

PREOPERATIVE DIAGNOSES,1. Open wound from right axilla to abdomen with a prosthetic vascular graft, possibly infected.,2. Diabetes.,3. Peripheral vascular disease.,POSTOPERATIVE DIAGNOSES,1. Open wound from right axilla to abdomen with a prosthetic vascular graft, possibly infected.,2. Diabetes.,3. Peripheral vascular disease.,OPERATIONS,1. Wound debridement with removal of Surgisis xenograft and debridement of skin and subcutaneous tissue.,2. Secondary closure of wound, complicated.,3. VAC insertion.,DESCRIPTION OF PROCEDURE:, After obtaining an informed consent, the patient was brought to the operating room where a general anesthetic was given. A time-out process was followed. All the staples holding the xenograft were removed as well as all the dressings and the area was prepped with Betadine soap and then painted with Betadine solution and draped in usual fashion.,The xenograft was not adhered at all and was easily removed. There was some, what appeared to be a seropurulent exudate at the bottom of the incision. This was towards the abdominal end, under the xenograft.,The graft was fully exposed and it was pulsatile. We then proceeded to use a pulse spray with bacitracin clindamycin solution to clean up the graft. A few areas of necrotic skin and subcutaneous tissue were debrided. Prior to this, samples were taken for aerobic and anaerobic cultures.,Normal saline 3000 cc was used for the irrigation and at the end of that the wound appeared much cleaner and we proceeded to insert the sponges to put a VAC system to it. There was a separate

incision, which was bridged _____ to the incision of the abdomen, which we also put a sponge in it after irrigating it and we put the VAC in the main wound and we created a bridge to the second and more minor wound. Prior to that, I had inserted a number of Vesseloops through the edges of the skin and I proceeded to approximate those on top of the VAC sponge. Multiple layers were applied to seal the system, which was suctioned and appeared to be working satisfactorily. The patient tolerated the procedure well and was sent to the ICU for recovery.