Patient: 74-year-old female with dehisced surgical wound

Wound characteristics and prior treatment:
- Appendectomy
- Wound measurement at onset: 12.2cm x 7.0cm x 6.0cm
- Acute care facility, inpatient at the time of wound care. Patient was seen for negative pressure wound therapy (NPWT) dressing changes. Length of inpatient status was one week.

Treatment:
- Applied Endoform dermal template directly to the wound bed, covered with Restore Contact Layer FLEX dressing, a flexible non-adherent lipido-colloid contact layer, and NPWT was initiated. Wounds were assessed and findings documented per dressing change.
- Wound measurement on Day 3: 11.6cm x 4.8cm x 4.2cm
- Wound measurement on Day 5: 11.0cm x 4.2cm x 3.8cm

Results:
- No Endoform dermal template adherence to the contact layer
- No adherence to foam NPWT dressing
- Endoform dermal template remained hydrated
- Clinician stated Endoform dermal template was easy to apply
- Patient reported no pain associated with the use of Endoform dermal template
**CASE OVERVIEW**

**Purpose:**
To present a case study in which a new dermal template derived from ovine extracellular matrix (ECM), covered by a flexible non-adherent lipido-colloid contact layer, is used in conjunction with negative pressure wound therapy (NPWT). Chronic wounds are known to have a disrupted or damaged ECM. Strategies which include a collagen-based advanced wound product may be beneficial. The Endoform dermal template was assessed for its ability to remain hydrated, ease of application, and patient comfort when used with NPWT foam dressings.

**Method:**
Applied the Endoform dermal template directly to the wound bed, covered with Restore Contact Layer FLEX dressing, a flexible non-adherent lipido-colloid contact layer, and an NPWT dressing. Wounds were assessed and findings documented at each dressing change. Assessment included:
- Endoform dermal template ability to stay hydrated
- Ease of application
- Patient comfort when used with NPWT

**Results:**
Placement of an Endoform dermal template directly to the wound bed and then covered with Restore Contact Layer FLEX dressing, a flexible non-adherent lipido-colloid contact layer, yielded quite favorable results. Based on clinical observation:
- There was no Endoform dermal template adherence to the contact layer
- There was no adherence to the foam NPWT dressing
- Endoform dermal template remained hydrated
- Clinician stated Endoform dermal template was easy to apply
- Patient reported no pain associated with the use of Endoform dermal template

**Conclusion:**
In this case, the ability to use a collagen-based advanced wound product to assist in healing chronic wounds, which is easy to use for clinicians and provides patient comfort, yielded positive results and is very promising.