

Case Study: Sacral/Bilateral Ischial Pressure Ulcers

OASIS[®]
EXTRACELLULAR MATRIX



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Patient	30-year-old, insulin-dependent diabetic. C5-6 incomplete quadriplegic.
Presentation	<p>Presented with bilateral ischial and central sacral pressure ulcers. All ulcers were stage IV, measurements as follows:</p> <ul style="list-style-type: none">• Right ischial ulcer: 3 x 7 x 0.1 cm• Left ischial ulcer: 2 x 2 x 0.1 cm• Central sacral ulcer: 13 x 8 x 0.5 cm (with undermining)
Treatment History	Patient was originally managed by medical service with wet-to-dry dressings followed by enzymatic debridement. Once nutritional status improved, plastic surgery was consulted.

Note: Individual results will vary.

Bilateral Ischial Pressure Ulcers

Treatment:

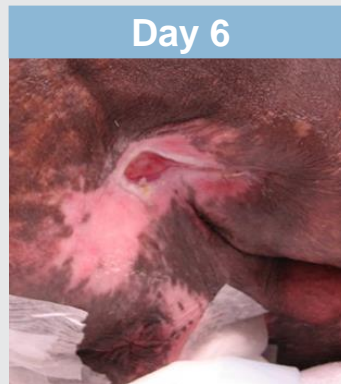
Weekly applications of OASIS[®] Wound Matrix. Steri-Strip[®] closures were used for securement along with non-adherent dressings, hydrogel, and secondary dressings.

Results:

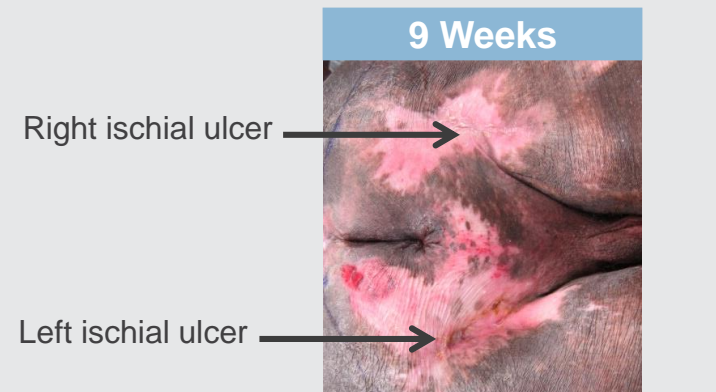
At 6 weeks, the left ischial ulcer was closed using a total of five applications of OASIS.
At 7 weeks, the right ischial ulcer was closed using a total of six applications of OASIS.



Right ischial ulcer before OASIS application



Right ischial ulcer 1 week after initial OASIS application



Right ischial ulcer

Left ischial ulcer

Ischial ulcers 9 weeks following initial OASIS application

Steri-Strip is a registered trademark of 3M.

Note: Individual results will vary.
OASIS Wound Matrix is the product name in the U.S.
OASIS Extracellular Matrix is the product name outside the U.S.

Sacral Pressure Ulcer

Treatment:

Weekly applications of OASIS[®] Wound Matrix. Steri-Strip[®] closures were used for securement along with non-adherent dressings, hydrogel, and secondary dressings.

Results:

At 9 weeks, the wound reduced from 13 x 8 cm (with undermining) to 9 x 6 cm (with undermining). At this point, the patient was closed using a bilateral gluteal myocutaneous advancement flap.



Before OASIS application



Initial OASIS application



9 weeks following initial OASIS application, prior to flap procedure

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