

Case Study Report

Open Abdomen closure using ABRA[®] Abdominal

Age: 39 **Sex:** Male | **ACell Product(s) Used:** ABRA[®] Abdominal Wall Closure System.

Background: Patient sustained sharp trauma to the neck with injury to the carotid artery. Vigorous and sustained resuscitation caused Abdominal Compartment Syndrome, which then resulted in bowel ischemia. Emergency laparotomy with colectomy ensued with resulting open abdominal defect.

Outcome: Full fascial closure on day 17 leaving skin to close via secondary intention.



Loss of Domain

Initial presentation of the open abdomen.



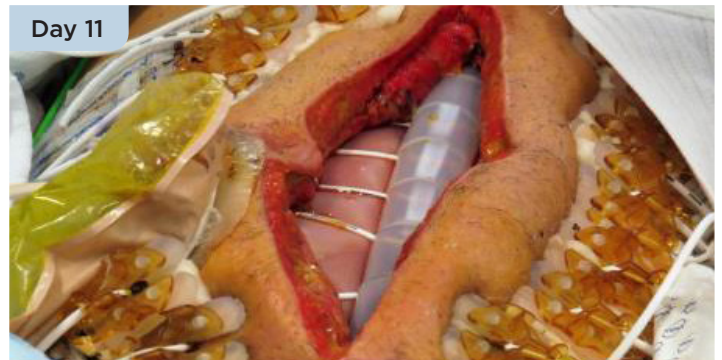
Day 0

ABRA Abdominal is installed.



Day 3

Reduction in abdominal defect is seen.*



Day 11

Further reduction in abdominal defect is observed.



Day 17

17 days post-application of ABRA with regular adjustment of elastomers.



Day 17

17 days post-application of ABRA with regular adjustment of elastomers.

NOTE: Because of existing risk of infection, this clinician chose to leave skin open and the resulting wound was subsequently managed with Negative Pressure Wound Therapy for a period of time and left to close by secondary intention.

This case contains the opinions of and personal techniques practiced by the treating physician. The technique presented herein is for informational purposes only. The decision of which techniques to use in a particular clinical application lies with the physician based on patient profile, particular circumstances surrounding the repair, and previous clinical experiences.

*ABRA Abdominal is not specifically cleared for concomitant use with Negative Pressure Wound Therapy. NPWT is used with ABRA Abdominal only if clinician independently decides to utilize it.

Rx ONLY Refer to IFU supplied with each device for indications, contraindications, and precautions.
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