



Use of TECASORB dressing in an extremely obese patient with chronic venous insufficiency (CVI) and concomitant hypertension

*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 severely obese patient with chronic venous insufficiency (CVI) and concomitant hypertension is treated. The defects are of combined etiology. There were extensive defects on the lower abdomen due to skin overhang, but after the application of TECASORB dressing, complete healing occurred. Visible ulcerations are then present on both lower legs.

Left leg:

The skin on the left lower leg is cleaned with gauze swabs soaked in a cleansing solution. The skin is dry with smaller central crusts, which are painlessly removed using a disposable curette. Since no defect is present, the skin is covered with a thin layer of indifferent zinc ointment and then a hydrophilic dressing is applied.

Right leg:

First, the base of the wound is moistened with a cleaning solution, the defect is then cleaned using a special Debrisoft preparation, which very gently but thoroughly removes fibrin debris from the wound base. A thin layer of indifferent ointment area (in this case, zinc ointment with olive oil) is applied to the wound. The TECASORB dressing is then applied and the wound is covered with a hydrophilic dressing.

Finally, a compression bandage is applied. The patient can also use compression stockings (however, in this case, this is technically complicated).