

Tips on clinical practice of MEB0 in regenerative healing of trauma and ulcers

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Before dressing



Preparation of MEBO Gauze



Applying of MEBO Wound Ointment



Coverage with MEBO Gauze



Cotton bandage dressing





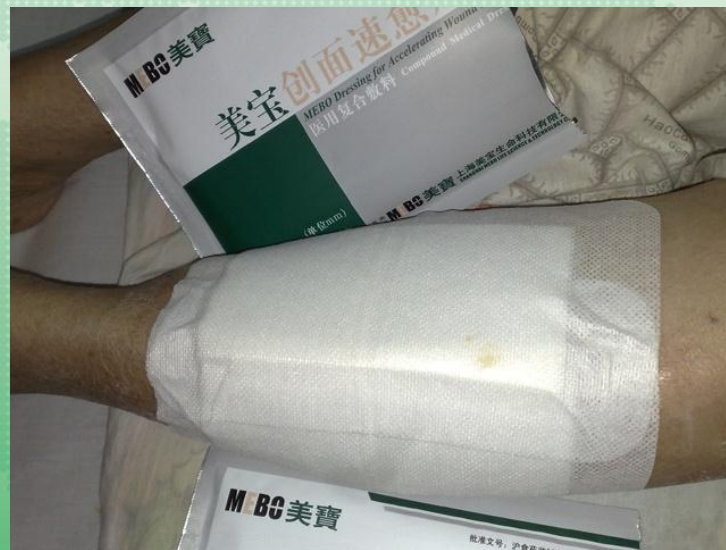
Wound before dressing change after 2 weeks MEBT/MEBO therapy



During dressing change after 2 weeks MEBT/MEBO therapy



Dressing change after 2 weeks MEBT/MEBO



After dressing change with MEBT/MEBO for two weeks



1. Keypoints of systemic treatment in DM foot

- 1.1. Anti-infectious treatment
- 1.2. Nutritional support: correct anemia and hypoproteinemia.
- 1.3. Multi-disciplinary treatment:



2. Wound care of MEBT/MEBO in the treatment of DM foot

- 2.1. Perform tension-relieving and complete debridement and drainage on the affected area as early as possible;
- 2.2. Design of the incision of debridement;
- 2.3. Wound care after tension-relieving and debridement



Chronic ulcers with DM



**The mainstay treatment
of recalcitrant DM foot is
often amputation**



Amputation , disability as an end point



Clinical therapeutic key- points and cases of MEBT/MEBO in the treatment of Diabetic foot ulcers



● Illustration of wound management of diabetic foot ulcer



Diabetic foot is usually accompanied by suppurative tenosynovitis and even necrotizing fasciitis, thus it is necessary to perform fasciotomy, remove necrotic fascia or tendon sheath, tendon as early as possible.



Degree III DM foot with severe complications: peripheral neuralgia, loss of temperature, tactile, press, severe edema.



Myelitis was excluded after X-ray examination



The wound debrided into subcutaneous layer



A large undermining was detected in deep layer of wound bed



Surgical debridement





MEBO THERAPY





Simple application procedure





Debridement daily, packing of wound



Regenerative tissue



2 Months



3 Months



Final outcome





Treated for 30 days



治疗后30天

Treated for 30 days



Treated for 40 days



Treated for 40 days





Treated for 50 days



Treated for 90 days





Gangrene on fifth toe with IV-degree ulcer, removed the toe and applied MEBO Wound Ointment



Purulent tenosynovitis formed after the incision along the lateral side of the foot



After the growth of granulation tissue, sutured, the wound was gradually closed



II-degree ulcer was treated with bandage therapy of MEBT/MEBO



Debridement of necrotic tissues



MEBT/MEBO was used during the entire course of treatment





The unhealed wound was treated
with MEBO Wound Ointment at
home



Bandage therapy with MEBT/MEBO







MEBT/MEBO
was used during
the entire course
of treatment







The wound healed



Dead tendon on III-degree ulcer was removed



Bandage therapy was used





The wound was healed after 28 days treated with MEBT/MEBO



Thank you!