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did you know that a travel card is a necessity for travel in sweden? a travel card is the most used payment option in sweden. a travel card can be used for domestic travel in sweden, so that's not required. osteomyelitis of the tibia is a common complication of long-bone fracture healing. in addition to direct bacterial inoculation, this process is complicated by persistent epithelial sloughing and the production of fibrin deposition at the bone-soft tissue junction. antibiotic therapy for the treatment of osteomyelitis should address the source of infection while also addressing the organisms involved and its environment (skin and peri-osseous tissue) [ 26 ]. recent studies have demonstrated that the use of systemic antibiotic agents is not effective in the treatment of osteomyelitis . a recent study performed in the presence of a central vascular catheter showed a close association between osteomyelitis and central venous catheterization. in patients who develop osteomyelitis after insertion of a central venous catheter, vancomycin treatment is a reasonable option. patients with no risk factors for osteomyelitis are at low risk for this complication. therefore, it is reasonable to avoid the use of antibiotics until infectious sources have been ruled out. it is prudent to consider post-operative antibiotics after all operative interventions of bone and joint procedures [ 27 ]. the vac system is effective for the control of post-operative wound infection following elective abdominal incisions [ 4, 28 ]. the use of vac in the patient undergoing open abdomen has been described by several authors [ 29 - 31 ]. the control of intra-abdominal infection in this setting is similar to the use of vac for closure of wounds of the lower extremity, in that it provides the protection of an extra-abdominal wound from contamination and the management of an infected intra-abdominal space [ 29 - 31 ]. however, the use of vac in the patient undergoing an open abdomen should be managed with more caution, given the increased likelihood of infection spread and compartment syndrome. in patients with proven intra-abdominal infection, the application of the dressing is expedited as normal wound care may increase the risk of thermal injury and increase the likelihood of wound dehiscence. vac removal can be a challenge as it is often complicated by wound dehiscence and contamination or recurrence of the infection. due to the extra-abdominal location of the incision, the placement of vac on either the fascia or the subcutaneous tissues of the abdomen may render the patient prone to higher risk of incision dehiscence or infection, respectively. it may be prudent to leave vac in place until definite closure of the wound can be achieved. in instances where the fascia cannot be identified or the incision is not readily accessible, vac is avoided. the patient should be monitored, with frequent examination of the wound and use of debridement if necessary. these modifications may minimize the risk of wound complications in the open abdomen [ 32 ]. the use of vac is most commonly described in the setting of open abdomen following trauma, but the technique has been applied successfully in the context of the open abdomen for elective abdominal surgery [ 33 - 35 ].

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