

# Case Brief: Successful treatment of canine wound dehiscence and infection with V.A.C.® Therapy post Tibial Plateau Leveling Osteotomy (TPLO) surgery

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## Signalment

9 year old spayed female Labrador retriever

## Presenting Complaint/Initial Assessment

Patient was admitted to the clinic due to wound dehiscence after self traumatization of Tibial Plateau Leveling Osteotomy (TPLO) incision. Upon physical examination, the patient presented with a dehisced medial tibial incision. The wound site had edema, erythema and a purulent discharge present.

## History

Pre-operative laboratory work prior to the TPLO surgery had been performed on the patient and revealed that there was no preexisting infection present, and she was considered in good health. The patient had been ambulating well, but was able to lick the incision site, which caused the dehiscence, despite an Elizabethan collar.

## Treatment

Skin staples were removed from the proximal portion of the incision and the wound was opened. The patient was given morphine prior to the initial debridement as well as post-operatively, along with tramadol for pain alleviation. Image A shows the wound post debridement. The wound was flushed, cultured, and amoxicillin/clavulanic acid was prescribed for the initial infection control prior to the results of the culture. The culture returned a positive result for *Pseudomonas aeruginosa*, which confirmed infection of the wound. Based on the culture and sensitivity it was decided to switch the patient to enrofloxacin for 10 days to treat the infection. V.A.C.® Therapy was chosen to help

## Post Debridement



## Placement of V.A.C.® Granufoam™ Dressing



increase granulation tissue, decrease time to closure and decrease exudates and bacterial numbers.

### **V.A.C.® Therapy**

The wound periphery was prepared by removing the hair, drying, and applying a medical adhesive spray. V.A.C.® GranuFoam™ Dressing was then trimmed to the wound size and placed, ensuring that it did not come in contact with intact skin (Image B). V.A.C.® Drape (Image C) and the T.R.A.C.™ Pad were then applied over the wound. V.A.C.® Therapy was delivered for 48 hours at -125 mmHg, with no dressing changes needed.

### **Clinical Outcome**

Upon therapy removal, tissues appeared healthy and had a healthy bed of granulation tissue (Image D). The fascia was closed with 2-0 PDS in a simple interrupted pattern. The skin was closed with 3-0 monocryl in a simple continuous pattern, and skin staples were placed. The patient continued to heal without any further reoccurrences of infection or dehiscence. The incision site looked great during the follow up visit to remove the staples.

### **Placement of V.A.C.® Granufoam™ Dressing**



### **Post V.A.C.® Therapy**



NOTE: 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.

Please reference the V.A.C.® Therapy for Veterinary Use User Manual for specific indications, contraindications, safety information and detailed instructions for use.