CASE STUDIES

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We have been using VELOX for several of our patients with neuropathic, neuro ischemic and venous ulcers at FootSecure, in the last one year.

VELOX is recommended as an adjunct to standard of care. In most cases, we recommend VELOX post infection control once we start visualizing the granulation tissue on the wound. The therapy has been useful in cases of ischemic wounds, where angioplasty was partially successful.

VELOX (Topical Warm Oxygen Therapy) has an anerobic activity on the wound bed, with improved pH levels, helps to improve vascularity by angiogenesis, and enhanced micro circulation in the peri wound area. In the right cases, we have seen 45% – 50% faster wound healing rates, in comparison to standard of care.

Fig. 1 Initial Presentation

Fig. 2 Post Amputation and Angioplasty

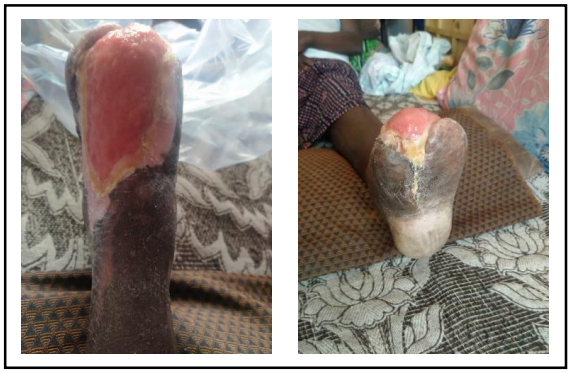

Fig. 3 Post Final VELOX Therapy Session before Skin Grafting

Fig. 4 Post Skin Grafting

CASE DETAILS:

A 70-year-old male patient with, DMT2, CKD, CHD and HT, came to FootSecure, with an intention to save his limb. Presentation on arrival was a gangrenous infected foot, covering 70 – 80% of the dorsal aspect of the foot and about 30% of the plantar aspect foot (ref Fig. 1). We attempted on saving this foot in the following manner

Debridement was done, and infected tissues were excised, PTA and ATA were partially revascularized through angioplasty. Trans Metatarsal Amputation was done, considering the non-viable toes. VAC was applied for a week, and advanced dressings and systemic antibiotics were administered to control the infection. Once the infection was controlled, Topical Warm Oxygen Therapy was initiated at home. For the next 30 days, VELOX was provided for 90 minutes every day, followed by 60 days of alternate day / weekly twice therapy.

In three months of VELOX therapy the wound was ready for SSG (ref Fig. 3). Post skin graft we continued with VELOX therapy for about 15 days, which helped in strong adherence of the skin graft to the dorsum of the foot and faster healing on edges of the skin graft (ref Fig. 4).

In about 5-month time frame, the wound was completely healed. The plantar aspect of the ulcer also healed without any graft.