

Case

Keracis® Omega3 Wound

Intact fish skin grafts for tissue regeneration



Dr. Patrick McEneaney

Dehiscenced surgical wound with exposed bone and tendon





CASE PRESENTED BY

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Dr. Patrick McEneaney is a podiatric surgeon from Crystal Lake, Illinois. He is the owner of Northern Illinois Foot & Ankle Specialists, which is a six doctor practice. Dr. McEneaney is currently president-elect of the Illinois Podiatric Medical Association. His professional interests involve advanced reconstructive surgery of the foot and ankle. He specializes in post-traumatic injury management, adult and pediatric deformity correction, wound care and limb salvage. He is also the co-director of the Northwest Illinois Foot & Ankle Foundation.

Dehisced surgical wound with exposed bone and tendon

Patient

- 67 year old male admitted 3 weeks after foot surgery
- Obese, heavy drinker, COPD, arthritis
- Sepsis following an injury
- Dehisced surgical wound with bone and tendon exposed

Treatment

- Incision, drainage and antibiotic bead placement
- Irrigation, debridement, antibiotic bead removal, necrotic tendon excised a week later
- Kerecis® Omega3 Wound applied 3 times over 6 weeks
- Wound fully healed in 14 weeks

Surgical problem

The patient is a 67 year old male who presented with a post-operative infection and a dehisced incision site with exposed hardware after a forefoot reconstructive procedure.

Delayed closure of a dehisced wound with exposed bone and tendon had an increased risk of osteomyelitis and desiccation of the tendon. Prompt incision and drainage was needed to manage the infection. A biologic covering with an intact fish skin graft was placed to protect the underlying structures and speed up the healing process.

Initial treatment

The patient was admitted for sepsis and was started on IV antibiotics. The wound extended from the first metatarsophalangeal joint to the dorsal midfoot. A part of the first metatarsal bone and the EHL tendon were exposed. Incision and drainage were performed with vancomycin impregnated antibiotic bead placement.

Kerecis® Omega3 Wound application

A week later the patient was taken back to the operating room for repeat irrigation and debridement. The EHL tendon had necrotized and further excision of tissue was needed. The antibiotic beads were removed and the necrotic EHL tendon excised. Kerecis® Omega3 Wound was applied to facilitate healing.

The Kerecis® Omega3 Wound graft is cut to size and secured, scale side up, with staples to the sharply debrided wound edges. This provides tight apposition of the graft to the wound bed for optimal cell ingrowth and skin regeneration.

After discharge the patient received local wound care until three weeks later when the second Kerecis® Omega3 Wound application was performed. The third application took place sixteen days later.

1 WEEK PRIOR



After first bunion surgical procedure. Patient was readmitted to hospital after injury to the original location. Incision and drainage with antibiotic bead placement.

DAY 1



The first application of **Kerecis® Omega3 Wound** after incision and drainage.

DAY 19



Wound status 19 days after the first **Kerecis® Omega3 Wound** application. Wound prepared for second application.

DAY 19



Second application of **Kerecis® Omega3 Wound** in place.

DAY 67



The wound is healing well with **Kerecis® Omega3 Wound** integrated 30 days after third staged surgery.

DAY 101



Wound healed with minimal scar contracture.

Treatment outcome

Complete wound healing was achieved without further tissue necrosis and with minimal scar contracture. The wound was fully closed fourteen weeks after the original Kerecis® Omega3 Wound application. Kerecis® Omega3 Wound is an effective tool for post-operative wound dehiscence caused by infection.

What is Kerecis® Omega3 Wound?

Kerecis Omega3 Wound is intact Icelandic fish skin that is identical to human skin and is used for tissue regeneration. Because there is no risk of a viral or prion transfer from Icelandic cod to humans, the fish skin only needs gentle processing for medical use and maintains its natural structure and elements. The fish skin is a natural microbial barrier.

The superior clinical and economical performance of **Kerecis Omega3 Wound** has been demonstrated in two non-industry sponsored, double-blind, randomized clinical trials and in more than 50 other clinical studies.



Indications for use

- Diabetic ulcers
- Chronic vascular ulcers
- Venous ulcers
- Pressure ulcers
- Draining wounds
- Trauma wounds: abrasions, lacerations, second-degree burns, skin tears
- Surgical wounds: donor sites/grfts, post-Mohs surgery, post-laser surgery, podiatric, wound dehiscence
- Partial and full-thickness wounds

Ordering information

orders@kerecis.com

Item no	Description	Size	Qty
50200S16B2D	Kerecis® Omega3 Wound	Disk, 16mm diameter	10 pcs/box
50200S00B2D	Kerecis® Omega3 Wound	1.75 x 1.75 cm	10 pcs/box
50200S01B2D	Kerecis® Omega3 Wound	3 x 3.5 cm	10 pcs/box
50200F01B2D	Kerecis® Omega3 Wound Fenestrated	3 x 3.5 cm	10 pcs/box
50200S02B2D	Kerecis® Omega3 Wound	3 x 7 cm	10 pcs/box
50200F02B2D	Kerecis® Omega3 Wound Fenestrated	3 x 7 cm	10 pcs/box
50200F04B2D	Kerecis® Omega3 Wound Fenestrated	7 x 7 cm	10 pcs/box
50200S03B2D	Kerecis® Omega3 Wound	7 x 10 cm	10 pcs/box

Room temperature storage. 3 year shelf life.

KERECIS

OUR VISION
To become the world leader in tissue regeneration by sustainably harnessing nature's own remedies

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