

VERSAJET[®] Hydrosurgery System was as effective as dermatome escharectomy for achieving correct dermal plane during burn debridement and significantly reduced procedure time for body areas that are difficult to debride

VERSAJET proved effective in obtaining and maintaining the correct dermal plane for debridement



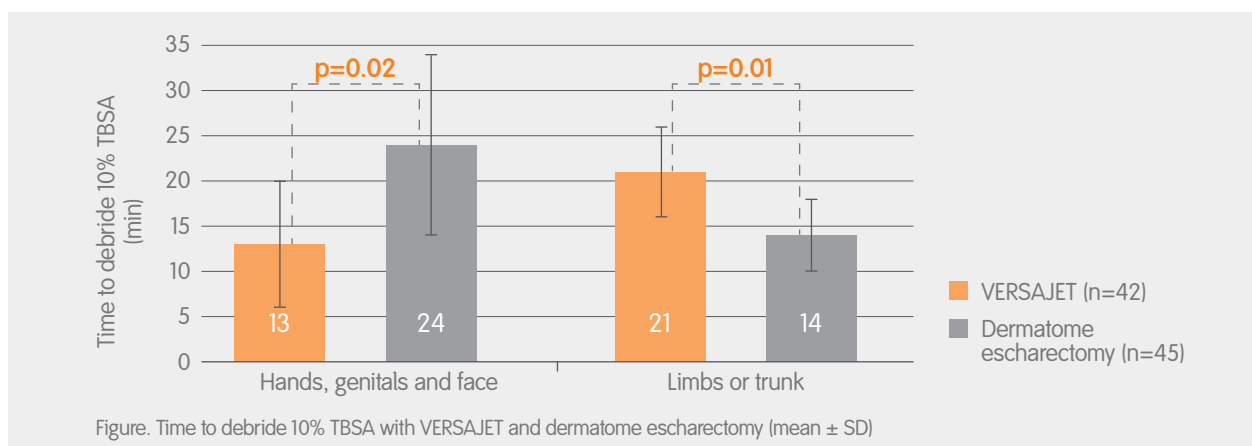
Study overview

- A single-centre, prospective, randomised trial comparing VERSAJET with hand-held dermatome escharectomy for burn debridement conducted at the San Eugenio Burn Centre, Italy, over one year
- A total of 87 patients (male 57.5%; mean age 48 years) received burn debridement with either VERSAJET (n=42) or escharectomy (n=45) in the operating room under general anesthesia from post-burn day 3 to 17 with immediate skin grafting where feasible
- If immediate skin grafting was not possible after surgery, patients with preoperative signs of infection received ACTICOAT[®] Nanocrystalline Silver Dressings (Smith & Nephew, UK) and those without signs of infection received AQUACEL[®] Ag (Convatec, USA)
- Total body surface area (TBSA) affected was similar (25%, VERSAJET; 23%, escharectomy)



Key results

- Adequate wound bed debridement was achieved for all patients using both techniques
- VERSAJET was faster than escharectomy for body areas requiring special attention, such as hands, face and genitals (13 vs 24min, $p=0.02$; Figure)
- Dermatome escharectomy was faster than VERSAJET for large surface areas, such as trunk, arms and legs (21 vs 14min, $p=0.01$; Figure); however, overall operative times were similar for procedures across wound areas
- Post-operative pain, wound closure time and contracture incidence were similar in both groups
- Minor wound bed bleeding with VERSAJET resolved spontaneously or after electrocautery
 - Vessel ligation was not necessary except for one patient where a large cutaneous vessel was cut inadvertently during debridement



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Evidence in focus (continued)



Conclusion

VERSAJET[®] was easy to use, resulting in reduced procedure time for body areas that are difficult to debride (eg, hands, face and genitals) compared with dermatome escharectomy. The authors noted that VERSAJET was also precise at reaching and maintaining the correct dermal plane.



Considerations

- Paediatric patients were excluded from this study
- The study investigators did not receive any financial support from Smith & Nephew



Study citation

*Gravante G, Delogu D, Esposito G, Montone A. Versajet hydrosurgery versus classic escharectomy for burn débridement: a prospective randomized trial. *J Burn Care Res.* 2007;28:720-724.

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