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Medical Director

Wound Healing and Hyperbaric Medicine Center

Located at Sycamore Medical Center

Overview On Wound Care and Hyperbaric Medicine

Wound Healing and Hyperbaric Medicine Center



Educational Background

- Medical School
 - Wright State University School of Medicine
- Specialty
 Emergency Medicine (Board Certified)
- Subspecialty Training
 - Hyperbaric & Undersea Medicine (Board Certified)
 - Diving Medical Officer US Navy
 - Wound Care Specialist

Our Wound Healing Center

How is it different from other centers?

- Over 15 years of experience Opened in June 1999
- Dedicated Physician 5 days/week and a staff that is wound care certified
- Treatment Options
 - Hyperbaric Chambers (12 Person Chamber)
 - Casting Technicians
 - ONLY UHMS Certified Facility with Distinction in Ohio

Why Use a Wound Center

- Studies show when wounds are evaluated weekly and treated aggressively 68% will heal in the first 30 days
- This reduces cost of care and better patient satisfaction
- Wound centers provide education and provide patients with adjunctive modalities to aid in there healing

How to we approach the Problem Wound?

Every Wound Should Heal?

PROBLEM WOUND

- FAIL TO RESPOND AND PROGRESS
 TO MEDICAL AND SURGICAL
 MANAGEMENT IN THE EXPECTED
 TIME FRAME
- GREATER THEN 30 DAYS
- USUALLY IN A COMPROMISED HOST

COMPROMISED HOST

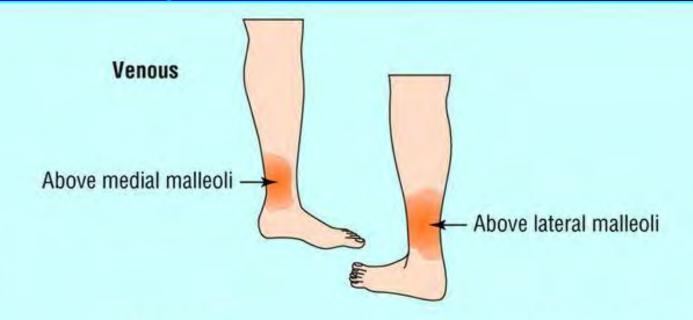
- SYSTEMIC
 - ADVANCED AGE
 - DIABETES
 - INFECTION
 - EDEMA
 - CIRCULATORY DEFICIT
 - MOTION, PRESSURE

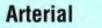
- LOCAL
 - IMMUNOSUPPRESSION
 - FOREIGN BODIES
 - NECROTIC TISSUE
 - DEAD SPACE
 - RADIATION
 - NUTRITIONAL DEFICIT

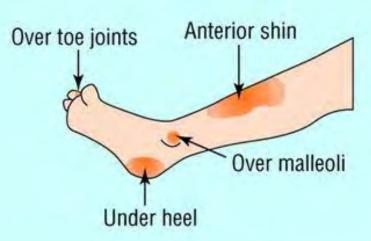
Main causes

Ask yourself what is the underlying pathophysiology of the wound

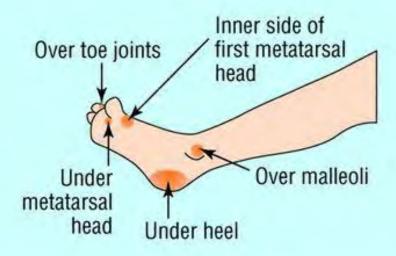
- Edema (Venous, Post-op swelling)
- Circulation (Vascular)
- Pressure (Bed Ridden, Diabetic Foot Ulcer)
- Other(Dermatological, Cancers, Foreign Body)







Neuropathic



Initial Wound Care Visit

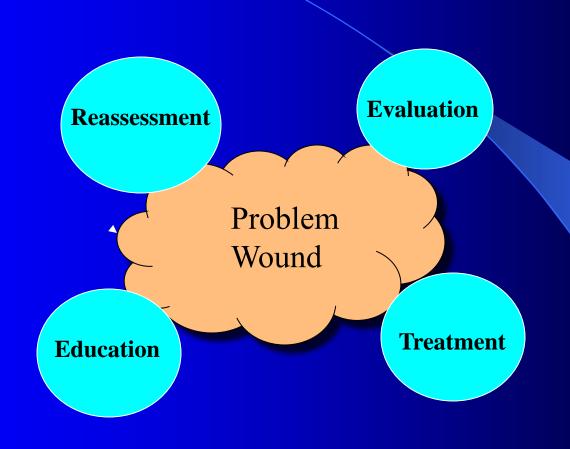
- Review past and current history
- Complete patient history
- Complete Physical exam
- Address complicating factors
 - Vascular
 - Edema
 - Pressure
 - Nutrition
 - Systemic condition
- Consider consults
- Determine etiology and initiate treatment

Treatment Must Address:

- Debridement
- Infection Control
- Pressure Relief
- Edema Reduction
- Revascularization

- Nutrition/Hydration
- Medical
 - Glucose control
- Social Needs
 - Trauma
 - Smoking
- Rehabilitation
- Long Term Education

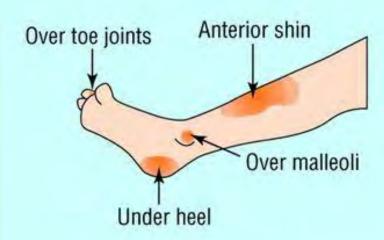
Approach Problem Wound Involves:

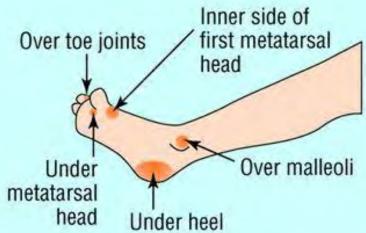


Venous Disease









Cellulitis vs. Venous Stasis

- Not all swollen draining legs are cellulitis
- Most can be managed with compression and
 +/- antibiotics



Date: Date 5/26/05 8/1 A (937)257-8603









Edema Control

- Elevation of extremities
- Multilayer Compression Wrap
- Profore and Unna boots
- Graded compression stockings
- External sequential compression pumps

Edema Control

- Fibrinogen and peri-capillary cuffing
- Decreases nutrients and oxygen tensions
- Pro-inflammatory proteinacious mixture
- Matrix metalloproteinases (MMP)
- Controlling edema is a major goal in promoting chronic wounds to heal.

Multilayer Compression Wraps







Lymphedema Pumps



Compression Stockings



Circ-Aids



Pressure Relief

- Decubitus Ulcers
 - Repositioning
 - Foam or air mattresses
- Planter Foot Ulcers
 - Complete bed rest
 - Total contact casting
 - Custom bivalved othosis
 - DH Walker boot
 - Others

Alternating Air Flow mattress



Roho Cushion





























Limb Salvage

Nutrition

- Albumin level of < 3.5</p>
- Pre-Albumin levels > 15

Infection and Biobourden

- Stimulates an inflammatory response
- Deprives tissues of nutrients and oxygen

- MRSA
- Beta- Hemolytic Strep
- Staph Aureus
- Pseudomonas
- Later: E. Coli, Proteus and Klebsiella
- Deeper Wounds: Anaerobes
- Most become Polymicrobial over time

- Probe the wound for the presence of bone and tendon
- Looking for foreign material
- Deep tissue cultures
- Sed Rate CBC C-Reactive Protein
- MRI Bone Scan Plain Flim

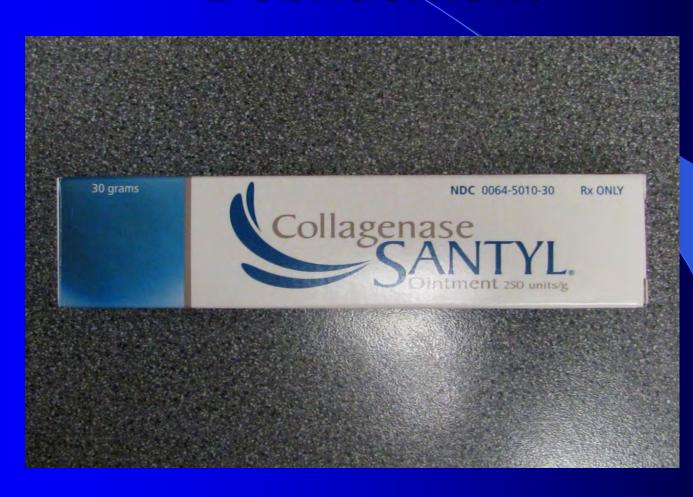
How to Limit Bioburden and Bacteria Counts

- Local wound cleaning
 - Irrigation with 4- 15 psi
- Excision of necrotic tissue and Biofilm

Types Of Debridement

- Surgical/ Sharp Debridement
- Mechanical (wet to dry)
- Enzymatic
- Autolytic
- Biological

Debridement



Hyperbaric Oxygen

What is Hyperbaric Oxygen

- Hyperbaric medicine is the process whereby a patient breaths 100 % oxygen in a chamber at pressure levels greater then sea level.
- This system increases the amount of dissolved oxygen in plasma.

Mono Place







Approved Indications for Hyperbaric Oxygenation

Emergency & Routine

Emergency Indications

- Air or Gas Embolism
- Decompression Sickness
- Carbon Monoxide Poisoning
- Gas Gangrene

- Crush Injuries
- Necrotizing Fasciitis
- Thermal Burns

Appropriate Wound Etiology (Routine)

- Refractory Osteomyelitis
- Necrotizing Soft Tissue Infections
- Gas Gangrene
- Compromised Skin Grafts and Flaps
- Crush Injuries and Compartment Syndrome
- Acute Traumatic Ischemias
- Thermal Burns
- ORN
- Soft Tissue Radionecrosis
- Other Wounds with Demonstrated Tissue Hypoxia

Refractory Nature

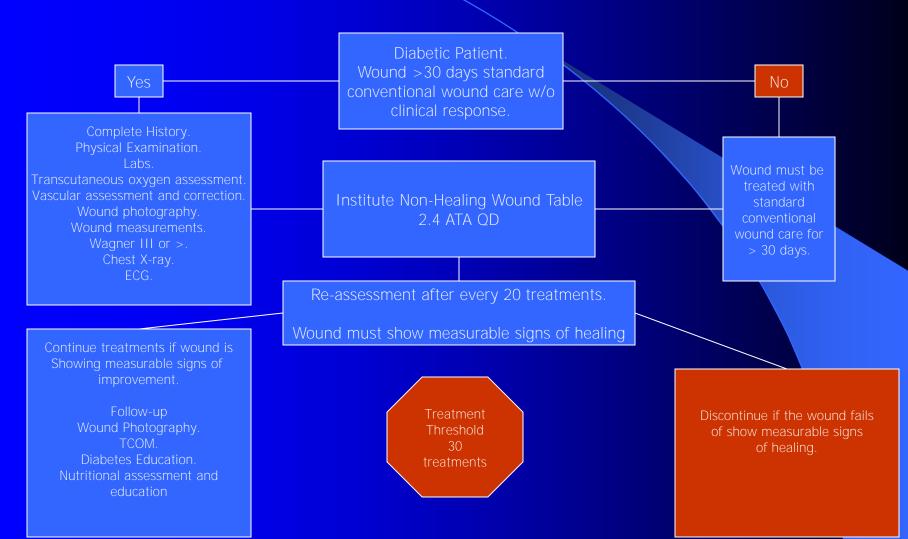
- Refractory to conventional therapy
- Low tissue oxygen tensions
- TCOM correlation





Hyperbaric Treatment Protocol

Diabetic Non-Healing Wounds of the Lower Extremities



OSTEOMYELITIS



Osteomyelitis

- Ischemic & Infectious disease
- Bone & muscle infection with draining sinus
- Trauma or idiopathic
- Poor blood supply causes lowered oxygen tension
- Impedes collagen formation, fibroblast activity & leukocyte response

Osteomyelitis

- Poor blood supply impedes introduction of antibiotics
- Surgery to remove infected bone & tissue
- High dose antibiotics
- If failing despite surgery and antibiotics consider HBO

Osteomyelitis

- HBO reverse tissue anoxia
- Promotes collagen formation
- Stimulates osteoclast's
- Augments some antibiotics including aminoglycides

Gas Gangrene

- Caused by introduction of Clostridium Perfringens via trauma or post-surgery
- Other Clostridial organisms are not gas gangrene, but can be terrible infections
- Acute, rapidly progressive, non-pyogenic, invasive muscle infection
- Profound toxemia, extensive edema, massive tissue death & variable amount of gas production

Gas Gangrene Rx

- Surgery
- Antibiotics
- Hyperbaric oxygen 3 times per day at 60' fsw for :80- :90 minutes X 2 days, then BID for 2 or 3 days

Gas Gangrene

- •gas gangrene is a rapidly progressive myonecrosis caused by Clostridial species
- •alpha toxin facilitates infection virulence
- •surgery removes dead tissue
- •antibiotics kill bacteria
- HBO halts alpha toxin production and preserves ischemic tissue
- ***bactericidal action is not sought***

Radiation Injuries

- Osteoradionecrosis
- Soft tissue radionecrosis
- Radiation enteritis
- Radiation cystitis

Delayed Radiation Injury (Soft & Bony Tissue Necrosis)

- Radiation causes the endothelium of blood vessels to proliferate
- Blood supply decreases or is obliterated
- Radiated area becomes ischemic and fibrotic
- Tissue often survives the hypoxia
- Subsequent injury leads to infection & enlargement of the wound

Treatment Goals

- Reverse, hypo cellular, hypo vascular and hypoxic tissue changes (3Hs)
 - HBOT
- Resect necrotic tissue
- Reconstruct tissues
- Preserve/restore function, esthetics and quality of life

Medical / Social Needs

Medical / Social Needs

- Metabolic Control
 - Hg A1c
- Cessation of Smoking
- Nutritional Support
- Other Medical Conditions
- Pain Relief

Topical Wound Wanagement

Drainage
Drawtex
Silver Dressings
Iodoflex/ Iodosorbe
Wound Vac
Calcium Alginate

<u>Debridement</u> Santyl Granulation
Prisma
Wound Gel
Silvadene
Bactroban

Topical Wound Management

- Wound Care "Preparation of Wound Bed
- Appropriate Dressing
- Do they need off loading or compression
- Advanced Dressing ie Grafix or Skin Graft

Education

Patient
Family
Other Health Care

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Case Study

Wound Healing and Hyperbaric Medicine Center



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Treatment Goals





Preserve/restore function, esthetics and quality of life

Case Study



















































Periodic Reassessment

- Look for consistent progress
- Regularly reevaluate the wound
- Failure to progress needs prompt reevaluation

Wound Physician Consult Program

- Bringing the excellence of the Outpatient Wound programs to the Inpatient Arena
- Advanced Wound Care
- Continuum of Care
 - Inpatient consults
 - Follow up in KHN Outpatient Wound Centers
 - Follow up in LTC facilities
- Decreased readmission rate for exacerbation of wound pathology



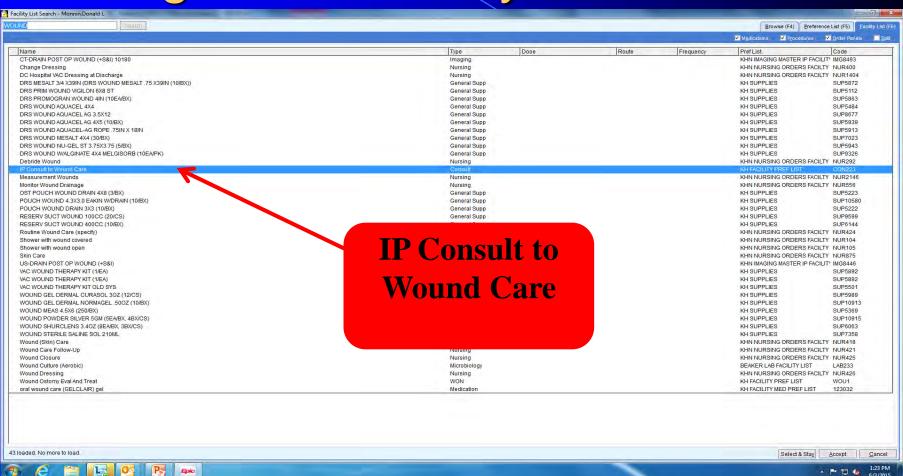
Who Needs a Referral?

Patients with:

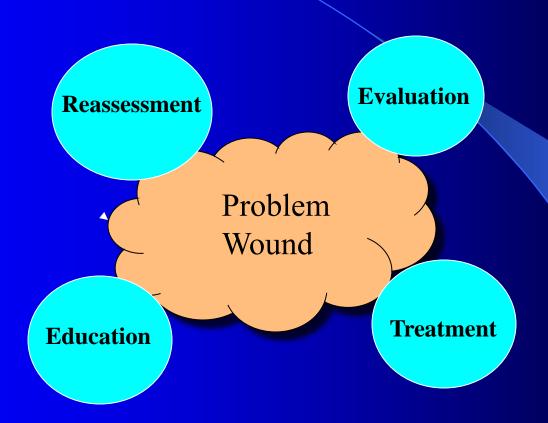
- Pressure ulcers Stage II, III, or IV
- Lower extremity ulcers
- Lymphedema
- Diabetic foot ulcers
- Non-healing surgical wounds
- Any wound that will follow the patient upon discharge



Placing a Wound Physician Consult



Summary:



Questions: