations

Each patient must be educated about his/her treatment and must be properly instructed in at least the following points:

- ▶ *What material is used in TECASORB*
- ▶ *What is the purpose of using this material*
- ▶ *How is this material used to treat different types of wounds*
- ▶ *How often does TECASORB dressing need to be changed*
- ▶ *If any black fibers remain in the wound or adjacent area, they should be carefully removed, but they are not dangerous and do not cause adverse skin reactions*

The treatment material is shown at the beginning of the video:

- *Gloves, gauze pads*
- *Various types of solutions used to clean the wound when changing the dressing (including iodine, which is however not used with TECASORB dressing)*
- *Debrisoft – a special product used for wound debridement (removal of debris and exudate from the wound as well as scales and keratoses from the surrounding skin)*
- *Indifferent ointments, such as zinc or camphor ointment, used to treat the adjacent area*
- *Hydrophilic dressing*
- *Elastic bandage used in compression therapy*
- *Instruments used to treat the adjacent area (if hyperkeratosis is present, e.g. in diabetic defects – malum perforans pedis) – scissors, tweezers, scalpel, disposable curette (used to remove scales and crusts around the defect that prevent healing)*

In this video, a patient with diabetes after repeated amputations (on the left in the area of the metatarsus /metatarsal bones/, on the right – on the second, fourth and fifth fingers) is treated. On both limbs there are visible defects on the feet due to malum perforans pedis.

Before applying the TECASORB dressing, in some patients it is necessary to remove the hyperkeratosis from the adjacent area, because it slows down the healing process (removal is done using sterile instruments – scissors, tweezers, scalpel, disposable curette).

A thin layer of indifferent ointment (in this case camphor ointment) is applied to the wound area. The TECASORB dressing is then applied and the wound is covered with a hydrophilic dressing. The same procedure is applied to the other leg.

A compression bandage is not applied to this type of defect!

The patient is recommended to wear diabetic shoes or custom-made orthopaedic shoes.