

The background is a dark blue gradient with a subtle pattern of white dots. Overlaid on the left side are several concentric circles and a large circular scale with degree markings from 140 to 260. Some circles have arrows indicating a clockwise direction.

WIRELESS MICROCURRENT STIMULATION

PIONEERING PHILIPPINE EXPERIENCE

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PLASTIC AND RECONSTRUCTIVE SURGERY

INTRODUCTION

- Human Anatomy is affected by underlying physiologic processes

INTRODUCTION

- Electric potential difference between the epidermis and underlying dermis and subcutaneous tissues
- “Skin battery”

Kambouris et. Al. 2014
Poltawski and Watson 2009
Mercola and Kirsch 1995

WOUND PHYSIOLOGY

- Significant changes in the edges of the wound and the periwound area 3mm away

Kloth 2005

WMCS



Wetling Product sheet

ADVANTAGES OF WMCS

- Can be used as adjunctive treatment, non-exclusive modality
- No touch technique – comfort, pain, pediatric friendly
- Wide range of applicability – burns, chronic wounds, others
- Relative portability
- Ease of use

DISADVANTAGES OF WMCS

- Electric power dependence

PIONEERING PHILIPPINE EXPERIENCE WITH WMCS

- TERTIARY HOSPITAL BURN UNIT

TERTIARY HOSPITAL BURN UNIT

- 6 patients with superficial partial thickness to deep partial thickness burns
- Dressed with Silver Sulfadiazine on NSS-moistened sterile gauze
- Adjunctive treatment with Wireless MicroCurrent Stimulation x 1 hour daily on burn site



AD 28M

ELECTRICAL BURN, 27% TBSA, FACE, UPPER EXTREMITY, RIGHT, LOWER EXTREMITIES

DAY 1 OF WMCS RIGHT ARM (3RD POST BURN DAY)



DAY 1 OF WMCS RIGHT ARM



DAY 3 RIGHT ARM



DAY 5 OF WMCS RIGHT ARM



DAY 10 RIGHT ARM OF WMCS



DAY 10 RIGHT ARM OF WMCS



10 DAY COMPARATIVE PICTURES



DAY 1 OF WMCS RIGHT LEG & THIGH



DAY 3 RIGHT LEG & THIGH OF WMCI



DAY 5 RIGHT LEG & THIGH OF WMCS



DAY 5 RIGHT THIGH OF WMCS



DAY 5 OF WMCS RIGHT THIGH



DAY 9 OF WMCS RIGHT LEG



DAY 13 OF WMCS RIGHT LEG



DAY 13 OF WMCS RIGHT THIGH



DAY 13 RIGHT THIGH OF WMCS





BL 44M

SCALD BURN, 9% TBSA, DPT TO FT BURN, RIGHT; SPT-DPT, LEFT

DAY 1 WMCS



DAY 4 WMCS



Day 6 WMCS



Day 6 WMCS





DG 32M

ELECTRICAL BURN, 30% TBSA, UPPER EXTREMITY, RIGHT, BACK, TRUNK

Day 1 WMCS



Day 4 W M C S



Day 6 WMCS





GR 27M

FLAME BURN 26.5% TBSA SPT-DPT POSTERIOR NECK, BACK,
BILATERAL UPPER AND LOWER EXTREMITY

DAY 1 WMCS



6 DAYS POST WMCS



COMPARATIVE PICTURES





JD 2M

SCALD BURN 33% TBSA SPT-DPT FACE, ANTERIOR TRUNK, POSTERIOR TRUNK, BILATERAL UPPER
EXTREMITIES, LEFT GLUTEAL AREA

1 DAY POST WMCS



7 DAYS POST WMCS



10 DAYS POST WMCS



14 DAYS POST WMCS





RL 7F

30% TBSA DPT TO FULL THICKNESS FLAME BURN TO ANTERIOR THORACOABDOMINAL AREA, MEDIAL RIGHT ARM, ANTEROLATERAL RIGHT THIGH



- Multiple debridement, tangential excision done



VFQFMD2014

- Split Thickness Skin grafting was done



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5 DAYS POST SKIN GRAFTING





**2 WEEKS APART
WMCS 3X/WK**





2 WEEKS APART
WMCS 3X/WK

SUMMARY

- Pediatric age group
 - less frequent dressing changes
 - pain-free adjunct to standard of care
 - relative ease of use
 - portability
 - light offers some sort of distraction

LOCAL ADVANTAGE

- Less expense from dressing changes
- Less pain, more tolerable
- Less frequent dressing changes
- Faster healing

DISCLOSURE

- Not affiliated with nor have any stake in the company of Wetling or its distributors
- Did not receive any financial support for treatment of these cases