

# DOWNLOAD PDF MANAGEMENT OF WOUNDS OF THE HEAD SPENCER BARBER AND TED STASHAK

## Chapter 1 : Equine Wound Management - Christine L Theoret, Jim Schumacher - Bok () | Bokus

*THEORET-SCHUMACHER. Equine Wound Management is the authoritative resource for both 11 Management of Wounds of the Head, Spencer Barber and Ted S. Stashak.*

To select the best possible dressing, the veterinarian must decide which material is needed to enhance healing. The clinician must then determine if antimicrobial therapy is required. Several antibacterial compounds are available for topical use and are often more effective than systemically administered antibiotics in the management of severe contamination, critical colonization, or infection. To serve the requirements of specific wounds, several combinations of antimicrobial drugs and dressings are available. The wound milieu changes as healing progresses and so do the requirements for dressings. Continued assessment, based on a thorough clinical examination and sound knowledge of the Dialkylcarbamoylechloride DACC , References, healing process, is indicated, therefore, to maintain an optimal environment for healing. The prevailing theory was that the wound, if kept dry, would heal uneventfully. This belief was overturned completely by the landmark study performed by George Winter and published in Nature in Equine Wound Management, Third Edition. Edited by Christine Theoret and Jim Schumacher. There are, however, no studies evaluating the benefits of applying dressings to accidental wounds in horses in which primary closure is the selected approach to wound management. The contact layer, also referred to as the dressing, should be chosen according to the expected amount of exudate. Where this is not possible, a stent may be sutured over the wound. It is freely permeable to water vapor and oxygen. This type of dressing is mainly indicated for wounds healing by primary intention. EGT mushrooming over the wound margin is apparent. While acceptable for covering sutured wounds, dry dressings may be less ideal for wounds healing by second intention in horses. In fact, in experimental studies on wound healing and wound management, where researchers intend to stimulate the formation of EGT, it has been demonstrated that 7â€”14 days of bandaging with a dry dressing is a consistent means of inducing the formation of EGT Figure 6. Chitin is found in many naturally occurring organisms e. Chitosan, in contrast, is not found in large amounts in natural sources; therefore, the chitosan used for commercial products is derived from chitin through chemical or enzymatic treatment of shells of shrimp or crab. The hemostatic properties were evaluated in combat wounds, where the main indication for use was gauze failing to achieve hemostasis. This property makes chitosan dressing useful in wounds with hemorrhage after excision of EGT. When exudate is absorbed into the dressing, In addition to its hemostatic properties, chitosan exerts positive effects on several physiologic processes involved in the early phases of wound healing. Chitosan dressings are available in several formats e. HemCom Medical Technologies Inc. Chitin and chitosan have some intrinsic antibacterial activity, but the material is also well suited for delivering antimicrobial compounds to burns and infected wounds. The gel provides a moist environment in the wound and, by doing so, promotes healing. The rope form right contains silver, which causes the gray color. Rope dressings are useful for packing cavities. When an alginate dressing comes into contact with blood or exudate, ion exchange takes place between the calcium ions in the alginate and the sodium ions in blood or exudate. When sufficient calcium ions are replaced by sodium ions, the alginate fibers swell, partially dissolve, and form a gel. Moreover, alginates have been shown to stimulate both inflammation and fibroplasia,<sup>54</sup> and from a pathophysiologic rationale they thus seem most suited to the inflammatory phase and the early proliferative phase of wound healing. A systematic review of dressings used to manage acute and chronic wounds in humans concluded that alginates were better than other modern dressing types for debriding necrotic wounds. Due to their high absorptive capacity, alginates are useful in moderately to heavily exudative wounds. This author uses alginate dressing also over exposed bone, although the dressing is not marketed for that specific purpose. Consequently, no single dressing may support the processes of wound healing in all phases. Veterinarians are often forced to select a dressing based on studies performed in humans or laboratory rodents, or based on common sense and a pathophysiologic rationale. As the wound progresses towards healing, the pH moves to neutral and then

becomes acidic. For example, numerous experimental studies in horses have shown that even under optimal conditions, a 2. The owner of the wounded horse should be cautioned about these facts before embarking on treatment, which, in many instances, is costly. Desirable dressing characteristics Important properties of dressings are listed in Table 6. Minimizing heat and fluid loss is important for maintaining a warm, moist wound environment, which maximizes the rate at which healing takes place see the following section on Moist wound healing. Moreover, the dressing should be easy to use and cost effective. Moist wound healing Moist wound healing has repeatedly been shown to promote epithelialization and reduce scarring when compared to the healing of wounds in a dry environment. Providing moisture to the wound bed has the following beneficial effects on healing: Excess exudate can also macerate surrounding skin Modulate gaseous exchange Reducing oxygen tension through occlusive dressings in the wound bed enhances angiogenesis and fibroblast proliferation, thus stimulating formation of granulation tissue Protect the wound from bacteria and foreign material Infection and foreign material prolong the inflammatory phase and delay collagen synthesis, inhibit keratinocyte migration and induce additional tissue damage. Foreign bodies and particles form a nidus around which bacterial growth and biofilm formation may occur Minimize heat loss Normal tissue temperature improves the blood flow to the wound bed and enhances the function of cells involved in healing Provide mechanical protection of the wound and wound surroundings. Reducing tissue damage by protecting the wound and wound surroundings will provide optimal conditions for wound healing Require infrequent changes Temperature falls and healing tissues are disturbed during dressing change Provide compression to minimize edema and obliterate dead space Edema may disturb perfusion and diffusion in the wound bed and surrounding skin. The function of these cells in a dry wound is much reduced. Conversely, occlusive dressings are designed to form a barrier to bacterial invasion. Occlusive wound healing Moist wound healing should be distinguished from occlusive wound healing. They thereby provide the benefit of moist wound healing while minimizing the risk of maceration. Consequently, as the exudate accumulates in the foam, the dressing becomes occlusive and impermeable. Occlusion results in a mildly acidic pH and a relatively low oxygen tension in the wound bed. Wounds should, therefore, be monitored closely if occlusion is anticipated, either as a result of the characteristics of the chosen dressing or the combined effect of the dressing and accumulating exudate. Its mode of action and indications for use are described in more detail later in the chapter. The effects of the applied dressing may thus change in the presence of such thick exudate. This type of exudate may result from autolytic debridement, chronic inflammation or wound infection, i. Clearly, comparisons between small, superficial, experimental wounds and large, accidental wounds involving structures underlying the skin, must be made with caution. To bandage or not to bandage? Bandages generally consist of three layers. The primary layer is the contact layer that lies directly against the wound, i. The secondary layer is padding that provides protection, immobilization and absorption of exudate. The tertiary layer is made of elastic and adhesive materials that serve to further immobilize, provide compression and fix the entire bandage to the limb. A scab has formed over the wound, and healing will continue under the scab, albeit at a slower rate and with a poorer cosmetic outcome than if appropriate dressings had been applied. The propensity for formation of EGT is reduced in wounds that are left uncovered. Contamination of the scab with bedding material or dirt rarely causes clinical problems. Consequently, leaving the wound uncovered may reduce the likelihood of having to trim EGT. The latter strategy serves to combine the benefits of leaving wounds exposed to air and those of moist healing. Both of these strategies should only be used in wounds that are covered with granulation tissue, and the owner should be instructed to leave the scab in situ. If using the approach of alternating bandaging, the scab should be gently removed by irrigating the wound before applying the bandage. Selected products Figure 6. Dressings are commonly classified according to the following: In this chapter, dressings are classified according to their materials of composition into the following: The indications, contraindications, and instructions for use of the different types of dressings are shown in Table 6. These dressings are described at the end of the chapter. Description Traditionally made from loosely woven cotton. Chitosan is a derivative of chitin. Carboxymethylation of the cellulose alters its structure to improve its ability to absorb and retain fluid

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Type of dressing Chitin and chitosan Alginate Hydrofiber The fibers absorb fluid and swell to form a clear, soft, cohesive gel that retains structural integrity and maintains a moist wound environment. Wound fluid and its contents, e. Promotes hemostasis, inflammation activates macrophages and mast cells , autolytic debridement and granulation tissue formation The material has a gelling and swelling action, when it comes into contact with exudate. The fibers are positively charged and will interact with the negatively charged erythrocytes to produce hemostasis. The material enhances functions of leukocytes and induces angiogenesis Absorbs exudate and wicks it to the secondary layer of the bandage. Traditional gauze absorbs fibrin that is then removed at dressing change Mode of action Indicated for wounds in the inflammatory and proliferative phases, where granulation tissue coverage is needed. Suited for wounds with moderate to severe exudation Contraindicated in wounds with minimal exudate, wounds with a dry eschar or wounds with heavy bleeding Indicated for wounds in the inflammatory and proliferative phases, where granulation tissue coverage is needed. Suited for wounds with moderate to severe exudation, acute wounds with hemorrhage Contraindicated in wounds with minimal exudate e. If the alginate does not undergo gelling or swelling while on the wound, another category of dressing should be considered Wounds with hemorrhage. The formed gel should not be confused with purulent exudate at dressing change Must be covered with a secondary layer. Should be placed on wound bed only not on surrounding skin , and may be packed into crevices and cavities If dry, wet with saline before removal. Wound may need to be irrigated to remove fibers remaining after removal of dressing Change every 3-7 days, depending on type of dressing and amount of exudate. If used to control hemorrhage, dressing should be removed as soon as that has been achieved, otherwise dressing will dry and adhere to wound When used for hemostasis, the dressing should be handled quickly, as it becomes sticky when in contact with blood. The dressing must be pushed determinedly on to the source of the bleeding. Pressure should be applied with gauze on the chitosan and maintained for at least 2 minutes or until the chitosan adheres and the bleeding is controlled. Once used, the chitosan will not stick again, so the dressing should not be repositioned once applied. Some have adhesive perimeter, others a soft silicone contact layer to enhance patient comfort and decrease damage to tissues during dressing change Thin, transparent, polyurethane membrane coated with a layer of acrylic adhesive. Varying moisture and oxygen permeability. No absorptive capacity Silicone.

### Chapter 2 : Equine Wound Management, 3rd Edition by John Wiley and Sons - Issuu

*Now in its third edition, Equine Wound Management is the authoritative resource for both theoretical and practical information on the care of wounds in horses. The most comprehensive resource on managing equine wounds.*

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*Preceded by Equine wound management / [edited by] Ted S. Stashak, Christine Theoret. 2nd ed. Management of wounds of the head / Spencer Barber and Ted S.*

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## Chapter 9 : - NLM Catalog Result

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