

# SNAP™

THE THERAPY SYSTEM

## Use of SNAP™ Therapy System to manage a pressure ulcer

### Patient information:

An 85-year-old female presented to the clinic with a calcaneal pressure injury. The patient's medical history included peripheral vascular disease, hypertension, hyperthyroidism, neuropathy, chronic kidney disease, cataracts, cardiomyopathy, and ischemic polymyalgia rheumatica.

### Diagnosis:

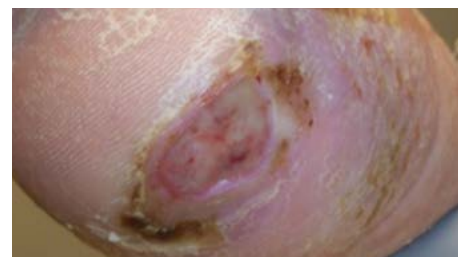
The patient had a 30-day-old stage 3 pressure ulcer on the right heel (Figure A). Resolution of the pressure ulcer called for a multimodal approach including a disposable negative pressure wound therapy system to facilitate closure of the pressure injury.

### Course of Treatment / Application of SNAP™ System:

The calcaneal pressure ulcer would be a recipient site for an epidermal graft. To prepare the donor site for epidermal harvesting, the patient's thighs underwent depilation and were washed with isopropyl alcohol. The vacuum head of the CELLUTOME™ Epidermal Harvesting System was attached to the donor site to apply subatmospheric pressure (-400 mmHg to -500 mmHg) and warmth (37°C to 41°C) to generate epidermal microdomes for harvest. Following epidermal grafting, the SNAP™ System was enlisted to bolster the graft. To protect the epidermal graft ADAPTIC TOUCH™ Non-Adhering Silicone Dressing was applied. The SNAP™ System, foam interface dressing was applied over the protected epidermal graft and the SNAP™ Advanced Dressing was applied over the foam interface to establish a seal. The SNAP™ Therapy Cartridge administered -125 mmHg of subatmospheric pressure.

### Discharge and Follow-up:

The pressure wound was evaluated after the SNAP™ System was discontinued. The pressure wound then underwent a round of sharp excisional debridement, and treatment transitioned to oxidized regenerated cellulose (ORC)/collagen/silver-ORC dressing, PROMOGRAN PRISMA™ Matrix, and compression therapy with an Unna boot. The donor site healed without complications by 2 weeks post epidermal graft harvesting. The pressure wound was fully closed without complications at the 2-month follow-up visit (Figure B).



A. Wound at presentation.



B. Wound fully closed at 2-month follow-up visit.

Patient data and photos courtesy of Animesh Bhatia, DPM, CWS, Columbus Podiatry and Surgery, Inc., Columbus, OH

As with any case study, the results and outcomes should not be interpreted as a guarantee or warranty of similar results. Individual results may vary depending on the patient's circumstances and condition.

**NOTE: Specific indications, contraindications, warnings, precautions, and safety information exist for these products and therapies. Please consult a clinician and product instructions for use prior to application. Rx only.**

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