



# LOURDES

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Kerri Mehringer  
Regional Manager  
Genesis Medical  
2526 Walnut Street  
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Dear Mr. Mehringer,

Thank-you for the opportunity to relay my experience with the Versatile One™ closed suction therapy system. As you know my area of care at the Wound Care Center is out-reach to the extended care facilities. The majority of wounds I see are pressure ulcers. The Versatile One™ has been used on heels, sacral, and ischial wounds.

I have found the Versatile One™ an important wound care therapy. As part of a comprehensive wound care management program I employ serial debridement, nutritional support, and pressure relief. The addition of the Versatile One™ to the wound care management program provides for a more rapid granulation of the wound, control of drainage that in turn provides better periwound integrity and a decrease in dressing changes.

The nursing staffs at the extended care facilities appreciate the decrease in skilled nursing time necessary for dressing changes. The dressing changes are reduced from twice daily to three times weekly using the Versatile One™ closed suction therapy system.

I have recently begun to see a patient who has had an open coccyx wound for greater than two years. He initially had refused to eat and his nutritional status prevented wound healing and actually he continued to increase the size of his wound. When I began to see him, his nutritional status was improved with enteral feedings and was adequate for healing. After his nutritional status improved, the wound was not healing with the usual wound management milieu. He was experiencing pain with dressing changes and periwound deterioration from increased wound drainage. The Versatile One™ was initiated. The patient is more satisfied with the decrease in the amount of dressing changes, his

periwound area is healing, and he is now beginning to decrease his wound volume with increased granulation.

Another patient was transferred from a tertiary care facility to an extended care facility for continued care using the Versatile One™. The patient is a 48-year-old paraplegic African American female admitted to the tertiary facility on February 28, 2004 with bilateral Stage IV sacral decubitus ulcers for greater than one year. When admitted she had sepsis from a portocath and urinary tract infection. An MRI of the pelvis on March 1, 2004 showed: (1) Septic left hip, with femoral and acetabular osteomyelitis. Edema and/or exudates involving the surrounding hip musculature and soft tissues. (2) Bilateral ischial tuberosity osteomyelitis. The decubitus ulcers nearly abut each of these bones. She was treated with IV antibiotic therapy and on March 3, 2004 was taken to surgery for debridement of both decubitus ulcers and drainage and debridement of a septic left hip and placement of the Versatile One™.

On March 7, 2004 she was transferred to the Extended care facility to continue use of the Versatile One™. IV antibiotics were continued for a six-week course. On my initial evaluation of this patient her wounds measured: 167mm (length) X 53mm (width) X 40mm (depth) X 62mm (tunneling) on the right and 187mm (length) X 80mm (width) X 45 mm (depth) X 62mm (tunneling) on the left. The left wound probed to bone and both wounds had exposed muscle.

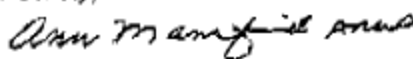
The Versatile One™ was continued with dressing changes three times per week. On May 11, 2004 her measurements were: 57mm (length) X 28mm (width) X 4mm (depth) X 28mm (tunneling) on the right and 75mm (length) X 63mm (width) X 2mm (depth) X 22mm (tunneling) on the left. At this point the surgeon felt the need to perform flap surgery due to the loss of muscle padding over the ischial tuberosities at the time of the debridement. She is young will need wheelchair mobility requiring more than scar tissue coverage over the ischial tuberosities. She could not have surgery until the osteomyelitis was adequately treated.

As you can see this patient progressed well with rapid wound healing during the time she was treated with the Versatile One™. It was expected she would have progressed on to healed ulcers without surgery had she not needed the muscle transfer for additional protection over the ischial tuberosities.

The above two examples of patients with long term wounds have convinced me that the use of the Versatile One™ closed suction therapy system has provided a more rapid granulation of the chronic wound and better drainage control. The reduction of dressing changes from twice daily to three times weekly has decreased the patients' pain associated with the dressing changes and reduced skilled nursing time for dressing changes.

I have experienced the Versatile One™ to be an advantageous addition to a comprehensive wound care program for the treatment of chronic wounds.

Sincerely,



Ann Mansfield, MSN, ARNP-BC