

Letters to the Editor

Dear Editor,

I am writing in response to the article, "NPWT vs Standard Care: Which is the Better Treatment for Complex Wounds?" (January/February 2006 issue, pages 26 to 27).

I agree with David G. Armstrong, DPM, PhD; and Lawrence A. Lavery, DPM, MPH, that negative pressure wound therapy (NPWT) is valuable in healing chronic and difficult-to-heal wounds. While the literature does not always overwhelmingly support NPWT, I routinely use this therapy and see impressive results in my practice, The Wound Healing Center in Terre Haute, Ind.

With respect to my colleagues, I disagree with the review of the Versatile 1 (BlueSky Medical, Carlsbad, Calif) printed in this article. The BlueSky Versatile 1 was dismissed as a drainage system, when in fact it operates under the application of negative pressure just like the Vacuum Assisted Closure (VAC) Therapy System (KCI USA, San Antonio). I do not understand why there is confusion between suction and suction?

I wrote an article, "Negative Pressure Wound Therapy: A rose by any other name,"¹ in which I discussed the similarities and differences between these two incarnations of the same therapy. In simplest terms, since wounds do not have inherent intelligence, they should respond to a force applied to them — regardless of the device producing it. I have used both products extensively for NPWT; wounds responded to both devices.

As professionals, we are entitled to prefer one product over another. Drs. Armstrong and Lavery think their preferred product is better, however I think the Versatile 1 and its many variations on application is superior in providing greater comfort and shorter treatment times at lesser cost. Let's agree to disagree.

One thing we can agree on, though, is the need for further research on NPWT. The VAC Therapy System has been on the market for over a decade. The published papers and review articles, however, give only weak support for NPWT over conventional methods.² So, let's focus on the real task at hand: We need more research on NPWT. We need to understand why it works and how to create optimal results. We need to uncover new techniques and be open to new devices. I am trying to do my part by continually publishing

my findings on the Versatile 1. Since one size does not fit all, I encourage the readers of *DIABETIC MICROVASCULAR COMPLICATIONS TODAY* to think outside the box. Different pressures, different timing schemes and different methods of application are all considerations that need to be explored. What is best for a given patient? Only time, experience and research will tell.

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Dr. Miller discloses that his salary is paid by Blue Sky Medical, he is a part owner or patent owner, he has a royalty agreement and is a shareholder in the company.

1. Miller MS, Lowery CA. Negative Pressure Wound Therapy: "A Rose by Any Other Name." *Ostomy Wound Management*. 2005;51: 44-49.
2. Gray M, Pierce B. Is negative pressure wound therapy effective for the management of chronic wounds? *J Wound Ostomy Continence Nurs*. 2004;5/6:101-105.

The image shows a thumbnail of the article's title page. The title is "NPWT vs Standard Care: Which is the Better Treatment for Complex Wounds?". Below the title, it says "Reviewed by David G. Armstrong, DPM, PhD, and Lawrence A. Lavery, DPM, MPH". The article text is partially visible, starting with "A recent study...".

Dear Editor,

We greatly appreciate the Letter to the Editor from Dr. Miller and respect the clinically relevant work he has done in wound healing. We also agree completely with him that both modalities provide suction to the wound. However, to imply that the two modalities are essentially identical in terms of results or evidence is misleading.

One modality, the VAC Therapy System, has — by our last count — approximately 250 peer-reviewed manuscripts in myriad medical and surgical journals discussing its benefits and weaknesses. The other modality, the Versatile 1, has — to our knowledge — no formal published research to support it. Furthermore, the wound interface materials on the other end of the suction device for the VAC device have undergone extensive and continuing research and development. The Versatile 1 has not had such robust inquiry. While we are confident that the device touted by Dr. Miller has some potential for therapeutic benefit, we do not know in whom or how that benefit might be realized. We look forward to further work in that area.

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