A Physician Assistant’s approach to optimizing wound closure in total joint arthroplasty

**Choices that provide efficiency, patient satisfaction, and excellence throughout the episode of care**

Physician Assistants are responsible for many aspects of the orthopedic surgery episode of care, and **wound closure is one of the most critical duties.** As the final step of the procedure, closure must be completed efficiently, while minimizing the risk of complications such as surgical site infections (SSIs).

Emergency Department (ED) visits and readmissions from post-surgical complications have received increasing scrutiny by policy makers who create programs like the Bundled Payments for Care Improvement (BPCI) initiative.1

**Wound complications such as SSIs have been reported as a key reason for:**

30% of 30-day hospital readmissions in total hip and knee arthroplasty2

12% of ED visits with or without readmission1

**A multi-faceted approach to preventing SSIs within the total episode of care**

**Before surgery**

“We optimize patient outcomes by managing preoperative risk factors like diabetes, obesity, malnutrition, and smoking to minimize the risk of postoperative complications—specifically wounds. We also plan patient-specific wound closure strategies.”

**During surgery**

“We have moved away from traditional sutures and staples and are now taking advantage of more advanced wound closure methods, such as STRATAFIX™ Knotless Tissue Control Devices and the DERMABOND® PRINEO® Skin Closure System from Ethicon.”

About Jana Flener

Jana is a licensed Physician Assistant who works with William P. Barrett, MD at PROLIANCE Orthopedic Associates in Seattle, Washington. PROLIANCE serves ~500 patients annually, and is a partner of Valley Medical Center, affiliated with the University of Washington School of Medicine. Quotes are the opinion of Jana Flener, who is a paid consultant of Ethicon, Inc.

“Managing complications such as SSIs helps us provide the best experiences and outcomes for our patients while remaining accountable for entire episodes of care”

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**Multi-layer, watertight closure3-5**

- **Skin**
  - DERMABOND PRINEO System
- **Subcutaneous**
  - STRATAFIX™ Spiral Device 2-0
- **Subcuticular**
  - STRATAFIX™ Spiral Knotless Tissue Control Device 4-0
- **Fascia**
  - STRATAFIX™ Symmetric PDS™ Plus Knotless Tissue Control Device 1-0

Uni-directional (single-armed) barbed sutures with Plus Antibacterial Technology
RCTs, 6462 patients, 95% CI: (14, 40%), \(P<0.001\).

†All triclosan-coated sutures in these RCTs were Ethicon Plus Antibacterial Sutures (MONOCRYL® Plus Antibacterial (poliglecaprone 25) Suture, Coated VICRYL® Plus Antibacterial (polyglactin 910) Suture and PDS® Plus Antibacterial (polydioxanone) Suture). STRATAFIX™ Knotless Tissue Control Devices were not used in the studies included in the meta-analysis.

§Clinical significance unknown.

Based on a 90-day economic model of wound-closure related costs, assuming 500 hip/knee arthroplasties in a typical US hospital setting and a 60% uptake of the DERMABOND PRINEO System.

References:
5. Kumar A. Completion report for design verification testing for DERMABOND PRINEO 22 cm skin closure (DP22) AST20140060, version 2. 100237669. April 19, 2016. Ethicon, Inc.

“**We stay in close, two-way touch with patients** throughout the entire episode of care via a patient engagement platform. **Advanced wound care facilitates enhanced recovery**, so our practice is more efficient and our patients are more satisfied.”

**How our practice uses a patient-engagement app**

**Pre-op**
Provide patients with post-op wound care education and instructions

**Post-op**
Enable patients to share photos of their wound to help monitor the healing process

For complete indications, contraindications, warnings, precautions, and adverse reactions, please reference full package insert.

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