Wound Care: Giving Your Body a Helping Hand
By: Samuel Kasberg, M.D.

Approximately five million Americans suffer from chronic wounds which either will not heal, or heal very slowly. In general, a wound can be defined as a break in the skin, or epidermis. Chronic wounds can be painful, diminish one’s quality of life, and affect body image. Wound care is a growing medical specialty dedicated to healing these skin breakages as part of disease management and surgical recovery.

Many disease processes can lead to a non-healing state. While accidents, trauma and burns may be the initial event for a younger population, a significant number of chronic wounds present in the senior population. Bed-ridden individuals and debilitated health-care patients are also at risk. Seniors, or those aged 65 and older, are inclined to have more disorders, sometimes two or more, such as diabetes, congestive heart failure, lymphedema, peripheral arterial disease (PAD), venous hypertension or a compromised immune system. Combinations of these types of medical problems increase the risk of complications.

Diabetes is of special concern when it comes to wound care. The Center for Disease Control and Prevention (CDC) reports statistics indicating 23.6 million have diabetes, and of those, one-third will suffer from lower extremity wounds. Unfortunately, about 60% of lower extremity amputations in the United States are in diabetic patients – 71,000 per year. When coupled with those who suffer from circulatory problems, such as PAD, The U.S. has approximately 160,000-180,000 lower extremity amputations annually.

For those of us who treat wounds, our first priority is to determine the cause of each patient’s inability to resolve the wound. This requires a diligent search to find if it is a circulation problem, and whether it is venous insufficiency or an arterial defect. One technique is a simple procedure, which requires taking a blood pressure reading in the patient’s leg and comparing it to the pressure in the arm. Another is careful examination. We may find a repetitive trauma as the causative factor, such as a poorly-fitting shoe or prosthetic device. Another important concern in skin break-downs are bed or pressure sores, and these are addressed by relieving the attending pressure.

When the cause or origin of the disease has been identified, treatment options are then addressed. The removal of any dead tissue (debridement) is the first course of action. The amount of drainage needs to be controlled. It’s important to remember a moist environment is optimal for wound healing. Many people wish to leave the wound open, “so it can get some air”, this practice however, decreases the activities of the body’s own recuperative mechanisms, so much so that almost all healing activities will come to a halt. Different dressing choices can keep the ideal amount of moisture in the wound.

Evaluation for evidence of infection is also important. Any area which is red is not necessarily infected. A determination is also made to see if the wound is truly infected or just colonized. Treatment is adjusted accordingly. Abscesses, i.e., an “abscess” or “boil”, (a collection of pus or white blood cells with bacteria) are commonly treated in our outpatient clinic.

Wound care therapy is more than just picking out the right bandage. Wound debridement, drainage, moisture-controlled dressings, compression dressings along with hyperbaric oxygen therapy are some of the treatment options. Many hospitals have a wound care team or center, but are part of a much larger team. Close contact with a patient’s primary doctor or provider is essential to controlling blood sugars. While we check blood pressure in patient’s legs, the individual may need arterial treatment with an interventional radiologist, cardiologist, or vascular surgeon. Some procedures are coordinated with general surgeons, orthopedic surgeons, or
plastic surgeons. We also work closely with podiatrists, and frequently seek input from rehab, physical therapy and dieticians.

A person’s doctor will generally refer them to a wound care center when needed. A treatment plan is individualized for each patient and becomes part of a comprehensive medical plan which includes their primary care physician. Wound care as a specialty is growing, and evolving.

Dr. Kasberg is the medical director of the first wound care and hyperbaric treatment center in San Angelo, located at San Angelo Community Medical Center.

For more information, please call:
(325) 947-6960