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The Impact of VAC- Instill™ in Severe Diabetic Foot Infections

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Introduction: Neuropathic ulcers or minor trauma often leads to severe or limb threatening infections in diabetics. Main principle of infection surgery has always been radical debridement. Ubi pus, ibi evacua, often cited in medicine is not enough. All necrotic and infected tissue should be resected in case of limb or life threatening infections. For more than ten years the VAC- device is successfully used also in wound infections. Preparing wounds for closure means to clean wounds, to achieve wound retraction and minimize following surgical procedures. Infection control can be difficult or even impossible in case of insufficient debridement or persistence of bacteria. **Material und methods:** The VAC-instill® enables a 3 stage-working cycle. Vacuum therapy / instillation of antiseptic fluids / time to reaction. We have always been using Polyhexanid (Lavasorb®) for instillation. Eight patients with severe diabetic foot infections as a part were included in a prospective study of 100 patients in a Multicenter Trial, treated with VAC instill because of orthopaedic implant or soft tissue infections. One thing was equal in all patients. Debridement and following plastic surgical procedure seemed to be insufficient for infection control, or time to closure seemed to be too early. Instillation time directly depended on wound size. Time of therapy lasted at least 4 days, at most 12 days. Dressing changes were performed every two to four days. Surgical closure was performed by direct secondary suture, skin grafting or flap surgery. **Results:** In all cases infection control and complete healing was achieved, despite of incomplete debridement and long lasting open Charcot joints. **Conclusion:** We believe the VAC-instill® to be a useful tool for infection control and limb salvage in severe diabetic foot infections and in case of impossibility of totally debridement. Early defect coverage and hospital discharge could be cost-effective.