

Managing Wounds with Exposed Tendon and Bone

Richard J. Brietstein, DPM, FACFAS, CWS, FAPWCA
Clinical Director, University Hospital Wound Healing Center, Tamarac, Fla

Wounds with exposed tendon and bone present a challenging problem for the wound care surgeon. Ideally, the tendon or bone should be free of infection and necrosis; therefore, debridement is necessary before additional procedures are performed. Also, tissues must be adequately hydrated to avoid desiccation and to preserve the viability of the tendon and peritenon. Desiccation can lead to tissue death, infection, loss of tendon function, and possible pathological rupture.

We employ a variety of products when addressing wounds with tendon and bone exposure. Allografts and xenografts, along with rotational and free flaps, can be utilized for biological coverage. We often use conventional frozen cadaveric skin and xenographic materials such as Primatrix™ (TEI Biosciences Inc.) and Graft Jacket® and Graft Jacket Express® (Wright Medical Technology) for deep tissue space, often in conjunction with OsteoMed's OsteoSet beads (Wright Medical Technology) impregnated with antibiotics such as vancomycin. These materials create a scaffold or matrix to facilitate tissue integration and granulation and to enhance feasibility of other wound coverage options that can complete the healing process. Once granulation tissue is present, autologous split-thickness skin grafts or re-applications of xenografts often are performed to achieve complete closure. - OWM

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Commentary from Ferris Mfg. Corp.

PolyMem® QuadraFoam® dressings continuously cleanse, fill, absorb, and moisten wounds. PolyMem dressings often are used in the management of exposed bone and tendon. The dressings have been shown to help cleanse and debride while helping reverse desiccation.*

*Benskin L. Complete healing of extensive third-degree burn wounds through the use of polymeric membrane dressings. Poster presented at 19th Annual Symposium on Advanced Wound Care. San Antonio, Tex. April 30-May 3, 2006.



June 11: PolyMem QuadraFoam was initiated on these desiccated tendons.



June 16: After 5 days, tendons are moist and granulation tissue is forming.



July 4: In 23 days, the tendons are almost completely covered.