

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

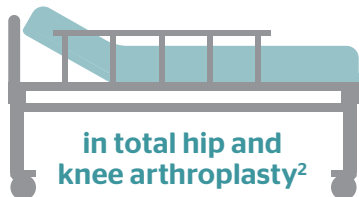
Choices that provide efficiency, patient satisfaction, and excellence throughout the episode of care

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



12% of ED visits
with or without readmission¹



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”

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

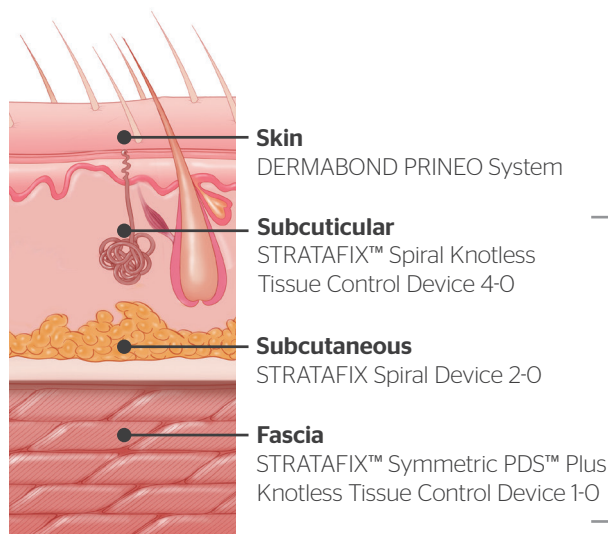
Before surgery

“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.”

Multi-layer, watertight closure³⁻⁵



Uni-directional (single-armed) barbed sutures with Plus Antibacterial Technology

Benefits of optimizing wound closure with products from Ethicon

STRATAFIX™ Knotless Tissue Control Devices deliver increased efficiency and reduced risk of SSI



In a literature review of 10 studies, barbed sutures were generally associated with **shorter closure times, shorter operative times, and larger cost savings** after total joint arthroplasty compared to conventional sutures⁶



STRATAFIX™ devices with Plus Antibacterial Technology (triclosan coating) address a key risk factor associated with SSIs—bacterial colonization of the suture^{7,8}

The petri dish image is for illustrative purposes only, zone of inhibition testing results can vary.



Meta-analysis demonstrates a **28% reduction in SSI risk** with the use of triclosan-coated sutures^{9,*†}

DERMABOND® PRINEO® Skin Closure System facilitates enhanced recovery and cost savings



Creates a watertight seal and a barrier to bacteria entering the wound^{5,10}



Demonstrated in vitro to kill **99.9%** of bacteria (MRSA, MRSE, and *E. coli*) on direct contact^{11‡}



Eliminates dressing changes and reduces post-acute care visits costs by **\$55,413**^{2§}

“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.

*21 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.

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