Abdominal Wall Closure

25 year old male—originally presented to Emergency Department with confirmed pelvic sepsis following a scheduled hemorrhoid banding procedure days earlier. Following surgical intervention and treatment for sepsis this patient presented with an Acute Open Abdomen measuring 19cm in length and 14cm across the midline. The ABRA Abdominal Wall Closure system using elastic traction for a full thickness delayed primary closure was chosen as the preferential treatment plan.

Pre application of ABRA Dynamic Tissue System, the abdominal defect measured 19 x 14 cm. Post ABRA placement with therapeutic tension set at 2x stretch, the abdominal defect was reduced to 8cm at the midline. Fluid management was controlled using Negative Wound Pressure Therapy, post operatively.

Wound NPWT sponge and dressing replaced and elastomers were assessed for desired therapeutic tension of 2x stretch. Wound margins continued to progress with new measurements at 5cm across midline.

The abdominal defect was closed primarily utilizing only sutures. No mesh or graft needed.

The Move* was performed daily and the NPWT sponge was removed and replaced every other day. Only when the NPWT sponge was removed, the elastomers were assessed and adjusted for desired therapeutic tension of 2x stretch.

Successful full thickness primary closure was obtained on day seven post application of the ABRA Dynamic Abdominal Wall Closure System.

* Please see the Instructions for Use on how to perform The Move

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Dynamic Tissue Systems™
ABRA Abdominal Wall Closure
SMI Case No. 001

Day 1

Day 2

Day 3

Day 5

Day 7

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Under pain management on the ward “The Move” was performed.

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