

Effective postoperative **Ulcus Cruris** treatment using the modular **Juzo®** product range



Juzo®

www.juzo.com

Juzo® Expert modules for effective Ulcus Cruris treatment



Juzo® Medical Compression Stockings

- Precisely defined compression distribution for therapeutically optimum pressure effect
- 6 standard sizes and made-to-order sizes for optimum fit
- Also suitable for treating uncommon leg anatomies
- Allows Dr. Rotter designed pressure pads to be integrated for a targeted increase in pressure. The pads can also be permanently integrated
- Selection of open or closed toe (depending on therapy requirements or patient preference)
- Variety of colors for greater patient compliance
- Zipper available as an option (can simplify putting on and taking off the stockings in some cases)
- Designs with silver or cotton are available:
Silver: antibacterial, odor reducing, temperature regulating, washable
Cotton: ideal for sensitive skin, especially soft, 100% natural fiber against the skin



Juzo® Silver Under Stockings

- No compression
- Permanent skin protection while putting on and taking off medical compression stockings
- For use when smaller skin defects are still present
- Smooth surface
- Ideal for securing wound dressings or pads
- Knitted-in silver thread:
antibacterial – odor reducing – washable
anti-inflammatory – temperature regulating
- Universal size (simple fitting and stock-keeping)
- Purchased as a set (3 pieces) – for regular exchanging



Juzo® Pressure Pad designed by Dr. Rotter

- Optimum anatomical fit to the malleolar groove
- Targeted pressure increase in the Bisgaard area
- Benefits:
– promotion of tissue perfusion
– reduction of odemas
- Fastening options:
– loose insertion
– securing by means of under stockings
– permanent integration into the flat-knitted compression stocking
- Available in two sizes

Treatment example 1

Patient: male, 64 years old



Findings

Phlebolympheoedema of the lower extremities on both sides with multiple ulcerations.

Symptoms of lymphedema: swollen toes, deepened skin furrows, tissue induration right up to the knee joint, substantial flow of secretions out of the ulcers, papillomatosis, pachydermia

Case history

Recurrent ulcers on both sides since 1994, multiple inpatient stays, unsuccessful split skin graft in 2005 after fasciotomy and perforans ligature on left side, healing incomplete since then. Patient discontinued compression therapy in the past due to strong secretions. No MLD in the past.

In the weeks before admission, substantial increase in size of the ulcers.

Inpatient treatment from 14 - 25 July 2008.

Edema relief by means of MLD, lymphatic compression bandages and physiotherapy.

Results: 8 kg reduction in edema and improvement in the wounds with commencement of healing.

Use of Juzo® treatment modules to maintain the treatment results

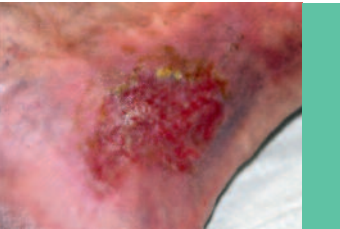
Fitting of flat-knitted compression stockings of compression class II. To protect the sensitive new skin when putting on and taking off the stockings, under stockings were used. Due to the severe skin changes with pronounced papillomatosis and the continuing presence of ulcers, Juzo® Silver Under Stockings with antibacterial effect were chosen.

Localized wound treatment, manual lymph drainage and compression therapy were continued in outpatient visits.



Treatment example 2

Patient: female, 69 years old



Diagnosis: CVI III on both sides

Case history

Status post bilateral stripping of the V. saphena magna 5 years earlier.

Due to the venous insufficiency, no ongoing compression therapy was performed.

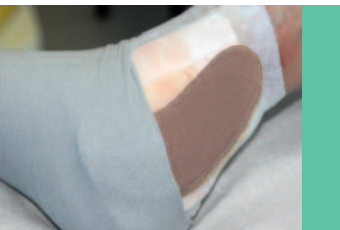
First ulceration on left side in 2007.

Duplex sonography showed no saphenofemoral junction, bilateral Cockett I and II level perforans varicosis and trunk varicosis.

Presented in May 2008 for the first time. Despite compression using regularly replaced circular-knitted compression stockings, appearance of an ulceration on the right side had formed spontaneously and was enlarging rapidly.

Ulcer location and size: right inner malleolus, 6.5 x 4.0 cm, with surrounding maceration extending into the subcutaneous tissue, and palm-sized reddening of surrounding area.

Wound swab: Streptococcus dysgalactiae, Enterococcus faecalis, Staphylococcus aureus



Treatment

Combination of compression therapy with various wound dressings. Initial treatment with compression bandages (short stretch bandage), later replaced with compression stockings of compression class 2.

Gradual reduction in wound size and reddening in the area surrounding the inner malleolus.



Use of Juzo® treatment modules to maintain the treatment results

From 30 July 2008, application of a pad on a foam dressing.

Secured in place using Juzo® Silver Under Stockings.

On presentation on 13 August 2008, wound size now just 1.0 x 0.6 cm.

Finding on final presentation on 3 September 2008: stable epithelization.



Note:

Patient declined operative treatment of the varicosis and continues to wear compression stockings with a pad. The pad has been well tolerated, and is being correctly positioned under the stocking by the patient herself.



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