BACKGROUND/PURPOSE
Foot ulcers are the leading cause of non-traumatic lower extremity amputations in diabetic patient populations. In Panama, there is a 3.5% prevalence of Diabetes Mellitus (DM) and mortality rate of 5.5%; 5th leading cause of death. Evidence has shown Total Contact Casting (TCC) as the gold standard of treatment for relieving pressure and healing diabetic foot ulcers. The largest Diabetic Foot Ulcer (DFU) clinic in Panama trialed an off the shelf TCC system from October 2013 to February 2014. Plans to increase use of TCC as the gold standard in off-loading and healing DFUs will require clinical confidence with a user friendly product.

METHODS
9 patients, ages 51-67 years; 3 females and 6 males; were included in this trial. All had multiple co-morbidities with wound chronicity of 2 months to >3 years. Education and hands-on training was provided to wound center staff regarding purpose and use of this unique Roll on TCC System. Wounds were debrided and dressed according to advanced wound care evidence based practice using moist wound healing principles. All patients were placed in the Roll on TCC System to off-load pressure. Casts and dressings were changed 2-3 days after the initial application and weekly thereafter.

RESULTS/CONCLUSION
All patients achieved approximately 50% reduction in surface area at 4 weeks. Average time to closure with the Roll on TCC System was 6 weeks for 6 patients. The remaining 3 patients achieved greater than 50% reduction of surface area in the 6 weeks time frame.

Use of this Roll on TCC System positively impacted healing rates of these 9 patients. This less complicated Roll on TCC System gave clinicians more confidence in using TCC. As a result, more patients will receive the gold standard of DFU care in Panama at this busy DFU clinic.

REFERENCES:

CASE 1
67 y/o male with right foot neuropathic ulcer Wagner grade 3/UTMB 3B for > 2 years P/HA. Previous surgical excision of bone from behind heel and 3rd digits with partial resection of 3rd metatarsal and skin graft on right foot. PMH: Lab cultures positive for Acinetobacter baumannii and Proteus mirabilis. Present on ulcer on left foot. Type 2 DM. UTMB 3B.

Case included antibiotics therapy, silver alginate & maltodextrin dressings. Patient had complete closure within 5 months.

CASE 2
50 y/o female with right foot plantar ulcer Wagner grade 3/UTMB 3B for < 2 years P/HA. Previous surgical excision of bone from behind heel and 3rd digits with partial resection of 3rd metatarsal and skin graft on right foot. PMH: Lab cultures positive for Acinetobacter baumannii and Proteus mirabilis. Present on ulcer on left foot. Type 2 DM. UTMB 3B.

Previous treatments included antibiotics therapy, silver alginate & maltodextrin dressings. Patient had complete closure within 3 months.

CASE 3
50 y/o male with left foot plantar ulcer Wagner grade 3/UTMB 3B for < 2 years P/HA. Previous surgical excision of bone from behind heel and 3rd digits with partial resection of 3rd metatarsal and skin graft on right foot. PMH: Lab cultures positive for Acinetobacter baumannii and Proteus mirabilis. Present on ulcer on left foot. Type 2 DM. UTMB 3B.

Previous treatment included: Colva Wachs, Motanbro, and silver alginate dressings. Patient had complete closure within 3 weeks. Treatment was started 1/16/2014 and closed on 2/13/2014.

REFERENCES: