Negative pressure wound therapy (NPWT) is an established modality in the treatment of challenging wounds. However, most existing clinical evidence is derived from the use of open-cell polyurethane foam at -125 mmHg. Alternative negative pressure systems are becoming available, which use gauze at a pressure of -80 mmHg. This study describes clinical results from a retrospective non comparative analysis of 30 patients treated with Chariker-Jeter gauze-based negative pressure systems (V1STA, Versatile-1 and EZ-Care; Smith & Nephew, Inc.) in a long-term care setting. The mean age of the patients was 72 years. The wounds consisted of chronic (n = 11), surgical dehiscence (n = 11) and surgical incision (n = 8). Wound volume and area were recorded at commencement and at the cessation of therapy. Discontinuation of therapy was instigated upon closure through secondary intention or when size and exudate were sufficiently reduced that the wounds could be managed by conventional wound dressing (median 41 days). An overall median reduction in wound volume of 88.0% (P < 0.001) and a 68.0% reduction in area (P < 0.001) compared with baseline were observed over the course of NPWT. The overall rate of volume reduction (15.1% per week) compares favorably with published data from foam-based systems.

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