

WOUND DRESSING WITH THE ADDITION OF COPPER

Aim: The aim of this study was to evaluate the clinical effects of using wound dressings with the addition of copper; copper oxide with patients with chronic wounds.



54 - year- old patient, ulcer on the plantar part of the foot.



Methods: In the Surgical Department for Surgical Infections, we use wound dressings with the addition of copper and they are suitable for the care of acute and chronic wounds. We have used it in 12- patients with chronic wounds in the period of 3. months and all wounds successfully healed .



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After 68 days



Results/ discussion: The role of copper; copper oxide can eliminate Gram- positive and Gram- negative bacteria, viruses and fungi with its antimicrobial effect and due to its antimicrobial action it plays a role in faster wound healing. In this article we present our clinical experience and the effectiveness of wound dressing with the add addition of copper; copper oxide fort he treatment of chronic wounds.





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Before the COPPER WOUND DRESSING, 7x3,5 cm wound, fibrin plaques, mechanical debridment.



After 7 days of copper wound dressing application.



After 30 days of using copper wound dressings, wound filled with hypergranulations, laceration.



74-year-old patient, condition after fasciotomy due to compartment syndrome, wound on the right shin was there for a long time.

After 39 days of using copper dressings, the wound reduced, clear granulations.

Conclusion: In our several month study with innovative wound dressings with addition of copper; copper oxide, we found a wide range of applications. Wound dressings are suitable for all types of chronic wounds in all periods of healing. The wound dressing proved extremely good in reducing the antibacterial load in critically colonized and infected wounds, where we observed a reduction in signs of inflammation around the wounds, granulation and epithelization took place faster. There was no pain mentioned by the patients during the installation and changing of the wound dressing.

