

Bauer Bandage Study Parameters

Material and methodology:

<u>Hospitals:</u>	Dermatological Department of NsP Svidník Dermatological Outpatients' Dpt. of NsP Svidník Dermatological Outpatients' Dpt. of NsP Stropkov
<u>Study period:</u>	12 months (1993 – 1994)
<u>Patient group:</u>	160 (69 women, 91 men)
<u>Average age:</u>	64.3 years
<u>Average time of illness before start of application of BAUER BANDAGE</u>	– 10.5 years
<u>Average time of application of BAUER BANDAGE:</u>	10.4 weeks
<u>Working protocol:</u>	basic data (name, date of birth, address, RA, OA, AA), summary of treatments applied to date, ulceration etiology, additional diagnosis)
<u>Laboratory examinations:</u>	3 (prior to, during, after the treatment) KO+dif, FW, glycaemia, DZ, DK, thrombocytes, respectively Quick test
<u>Microbiological examinations and photo-documentation:</u>	3 times – prior to the treatment, after 14 days of application, after the end of treatment

Note: The microbiological examinations and overall assessment formed a subject of another study: “Study of sorption of micro-organisms by the sorption textile Bauer Bandage” prepared in USKVBL Brno, MUDr. Viera Billová, MUDr. Lucie Košinarová

Accessory treatment: provided to all the patients depending on the type of the accessory illness, microbiological examination and condition of the patient

Accessory antibiotic treatment: 38 patients

Treatment technique:

1. adjacent areas of the defect (prevention of eczematization): 1% aqueous solution of MM or BZ to the distance of 3 cm, after drying to apply a thin layer of indifferent paste to the area
2. bottoms – rinsing by a slightly pink solution of KMNO₄, 3% solution of boric acid
3. application of BAUER BANDAGE – the size depending on the defect, the black sorbent to the wound, the white textile on the top, application of a square bandage or splint, fixing by a secondary dressing, compression

Replacement of the dressing: at first, in case of some patients sporadically 2 times a day, later the standard procedure: in case of hospitalised patients a 24 hour interval, in case of outpatients depending on individual toleration 48 – 72 hours

Monitored groups

1. Ulcera cruris of various etiology
2. Trophic changes – foot diabetica
3. Malum perforans pedis neuropatica
4. Not healing post-operation wounds of shank
5. Pyoderma
6. Ecthyma simplex
7. Basalioma terebrans faciei

Assessment criteria – doctor: fast cleaning of the defect bottom, presence of live granulation and epithelialisation from edges and islands, elimination of foetor, the average time of application, therapeutic effect (1 – total healing, 2 – healing almost 70%, 3 - healing 40%, 4 – without effect, 5 – worsening, 6 – interruption)

Assessment criteria – patient: reduction or elimination of pain, elimination of foetor, simple treatment, toleration of BAUER BANDAGE (1 – excellent, 2 – good, 3 – negative subjective feelings, 4 – necessary to interrupt the application – no toleration)