

# Teaching Old Wounds Old Tricks????

## Healing Chronic Wounds with Classic Treatments using the Chariker-Jeter® closed suction wound drainage system

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### Introduction

It has become increasingly difficult to keep up with the ever changing, ever-evolving technologies in the wound care arena. We all get excited about the *new and improved*, the *latest and greatest*, the *bells and whistles*, but are they really necessary? The origins of these modern technologies can be traced back to antiquity. Closed Suction Wound Drainage (CSWD), or the modernized axiom Negative Pressure Wound Therapy (NPWT), is no different. Before the fancy polyurethanes, LED readouts and alarm systems, there was a technique used by two clinicians that paved the way in which CSWD or NPWT is used today.

Mark Chariker, MD and Katherine Jeter, Ed. D., ET. developed the Chariker-Jeter® Technique for a closed suction wound drainage system in 1989. This system consisted of a Jackson-Pratt drain, open weave cotton gauze, normal saline, "Christmas Tree" adaptor, skin sealant, transparent adhesive film dressing to seal wound site, Stomahesive Paste, pink tape, and a continuous suction system.

The following case studies were performed using this same classic technique. The BlueSky Versatile One was the continuous suction system of choice for the studies.

### Conclusion

As the data suggests, the newer expensive therapies are not necessary to obtain wound healing. By considering a more cost effective method for negative pressure/closed suction wound drainage system, a greater number of patients will be given the opportunity to heal their wounds. With the current restrictions and rigid guidelines set up by the healthcare insurers of today, it is reassuring to know that there is an alternative that will allow everyone the same access to these beneficial modalities.

### References:

Chariker, Jeter, Tittle, Bottsford. *Effective management of incisional and cutaneous fistulae with closed suction wound drainage: Contemporary Surgery/Vol. 34, June 1989.*

Gray, Peirce. *Is Negative Pressure Wound Therapy Effective for the Management of Chronic Wounds?: J WOCN/May/June 2004*

Fleck, Frizzell. *When Negative is Positive: a review of negative pressure wound therapy: Wound Care, March/April 2004*

### Case Study 1

This is a 64 y/o female s/p AKA in May 2004. The surgical incision dehiscd in June of 2004. She was started on Negative Pressure Wound Therapy with the Versatile 1™ on June 16, 2004. Negative pressure was delivered on continuous suction at 80mm Hg. Dressing changes were 2x/wk, on Monday and Thursday. Co-morbidities include severe PVD, DM, and Chronic Venous insufficiency, Anemia, CVA w/Aphasia, HTN, and depression. In one month, the wound decreased in size by 61.8%, with a depth decreased of 47.6%. Plans are to fit her with a prosthesis and refer for gait training.



Initial Photo: 6-16-2004



6-18-2004



6-22-2004



6-24-2004



7-6-2004



7-12-2004



7-15-2004

Negative Pressure was discontinued on 7-15-2004. The decrease in wound size and amount of drainage allowed for more conservative treatment. She is continuing with daily dressing changes by applying a Saline moistened 4x4, approximating the wound edges with waterproof tape and covering with an ABD pad.

### Case Study 2

This is a 73 year old female. With non-healing ulcer on right heel. Developed 10/03. She had a partial Calconectomy 11/03 and she also underwent FEM / POP bypass to improve circulation. The surgical wound dehiscd. She had a second surgery on 1/13/04 where she underwent a total calconectomy this surgical incision also dehiscd. Her comorbidities include 15yr history of Diabetes, Peripheral edema, CAD, PVD, OA, CVA, Hypothyroidism, Retinopathy, HTN, Diabetic Neuropathy, Hyperlipidemia & Renal Disease.



2/13/04



2/27/04



3/5/04



3/12/04



3/29/04



4/12/04

From start of treatment with the BlueSky Versatile One on 2/13/2004 to 4/12/2004 the wound has demonstrated a 79.9% healing rate.