

High Graft Take and Infection-Free Healing in Diabetic Foot Surgery

Experience with OEOd-Enriched Dressings

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CLINICAL CONTEXT

Advanced diabetic foot wounds require coordinated vascular, surgical and wound-care strategies. After debridement, reconstruction depends on infection control, wound-bed optimization and protection of both recipient and donor sites.

COHORT

5

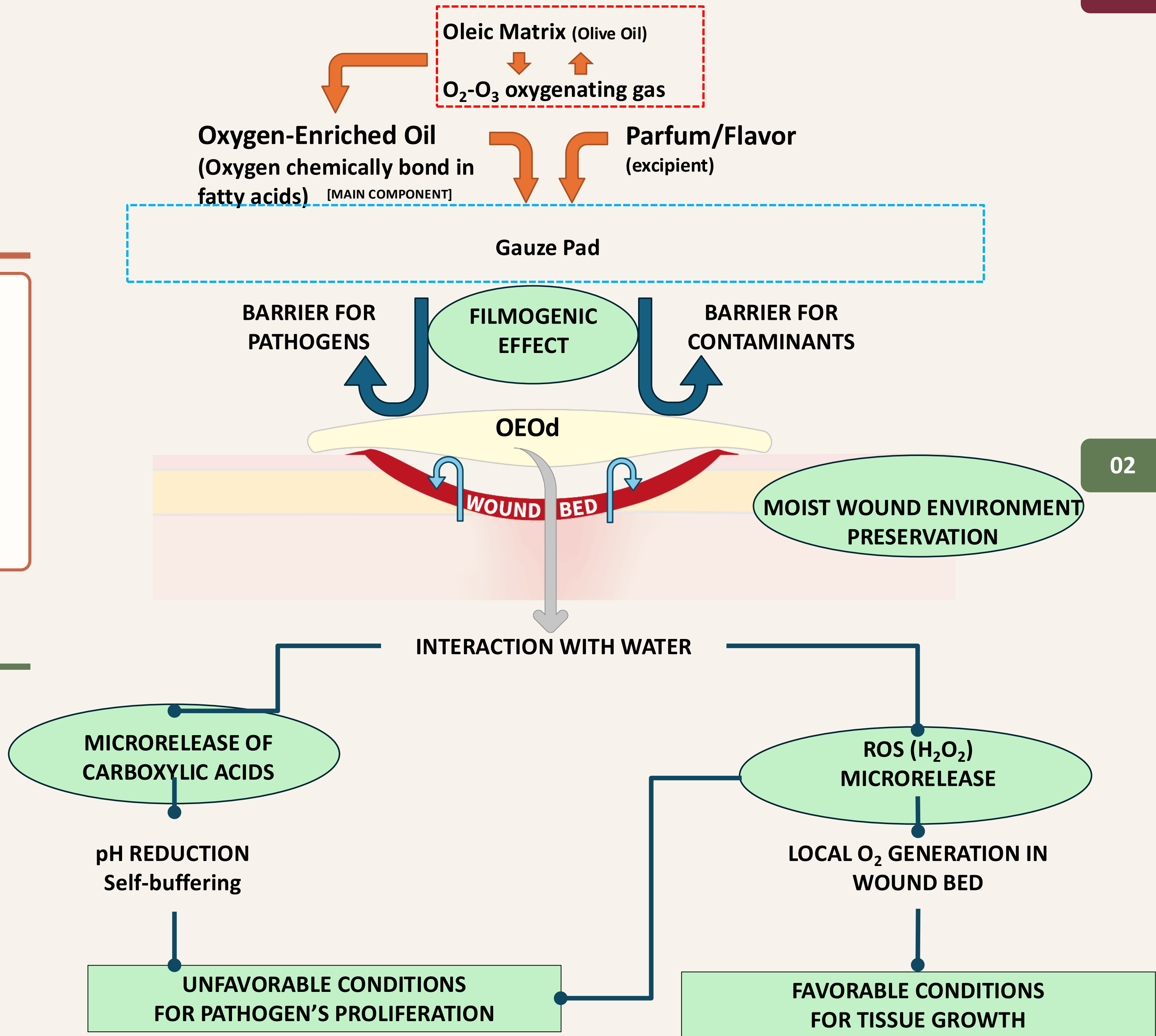
PATIENTS

TUC grade IIID at the baseline
Age: 71 ± 7 years
Diabetes duration: 13 ± 10 years
HbA1c: 52 ± 6 mmol/mol
4/5 dorsal mid-forefoot • 1/5 plantar

TREATMENT PROTOCOL

- 01 Surgical debridement
- 02 Revascularization
- 03 NPWT wound-bed preparation
- 04 Pinch grafting from ipsilateral thigh
- 05 OEOd dressing on recipient and donor sites

MATERIALS



01



02



OUTCOMES

5/5

complete graft take
within 14 days

65 ± 21

days to full wound
closure

0

infections during
treatment

Clinical Cases after surgical debridement and wound bed preparation



SAFETY

- No significant adverse events
- Dressing well tolerated
- One mild plantar maceration, resolved without complications