Use of TECASORB dressing in a patient with high blood pressure and varicose veins of the lower extremity

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 high blood pressure and varicose veins of the lower extremities is treated. The wound on the outer surface of the left lower leg was caused by mechanical trauma after an injury caused by a wooden board.

The wound has already been treated with TECASORB dressing, there are visible remnants of dressing fibers around the wound. The wound area is first gently cleaned with olive oil and a gauze pad with a cleaning solution is placed on the wound for 5 minutes. The adjacent skin up to a distance of about 10 cm is infiltrated and slightly erythematous (reddish).

There are obvious crusts and scales around the defect, which prevent healing. Paradoxically, patients are reluctant to have them removed because they are afraid that the wound could subsequently enlarge again. A disposable curette is used to remove the scales so that the epithelialized areas are exposed.

The defect is cleaned with a disinfectant solution. A thin layer of indifferent ointment (in this case zinc ointment) is applied to the wound area. The TECASORB dressing is then applied and the wound is covered with a hydrophilic dressing.

Compression is not necessary in this case.