

Orthopaedic Connection

Modern Treatment of Wounds, Part II

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Transforming patient information into patient understanding.

Last week I stressed that the treatment of wounds and ulcers has really become a specialty of its own. Why?

A number of years ago many thoughtful physicians and scientists decided that what was usually being done to get wounds and ulcers to heal was simply not working most of the time.

They began to study why some wounds failed to heal while others did heal. In addition they began to develop guidelines and protocols to make treatment more standardized.

Skin wounds and ulcers usually respond to conservative care in this New Age of wound healing.

To be more specific the following factors must be addressed.

- Good nutrition
- Local care of the wound with weekly debridements and cleansing
- Daily or every other day application of many new products
- Avoiding pressure and shear of the wound
- Stop smoking
- Treat infection that may be present

Outside a Wound Treatment Center the specific protocols of wound care management are rarely followed in the same way we apply them at the Wound Treatment Center. Physicians and their PAs and Nurse Practitioners are well meaning and they hope what they are doing will work, but most of the time it doesn't. Mid Michigan Gratiot Wound Treatment Center knows all of the correct protocols and wound care products to use.

In addition, to repeat what I said last week there are many medical conditions that if not considered and treated the wound care that is being used is doomed.

- Diabetes
- Neuropathy
- Decreased arterial circulation
- Venous Insufficiency
- Infection
- Renal disease
- Many other medical conditions

Light Bulb On

I hope the light bulb is beginning to go on to convince you that wound care is complicated and must be done in a specific and organized way. Gradually our colleagues are starting to recognize that what they have done for many years isn't working anymore. Change is hard, but in this instance very necessary.

Additional Treatments

I need to make you aware of what we use if the wound is not healing. A deep wound is one that extends thru the outermost layer (epidermis) and thru the deeper skin layer (dermis).

Enter biological dressings. They have become a potent option for difficult wounds. Biological dressings cover and protect a deep wound and provide a structure allowing skin to eventually heal.

Biological dressings are called skin substitutes. They are expensive and used in certain situations.

- Apligraf. Bovine collagen covered by a layer of donor human skin cells
- Dermagraft. Human skin cells seeded into a synthetic mesh material
- Several others such as Pri Matrix, MatriStem, Integra.

Hyperbaric Oxygen Treatment

In many situations wounds are not healing because there is simply too little oxygen getting to the wound to permit healing.

Hyperbaric treatment is used in certain conditions to greatly increase the concentration of oxygen in a wound and has a huge number of positive actions at the wound site to promote healing.

At our Wound Treatment Center we are fortunate to have two Hyperbaric Chambers to use on our patients who fit certain criteria for Hyperbaric Oxygen Treatment.

Wound Healing

As I hope you can see wound healing has become very sophisticated and has increased the rate of healing of these chronic non healing wounds into the 80 – 90% range when we use all the means at our disposal.

Most of our patients at Mid Michigan Gratiot Wound Treatment Center are referred by their doctors, but it is also possible for patients to make their own appointments by calling The Wound Treatment Center and explaining their particular situation and arranging an initial appointment. Call 989-466-7020 for information and an appointment.

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You get the Office Website and Library, Your Orthopaedic Connection and GCH archive of every article I have written for you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush