WOUNDCLOT™

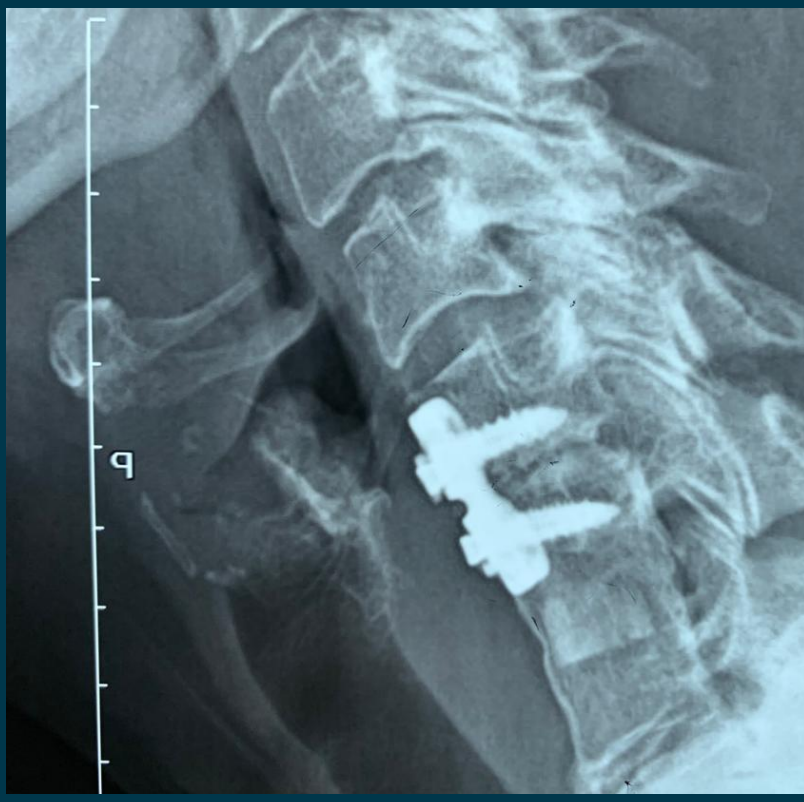
Advanced Bleeding Control™

WOUNDCLOT SURGICAL CASE REPORT ANTERIOR CERVICAL DISCECTOMY AND FUSION C5/C6

Surgeon: Paul M. Keller MD
Medical School: University of Chicago, Pritzker School of Medicine.
Residency: Indiana University Medical Center - Orthopedic Surgery Residency
Fellowship: Thomas Jefferson University & Pennsylvania Hospital (Philadelphia)
Location: Surgery performed at Holmes Regional Medical Center, Melbourne FL, USA

Patient Details

- 65 year old female.
- Medical History: Cervical Degenerative Disk Disease, Spondylolisthesis with prior anterior cervical discectomy and fusion (ACDF).
- Reason for surgery: Due to a pseudoarthrosis (or non-healed fusion) and spondylolisthesis.



Surgery Details

- The surgery presented various bleeding risks as the location of the procedure was adjacent to the carotid artery, highly vascular area of the neck and cervical dura.
- Existing hardware was removed, the pseudoarthrosis or non-healed fusion was taken down, the adjacent level was treated with discectomy, and both levels treated with interbody fusion and plating.

Product Preparation

Surgical technician prepared WoundClot for this specific procedure by pre-cutting the product into various sizes that could be placed at specific points within the surgical field to control bleeding.

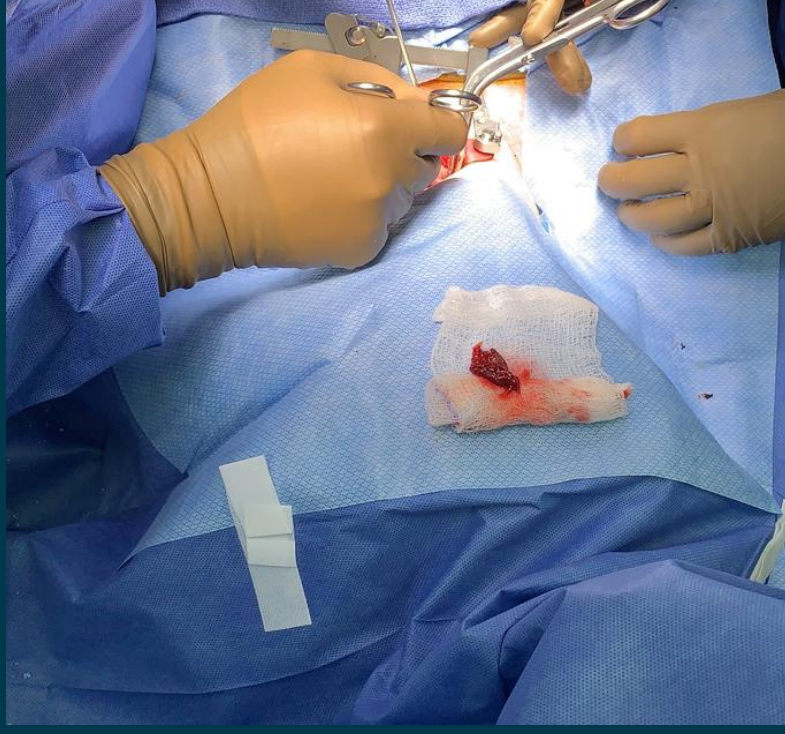
Product Placement

"I use the WoundClot routinely to control bleeding that might occur while I am performing the discectomy or decompression at other disc levels. WoundClot is then removed from all levels prior to placing an interbody graft."

Why WoundClot?

"I use WoundClot for these types of procedures because it does not require prolonged pressure to be effective. WoundClot achieves stable hemostasis rapidly and it is easily removed without causing rebleeding."

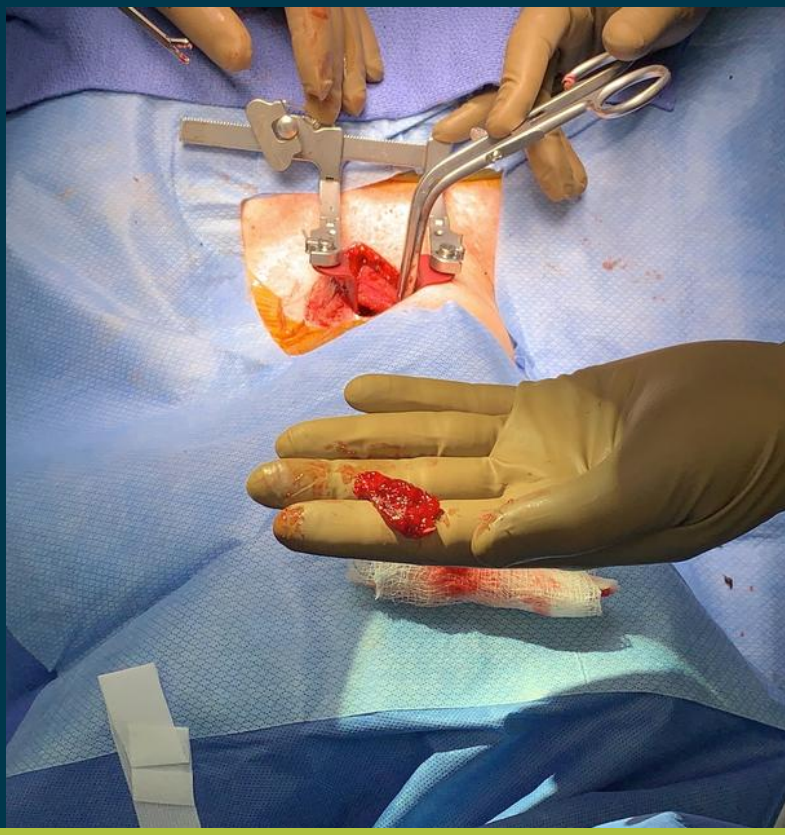
"Previously I have used Floseal and Gelfoam. While relatively effective, both of these products had issues with achieving rapid hemostasis consistently. Also, removal of these products can be problematic and can cause rebleeding. WoundClot is now my preferred hemostatic due to its capacity to achieve rapid stable hemostasis."



Perspective

The risk of bleeding in any spinal surgery procedure can involve the possibility of epidural hematoma and spinal cord compression which could result in neurological deficit. Rapid control of bleeding in any surgery is critical and decreases the need for introducing blood and/or blood products, which have been proven to increase hospital length of stay and surgical infection rates.

Other products used for this type of procedure tend to rely on adjunctive pressure to be effective, have inconsistent results and can require special storage considerations / preparation time in order to be utilized. Further, usually treatment modalities can be difficult to manipulate or remove without causing rebleeding.



Conclusion

WoundClot is great option for surgeons based on the following reasons:

- Achieves rapid and stable hemostasis without the need for prolonged adjunctive pressure to be effective.
- WoundClot can be removed without causing rebleeding.
- WoundClot utilizes multiple mechanisms of action to achieve rapid stable hemostasis.
- Maintains one of the highest safety profiles.