



MOMOSAN[®]

Application report

Anamnese:

Female, 88 years old, peripheral artery occlusive disease, stage IV. Sie verweigerte eine Major Amputation und war bereits bettlägerig als sie vom Krankenhaus nach Hause kam. 3 Zehen waren bereits gangränös, plantar eine großflächige feuchte Nekrose. Die Zehen und das nekrotische Gewebe wurden mit Betaisodona-Puderspray versorgt. Die Patientin hatte einen sehr hohen Schmerzlevel.



Why the decision for MOMOSAN?

The problem was that the bandage needed to be removed as atraumatically as possible. The bandage had to be kept from sticking to the toes. Excessive wound exudate had to be prevented at all costs. MOMOSAN is ideally suited for these purposes.

Problem solution:

After treatment with beta spray, the entire forefoot was wrapped in MOMOSAN white 15x10x1. Secondly, the dressing was covered with compresses. MOMOSAN could be left on for several days. Only the secondary bandage had to be changed.

Further course of treatment:

The atraumatic treatment of the forefoot could be continued until the patient deceased three weeks later. Adhesions did not occur.

Female, 88 years old, peripheral artery occlusive disease, stage IV

Patient: