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To Whom It May Concern:

It is with great pleasure that I write to you in regards to a remarkable device and advance in wound care technology that I have had the privilege of using for the last month on a few patients with deep open or chronic wounds. As you well know, vacuum-assisted wound closure devices have demonstrated accelerated healing in a large subset of wound types by increasing blood flow and diverting excess fluid from the wound bed and thus reducing edema and facilitating bacterial removal in addition to increasing intracellular signaling that induces increased rates of granulation tissue growth.

As I well remember from my surgical residency days, the major drawback in this technology was in cutting and adjusting the vacuum sponges that inserted into the wound and which often failed to hold a vacuum unless covered with multiple Tegaderms which would usually dislodge once the patient moved in bed or ambulated. When I was introduced to the Vista Wound Vacuum System, I thought the same would happen and my first dressing application found me applying multiple external Tegaderms and hoping for the best. What I found, instead, was the application of the single supplied dressing always sufficed and despite the location of the wound (groin or heel), the vacuum was not lost once the dressing was in place. Also, because the system uses normal saline soaked gauze to cover the drain, there is no cutting of sponges and the gauze forms conveniently to the contours of the wound.

I have to add that the results have been nothing short of outstanding. Recently, a large gentleman of outstanding girth had a deep groin dissection and wound failure. After treating the initial infection successfully, I placed the Vista system on his groin. Another surgeon and I both agreed that the traditional dressing changes would provide complete healing in approximately 3 months. Instead, in less than 3 weeks, the wound has granulated in more than 80% and we are contemplating cessation of use by next week.

I am pleased with the Vista Wound Vacuum System not only in its ease of use and application of dressing and its excellent results, but also in design, function, and portability. The vacuum is compact and sturdy and fits easily into a backpack and none of the patients have had a complaint about pump failure or its use. I plan on using it not only for chronic wounds, but also in non-infected surgical wounds that have been created and designed to be left open such as in pilonidal cyst (non-infected) excisions.

Thank you very much for taking the time to read this letter which quickly became a missive.

Sincerely,



Steven K. Branch, MD, PhD