

Wound Healing Centers Offer Treatment for Nonhealing Wounds

As medical knowledge and technology continue to improve, living with diabetes becomes a little easier each day. Although it should never be taken lightly, diabetes can usually be controlled with a balanced diet, a sufficient exercise regimen, and, in some cases, insulin injections.

by Abbey Smith

Diabetes is a disease in which the body does not produce or properly use insulin, says the American Diabetes Association (ADA). Insulin is a hormone that is required to convert sugar, starches and other food into the energy needed for daily life. Though the cause of diabetes is unknown, both genetics and environmental factors, such as obesity and lack of exercise, appear to cause its onset. The Centers for Disease Control and Prevention (CDC) estimates

that approximately 17 million people in the United States (6.2 percent of the population) have diabetes, with about one million new cases diagnosed each year. Many people, however, who may be predisposed to diabetes or who run the risk of developing the disorder may be able to prevent it with just a few simple lifestyle interventions. These changes include eating a healthful diet and doing a moderate-intensity physical activity, such as walking for two and a half hours each week.

For those people who have diabetes and do not take proper care of their bodies, serious medical complications can occur. In addition to strokes, heart

disease and blindness, people with diabetes can develop nonhealing wounds as a result of poor circulation, which makes them prone to developing infection. To prevent such complications, people with diabetes must maintain a healthy blood sugar level, somewhere between 80-120 milligrams per deciliter of blood (mg/dL). If this balance is not kept, the growth of bacteria and swelling can occur, which can prevent proper healing of wounds and lead to the amputation of limbs. The CDC says that more than 60 percent of nontraumatic lower-limb amputations in the United States occur among people with diabetes, with about 82,000 of these amputations being performed each year between 1997 and 1999.

Emergence of Wound Treatment Centers

Dr. Steven R. Kravitz, executive director and founder of the American Professional Wound Care Association (APWCA), explains that one of the leading causes of nonhealing wounds in diabetic patients is the lack of proper treatment of their feet. Because people with diabetes sometimes have trouble feeling sensations or pain, they may be unaware that they have a foot problem or leg wound and may not perceive how dangerous the situation is. If these areas are not treated properly, an infection can occur that could ultimately lead to the amputation of the limb.

Stressing the importance of foot care, Kravitz suggests that people with diabetes evaluate their feet on a regular basis and receive professional care if they notice any abnormalities, such as ulcers or swelling. Diabetic patients should also be evaluated at least once a year by a podiatrist who specializes in diabetic care.

“Foot problems happen over time,” Kravitz explains. “Patients need to check their feet daily by using a mirror or having someone else look at them.”

Because general practitioners may not have the knowledge or resources available to properly treat some nonhealing wounds, wound care treatment facilities

that specialize in the prevention and treatment of chronic wounds have been established throughout the United States.

The majority of these chronic wounds are the result of diabetic complications, trauma-related accidents, postsurgical wounds or burns, says Pauline Looye-Jones, a clinical specialist and physical therapist with Fort Sanders Therapy Center in Knoxville, Tennessee.

“Most of our patients are referred to us by other doctors,” Looye-Jones says. “We frequently get referrals from general practitioners who are using conservative wound management with a patient, but just are not getting a successful recovery.”

Treatment of the wound depends on the nature and the stage of the wound. One of the most common forms of treatment is moist wound care in which a moist environment is created with specialized bandages and ointments. Moist wound care has been shown to accelerate healing, produce less scarring, and cause less pain than other forms of wound care.

Patients who don't have someone at home to help change their bandages or who don't feel comfortable managing their wound on their own can go to the center for assistance, explains Looye-Jones. Depending on the severity of the wound, patients may need to visit the center every day to have the dressings changed until the wound is under control.

Hyperbaric Oxygen Therapy

Another option for wound treatment is hyperbaric oxygen therapy (HBO). During HBO therapy, the patient is placed in a specially designed pressurized chamber and is provided with 100 percent pure oxygen, boosting the amount of oxygen delivered to bodily tissues by the bloodstream. HBO therapy also helps

in the formation of new blood vessels and stimulates white blood cells to fight infection. The amount of pressure and the length of time in the chamber, usually one to two hours per treatment, are determined by the severity of the wound.

Working Together for Success

Kravitz warns about the dangers of doctors not working together to accurately diagnose and treat patients. Specialty doctors, such as endocrinologists, plastic surgeons and podiatrists, need to work together as a team to review each patient. If they do not communicate effectively, the patient may suffer the consequences, such as the amputation of a limb.

“Many worldwide studies have concluded that integrated care can prevent serious infection,” Kravitz says. “There



Pauline Looye-Jones treats a patient's wound

is a growing number of doctors and surgeons across the country who are properly qualified to treat nonhealing wounds.”

Patients, their family, and/or their caregiver should inquire about the interests and background of the healthcare professionals involved with the treatment program and be sure that they are comfortable with the care delivered, explains Kravitz. He also stresses the importance of asking doctors questions. When an open line of communication between patients and doctors is established, the patients' odds of recovery increase dramatically. This is especially important,



he says, when the medical system continues to face cutbacks that could affect medical services and supplies.

Ulcers are Warning Signs

A warning sign of a possible nonhealing wound is an ulcer, says Kravitz. An ulcer precedes about 80 percent of amputations in the United States. If patients can prevent ulcers, they can decrease the risk of losing a limb.

After a lower limb has been amputated, patients have to be especially careful not to harm the remaining limb. Kravitz says that about 50 percent of patients who have a lower limb amputated on one side will have serious problems with the remaining limb within two years because of the additional weight, pressure and tension it must bear. He recommends that patients be diligent in attempting to maintain their limbs to keep them functional.

“The survival rate following a major lower limb loss is about 50 percent in three years and 40 percent in five years,” Kravitz says. “Theoretically, if you can keep your limbs, you not only maintain your quality of life, you also may increase your longevity.”

Ways to Prevent Limb Loss

Kravitz cites five ADA methods for preventing limb loss and advises his patients to:

- 1) Educate themselves about diabetes and treatment methods
- 2) Control their blood sugar levels
- 3) Do not smoke
- 4) Control their blood pressure levels
- 5) Take care of their feet on a regular basis.

Emphasizing preventive care, wound care centers may also reduce medical costs. With proper care and treatment of chronic wounds, patients can avoid lengthy hospital stays and limb loss, which can result in thousands of dollars in medical bills.

When people with diabetes experience any medical problems, such as chronic wounds, they should consult their primary physician before finding an alternate method of treatment. If conventional methods of treatment fail, then a referral can be made to a specialist in wound care or to a wound treatment center for specialized medical care. ■

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