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Nursing education in the 21st Century: How the pieces of the puzzle fit together for success

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The "open abdomen" is a life-saving strategy in situations in which is ongoing the development an intra-abdominal hypertension condition (IAH), in order to prevent the development of abdominal compartmental syndrome. The aim of this paper is to describe a clinical case in association with a literature review concerning the use of vacuum therapy, biological mesh and skin graft, to treat open abdomen in a morbid obese patient with postsurgical abdominal damage. We report a case of a 52-yearold man obese patient who presented in a state of septic shock, eventratio, respiratory failure, acute renal failure and necrosis of the abdominal wall, following bariatric surgery. We decided to menage the reconstruction of abdominal wall with Negative Pressure Wound Therapy (NPWT) on a biological porcine mesh, in order to reduce wound dimensions over the implant and to prepare wound bed for a skin graft which was subsequently used to definitely close wound dehiscence. The biological mesh behaved like a scaffold for granulation tissue. The combination with NPWT stimulated an anti-infectious and neoangiogenesispromoting environment, allowing a final closure with a split-thickness skin graft. In case of large wound dehiscence, Negative Pressure Wound Therapy could be a therapeutic option, which has become standard of care in most centers. The combination with biological mesh seems to be a valid approach, allowing to postpone to a second operation the abdominal closure and avoid abdominal compartmental syndrome. The procedures seemed to combine perfectly together.

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