INTRODUCTION

Flap necrosis in a facelift patient is a rare complication and results in increased recovery time and costs. Complications such as this can be devastating to the patient as it is an elective surgery and aesthetic patients demand optimal outcomes. Previous flap necrosis is uncommon, dressing options are limited. Therefore, information regarding an effective dressing for flap necrosis is important to the field of plastic surgery and facial rejuvenation.

CLINICAL BACKGROUND

A 61 year old female status post facelift and endobrow lift on 10/11/2011. PMH included Hashimotos disease, hypercholesteremia, depression, and CAD. Patient called office on 10/20/2011 complaining of tightness, erythema and warmth to bilateral pre-auricular areas. Patient was placed on Keflex and seen in office on 10/21/2011. Initial look at time was bilateral facial swelling and erythema with areas of eschar. Inhabited Active Leptospermum Honey (ALH) and continued on Keflex.

OBJECTIVES

1. Identify a low maintenance, low profile dressing that can be used on facelift patients with flap necrosis.
2. Demonstrate the importance of rapidly debriding and re-epithelialization, as well as using an appropriate product to aid in achieving those goals.

METHODS

Previous management techniques included; wet to dry dressings, silver sulfadiazine, enzymes and sharp debridement. Dressings such as wet to dry sulfadiazine, and enzymes, created challenges because of bleeding caused by frequent tape removal. ALH dressings were chosen for this patient to assist in autolytic debridement and healing and provide a low maintenance, low profile topical therapy. ALH dressings were cut to fit the contours of the pre-auricular area and secured in place with a thin film. Dressing frequency was every two days and discarded after three days of drainage decreased. Photographs, measurements, and a brief case report supported the findings. These are two variables which need to be acknowledged in this case study. Firstly, with the study only involving one patient, there is a limit to the extent of which the findings can be generalized. Secondly, it is not known how much of an effect systemic antibiotic therapy had on the wound healing.

RESULTS

Photographs and measurements were documented with each follow-up visit. ALH success was evidenced by decreased erythema, decreased eschar and decreased exudate. The patient demonstrated ease of dressing application and relief of the use of frequent dressing changes and returning to the workplace. From a nursing perspective, this dressing choice was relatively low cost as patient and decreased exudate. The patient studied showed almost complete healing in 10 days. The patient verbalized ease of dressing application and relief of the findings can be generalized. Secondly, it is not known how much of an effect systemic antibiotic therapy had on the wound healing.

CONCLUSION

ALH proved to aid autolytic debridement and promoted healthy healing. The product also earned high doctor, nurse and patient satisfaction in regards to ease of use and performance. ALH hydrocolloid dressings improved patient outcomes by promoting a method to promote autolytic debridement with a low maintenance, low profile dressing option.

REFERENCES


POSTER CONTENT:

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**WOUND PROGRESS USING HONEYCOLLOID DRESSINGS WITH ACTIVE LEPTOSPERMUM HONEY IN AN OFFICE BASED PLASTIC SURGERY ENVIRONMENT: A CASE STUDY**

I wanted a face-lift to get rid of my turkey neck. When I developed the eschar on my face, I was upset and devastated. I didn’t think the big hooha in my face would be so easy. I did not want to return to work looking that way and I was scared. When I started using the ALH dressings, I was hopeful so I bought some things almost immediately. Since I started using this dressing, I have noticed after the first dressing change and continued to be amazed at subsequent changes. In addition, I found the dressing easy to use as I only had to change the dressings every two days or if it leaked. I was able to be fragile with my wafer and it was easy for my family member to do. I am pleased with the final results as it has healed. My co-workers and my primary care physician were impressed with the results."