



Use of TECASORB dressing in a patient with chronic venous insufficiency (CVI) and small ulcerations on the anterior surface of the right lower leg – an example of incorrect treatment

*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 chronic venous insufficiency (CVI) and small ulcerations on the anterior surface of the right lower leg is treated, who did not treat himself properly at home, which significantly slowed healing. In this case, re-education of the patient is necessary.

After removing the previously applied dressing material, the consequences of incorrect treatment are visible, when the patient did not thoroughly clean the wound and its surroundings and did not apply a compression bandage. Obvious crusts and scales have formed, preventing healing. The adjacent skin up to a distance of about 10 cm is infiltrated and slightly erythematous (reddish).

The area around the wound is first cleaned with a gauze pad with a cleaning solution. 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 to cover all small defects, and the wound is covered with a hydrophilic dressing. In patients with varicose veins and chronic venous insufficiency, a compression bandage is always applied at the end of the treatment.

Large defects can be treated in the same way, not only on the lower legs, but also on the lower abdomen, buttocks, upper limbs, head, or various types of decubitus.