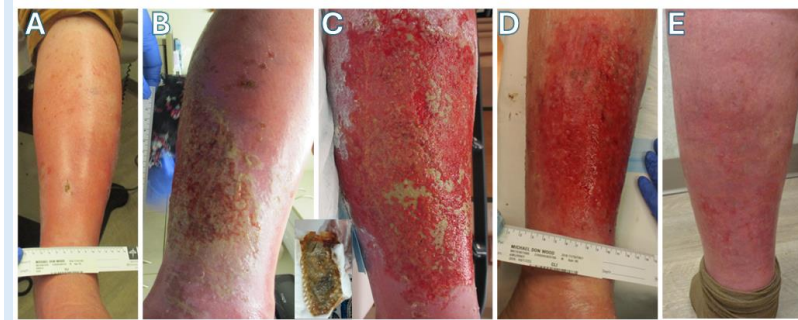


# The Roomba of Primary Dressings: A Slough Removal Dressing with Charged Fibers That Provides a Complete and Continuous Cleaning Action. Is it too good to be true?

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## PATIENT 1

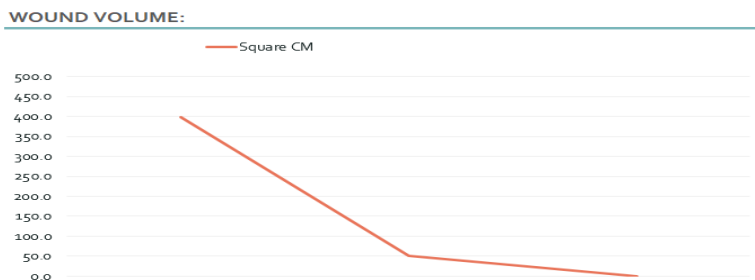
- 65 y.o. male presented with a left posterior lower extremity wound that occurred approximately 2 weeks prior to his initial evaluation in the wound clinic. The patient reports the wound is very painful and is unable to tolerate sharp debridement.
- CHF, nondiabetic. Non-smoker. Denies drug and alcohol use
- Previous treatment consisted of oral antibiotics, a non-stick dressing, ABD pads, a gauze wrap dressing, and an ace wrap
- Pertinent wound findings consisted of a wound bed covered with 98% slough, copious amounts of serosanguinous drainage, and a large area of local cellulitis



**LEGEND:** Initial presentation on August 16, 2023 (A) anterior aspect of left lower leg and (B) posterior aspect of left lower leg; (C) Clinical appearance one day after application of negatively charged fiber dressing<sup>a</sup> (August 17, 2023) with clear delineation of the wound measuring 18.4 x 2.16 x 0.2 cm (inset between panel B and C is appearance of the dressing upon removal); (D) Wound presentation 5 days after initial visit (August 22, 2022), wound measures 9.1 x 5.6 x 0.1 cm Patient was transitioned to a flexible, non-adherent contact layer<sup>b</sup> that forms a lipidocolloid gel on the surface of the wound when it comes in contact with wound exudate; (E) Wound resolution achieved 12 days later (August 28, 2023).

## PATIENT 1

### Wound Measurements: Cellulitis LLE



## OBJECTIVE

To examine the effectiveness of a negatively charged fiber dressing<sup>a</sup> in the treatment of wounds

## METHODS

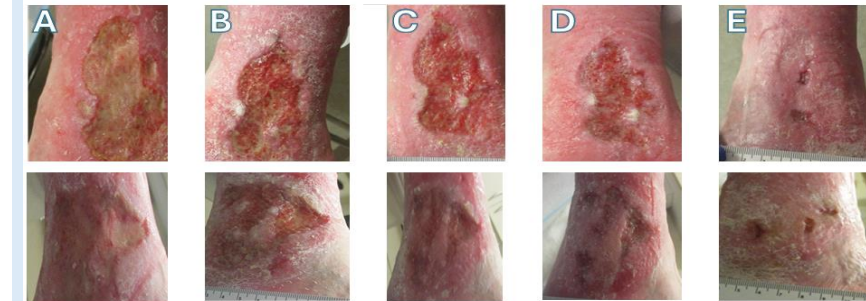
Two patients were treated in an outpatient wound care setting with a negatively charged fiber primary dressing followed by 2-layer compression therapy and oral antibiotics.

## CONCLUSION

The use of a negatively charged fiber dressing in the treatment of the wounds presented here provided comfortability, extended wear time, moisture management, and complete and continuous cleaning action. These dressing properties assisted in removal of slough and reduced the risk for infection. Use of this dressing may help reduce healthcare economic burden.

## PATIENT 2

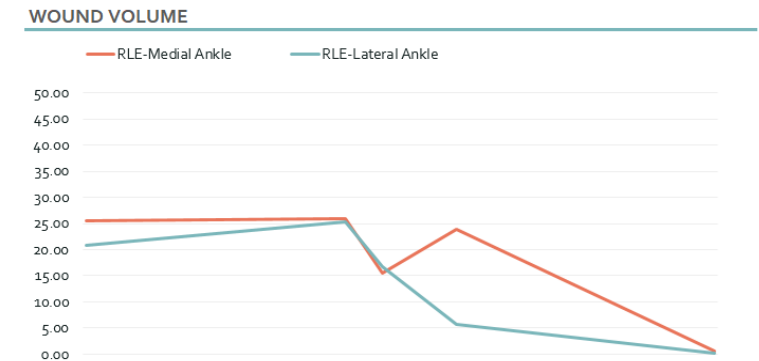
- 71 y.o. female patient who reported episodic recurrence, for the past 10 years, of wounds to the medial and lateral aspect of the ankles. The patient has a history of recurrent pseudomonas infections and venous insufficiency. The patient reports the wounds are very painful and is unable to tolerate sharp debridement or anything other than 2-layer compression therapy with 30% stretch on the outer layer because of pain.
- Diabetic on metformin with average blood glucose of 130. Former smoker who quit smoking ~20 years prior. Denies drug and alcohol use.
- Has received previous care from local wound care centers, podiatrists, and home health with no improvement. Reports prior wound cultures positive for *Pseudomonas*, *Staphylococcus Aureus* and *Enterococcus Faecalis Group D*.



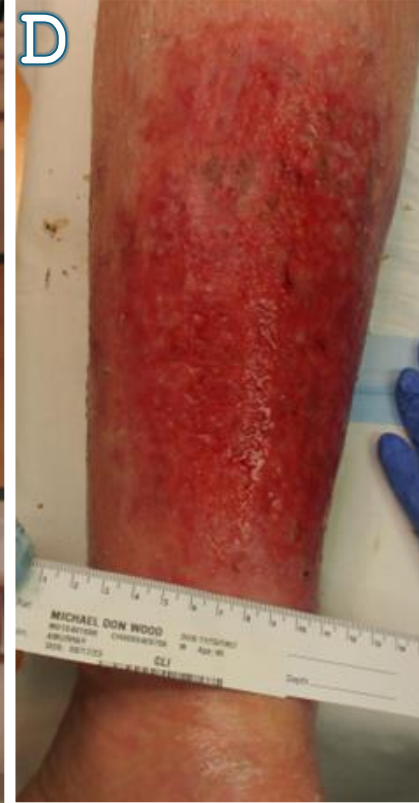
**LEGEND:** (A) Initial presentation (July 5, 2023), right medial ankle (6.1 x 4.2 x 0.2 cm), top, and right lateral ankle (5.2 x 4.0 x 0.2 cm), bottom; (B) Wound appearance 7 weeks later (August 23, 2023), right medial ankle (7.2 x 3.6 x 0.1 cm), top, and right lateral ankle (5.5 x 4.6 x 0.1 cm), bottom; (C) Wound appearance 8 weeks later (August 30, 2023), right medial ankle (6.5 x 2.4 x 0.1 cm), top, and right lateral ankle (4.2 x 4.0 x 0.1 cm), bottom. The patient was not on systemic antibiotic therapy at this time.; (D) Wound appearance 10 weeks later (September 13, 2023), right medial ankle, (3.5 x 6.8 x 0.1 cm) top, and right lateral ankle (2.7 x 2.1 x 0.1 cm), bottom. Dressing changes performed twice a week. (E) Wound appearance 17 weeks later (November 1, 2023), 9 weeks since initiation of flexible, non-adherent contact layer<sup>b</sup> right medial ankle, (0.8 x 0.8 x 0.1 cm) top, and right lateral ankle (0.4 x 0.3 x 0.1cm), bottom.

## PATIENT 2

### Wound Measurements: Venous Insufficiency Ulcers RLE



PATIENT 1





**PATIENT 2**

