

# APPLICATION OF A DEHYDRATED HUMAN AMNIOTIC MEMBRANE ALLOGRAFT FOR THE TREATMENT OF LOWER EXTREMITY WOUNDS

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## PURPOSE

Advanced wound care products, including Amniotic Membrane, are used to accelerate closure rates in wounds that fail standard of care. This case series presents the use of Dehydrated Human Amniotic Membrane Allograft\* (DAMA) to help close diabetic, pressure and surgical wounds.

## MATERIALS/METHODS

A retrospective chart review was performed consisting of ten patients who were treated with DAMA after failing to improve with standard of care for four weeks. Wound etiology consisted of diabetic, pressure, and surgical wounds. Patients were followed weekly, with weekly graft applications until closure. Amniotic grafts were secured with a non-adherent dressing and steri strips. Debridement and outer dressings varied according to each individual clinician's preference. Wounds were measured using standard length by width.

## RESULTS

All wounds treated successfully closed. The wounds were present for an average of 104 days prior to first graft application. Closure was achieved in an average of 46 days using an average of 3.9 grafts. At the 6th week mark, 50% of wounds were closed. At the eight week mark, 80% of wounds were closed.

The DAMA was very cost effective on a per membrane basis because of lower Federal Supply Schedule (FSS) pricing and the variety of sizes available. Compared to two other leading amniotic based products, savings were approximately 50% overall. This is based on the costs and sizes available at our institution.

## CONCLUSIONS

This case series shows that DAMA is an economical and effective approach to close wounds that have stalled with standard of care.\*\*

\*AMNIOCEL® is a registered trademark of BiCo, LLC made available by Derma Sciences Inc, Princeton, NJ  
\*\*Based on FSS 2015 pricing

Derma Sciences provided an educational grant to support this research. The information may include a use that has not been approved or cleared by the Food and Drug Administration. This information is not being presented on behalf of Derma Sciences.

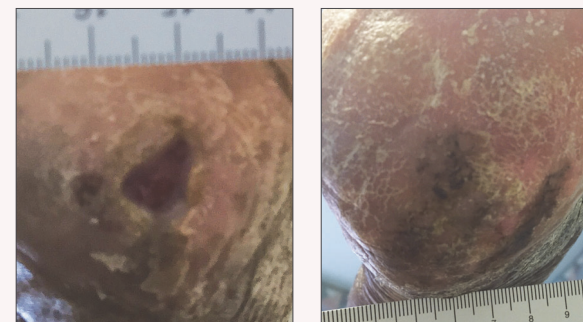
AGE	PT	TYPE OF ULCER	A1C	DIABETES MEDS	ALBUMIN	HEMOGLOBIN	OFFLOADING	DRESSING	ABI	SMOKES?	RENAL DISEASE	CREATININE
67 male	1	L heel calc ulcer, pressure	8.3	Insulin 110 units/day	3.0	10.2	Multipodus boot	Non-adherent contact layer	1.5 NC, digital pressure 22 PT mono, DP bi	No	CKD s/p renal transplant 2008	1.61
59 male	2	R medial leg, venous	8.6	Insulin 120 units/day	4.4	14.2	None	Non-adherent contact layer, multi-layer compression bandage	PVD PT 1.06, DP 1.43, PT bi DP tri, chronic DVT in SFV and gastroc vein	Yes – ½ a pack a day	No	0.95
47 male	3	Post-traumatic; s/p fracture in 1991	N/A	N/A	4.3	11.7	None	Non-adherent contact layer, gauze	No	No	No	1.19
79 male	4	S/p fifth ray amp R	10.8	Insulin 65 units/day	2.9	13.6	Surgical shoe	Non-adherent contact layer, dsd	PVD moderate R PT 1.37 bi, R DP 1.37 Bi	No	No	1.15
57 male	5	R medial leg, venous	5.5	N/A	3.9	14.7	None	Multi-layer compression bandage	R PT 1.34 tri, DP 1.38 tri	No	No	1.00
66 male	6	R plantar foot, TMA site	9.9	Insulin 82 units/day, glipizide	1.8	9.8	Felt and sx shoe	Non-adherent contact layer, dsd	R DP/PT 1.5, PT tri DP bi	No	CKD	1.26
68 male	7	R foot plantar medial, IPJ	9.1	Insulin 195 units/day	4.2	13.6	Felt and sx shoe	Non-adherent contact layer, dsd	PT 1.16 DP 1.19 triphasic all	No	No	0.91
72 male	8	R foot, hallux tip ulcer	7.1	Insulin 72 units/day	4.1	13.7	Felt and sx shoe	Non-adherent contact layer, dsd	None	No	No	0.71
84 male	9	L posterior heel pressure ulcer	5.7	Diet controlled	3.9	9.3	Multipodus boot	Non-adherent contact layer, dsd	DP 0.82 PT 0.87 monophasic	No	No	1.08
71 male	10	Distal R second toe	unknown	Diet controlled	None	14.3	Crest pad	Non-adherent contact layer, dsd	Unknown	No	No	0.71

PATIENT 7



36 DAYS

PATIENT 9



12 DAYS

PATIENT 10



21 DAYS