A Case Study of
Chronic Wound Management

with expressed consent from

Hilly King

by

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Nutrition & Wound Specialist

Educator

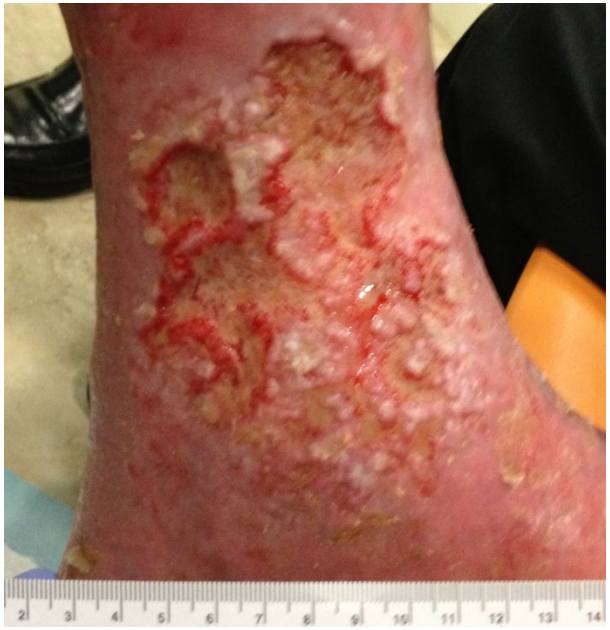
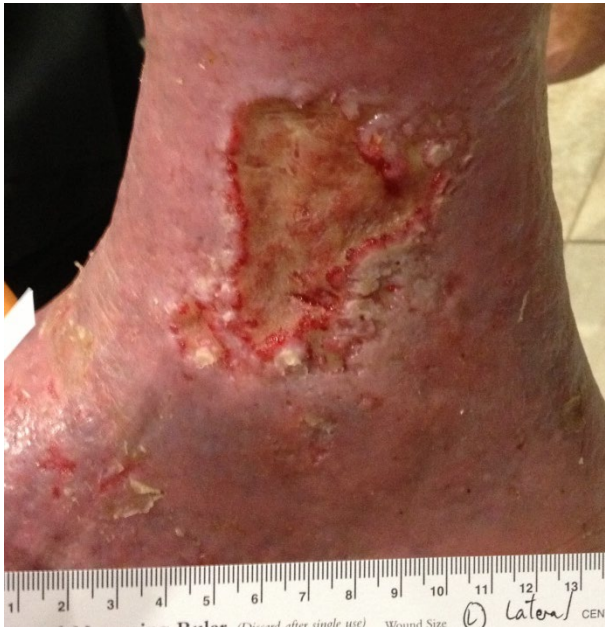
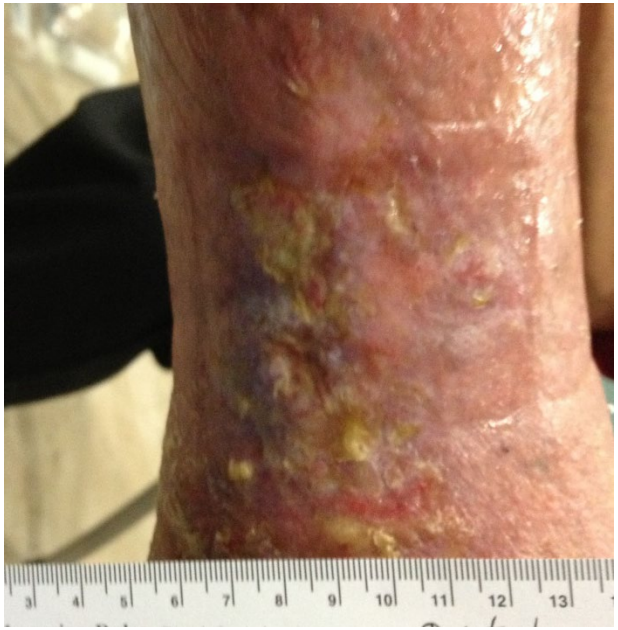
Mr. King presented with 3 wounds located on the medial and lateral aspects of both left and right ankles. Each wound present for more than 3 years. In that time, he was seen by 14 wound care practicing physicians and another 8 podiatric and surgical specialists, in the outpatient setting. His care also included home health nursing visits for over 2 years, most commonly with daily dressing changes ordered by the many physicians trying to treat him.

At 77 years old, he has many comorbidities that can impair wound healing such as; PAD, PVD, IDDM II, HDL, CKD II, HTN, Varicose Veins and uncontrolled chronic pitting edema. As a result of his wounds not healing, he was no stranger to receiving poor prognoses on the outcomes and resolution of his wounds. Because of poor choices in treatments, more often, his wounds would get worse not better and in some cases Mr. King was told, "there's nothing I can do, your wounds are not going to heal," or "you're going to lose your legs." Most of the physicians he saw wanted to do some type of surgery or skin grafts. But Mr. King had known too many people that went in for a surgery on the leg or foot, trying to heal a wound, and ended up with an amputation soon after their procedures failed. So Mr. King would not allow any invassive procedures be performed on his wound.

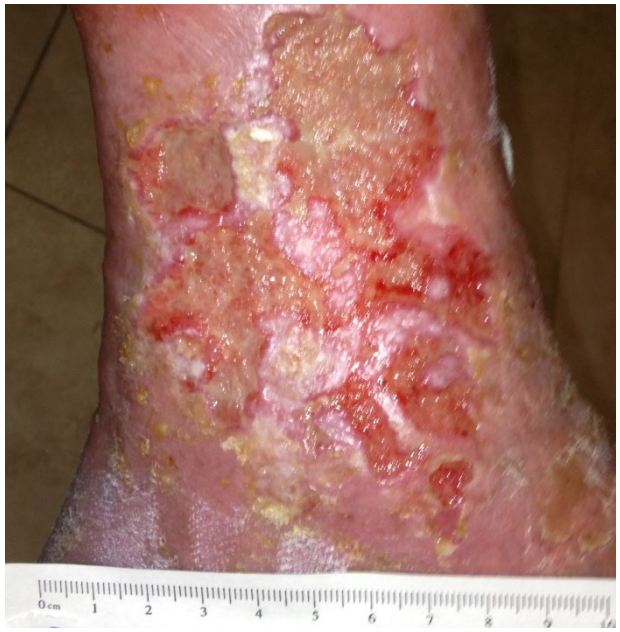
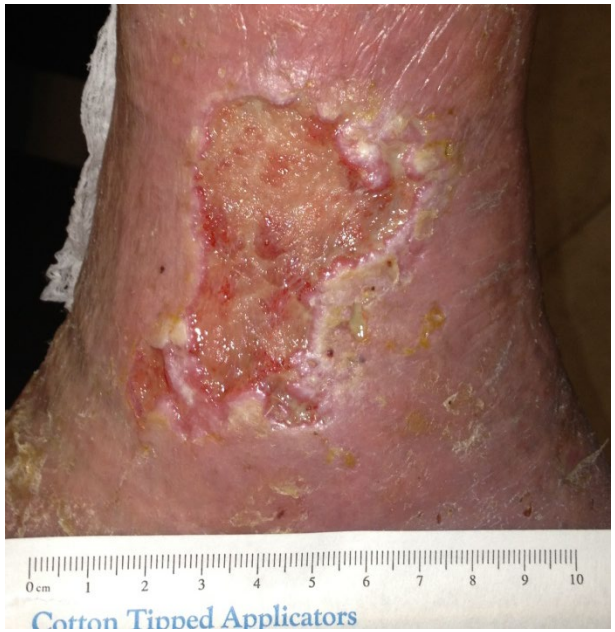
Mr. King tried vigorously to find a wound care specialist that could help him. He traveled as far as North Carolina and Tampa, Florida seeking help. He was seen locally in most of the hospital systems of Northeast Florida. Mr. King paid for many services out of his own pocket because his insurance plan did not cover many of the doctors he sought for help.

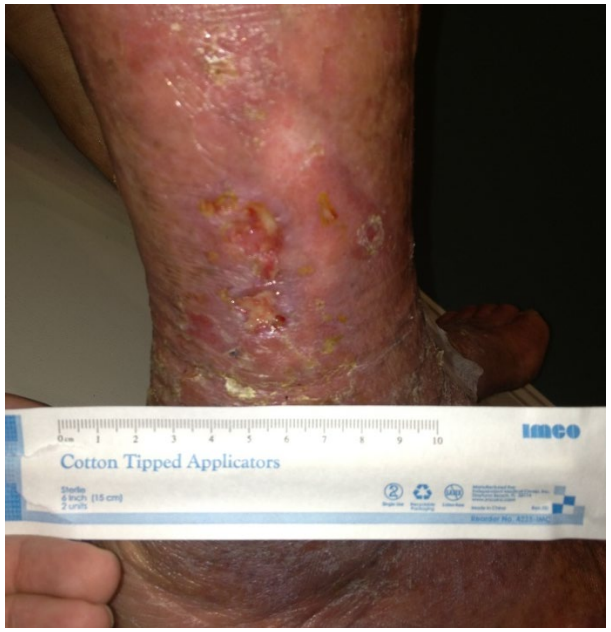
For the sake of avoiding foot or leg amputation, he had given up on finding help with healing his wounds and settled in caring for them himself at home. With the help of his PCP, he had decided to maintain his wounds himself using what little treatments they had learned over the last 32 months, that didn't make his wounds worse.

My approach to wound care is different than the usual, "treat the hole in the patient," actions of most in the field. I provide a holistic, patient-centered treatment strategy unlike many other clinicians practicing wound care today. I provided Mr. King with what should be the standard-of-care in wound care. Starting with a proper and correct evaluation, then correct diagnosis, I was able to provide education tailored to his individual needs which allowed his wounds to heal and prevent reoccurrence after resolution. His teaching included how and why to increase his nutritional intake using the DASH diet and protein recommendaions for his age and weight. Vitamin and mineral supplementation was used along with identifying the causative disease processes such as what pitting edema is and how and why to manage it, what his treatment plan wound be for his wounds and the changes he would have to make in his lifestyle and daily routine to achieve this goal. Working closely with his PCP, I was able to quickly review records, request referrals to specialists, labs and cultures which decreased time to correct diagnosis and correct treatment. All of which lead to the rapid resolution of his chronic wounds. The following pictures were taken durring the treatment of Mr. King.

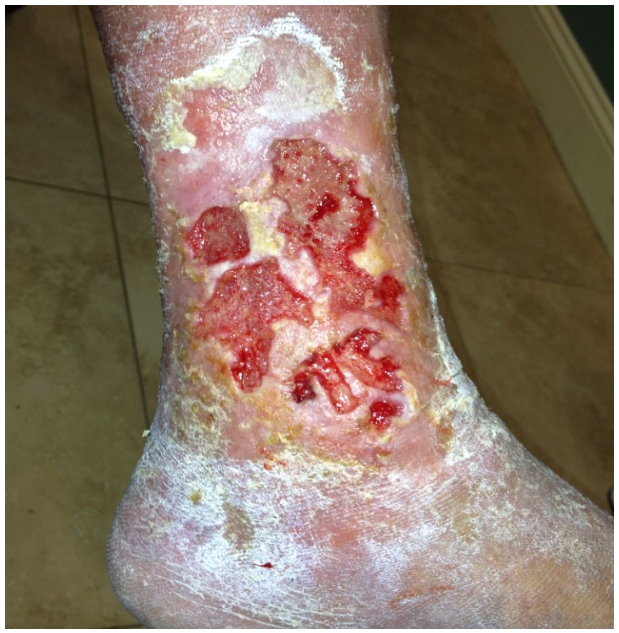
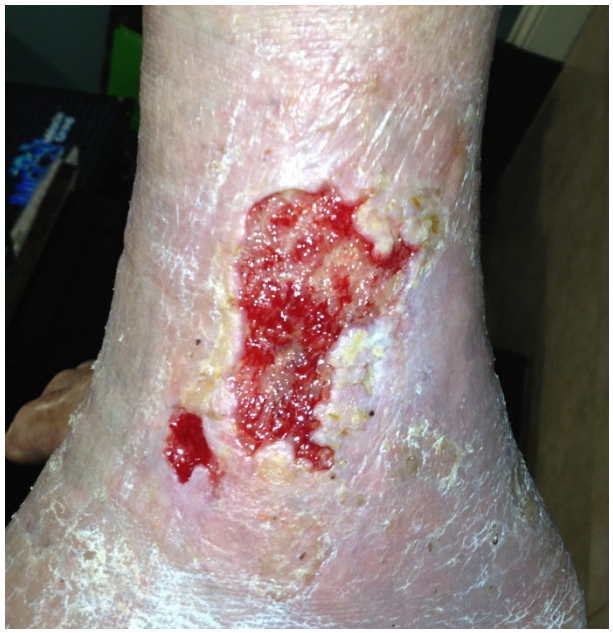
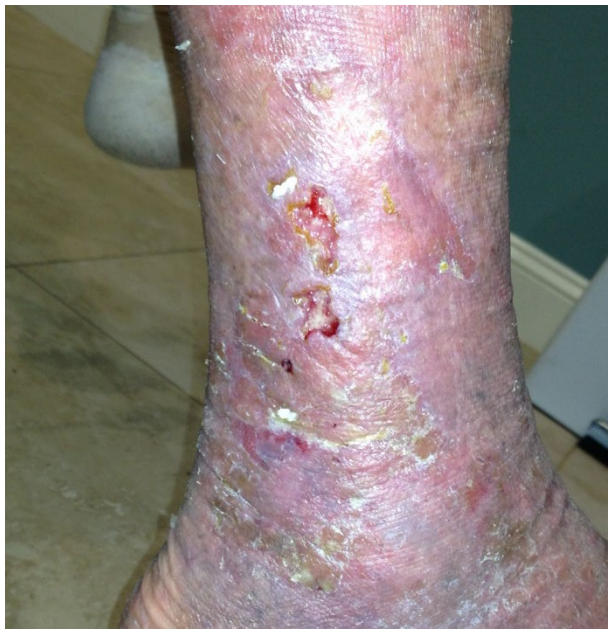




08/19/2013 Evaluation Start of Treatment

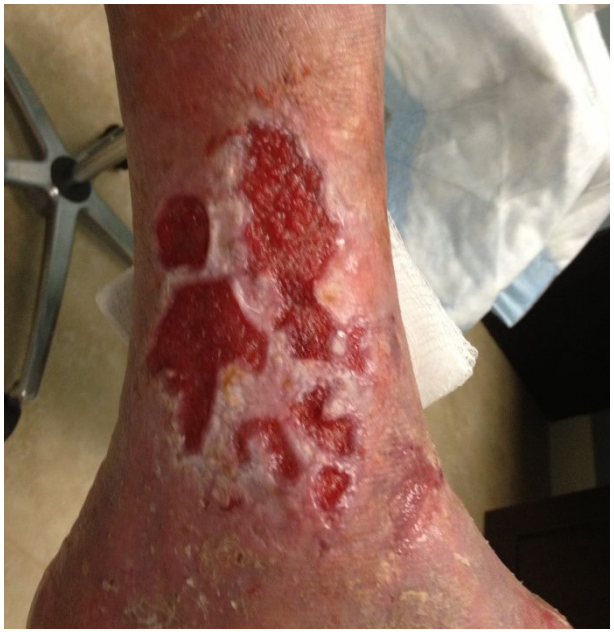
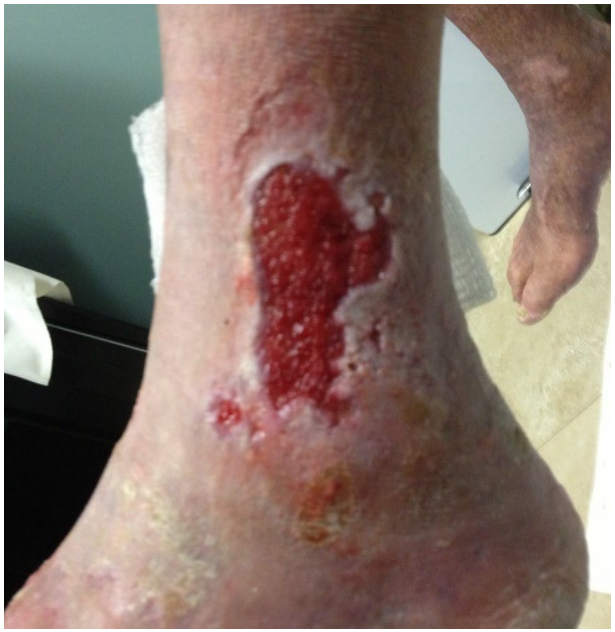
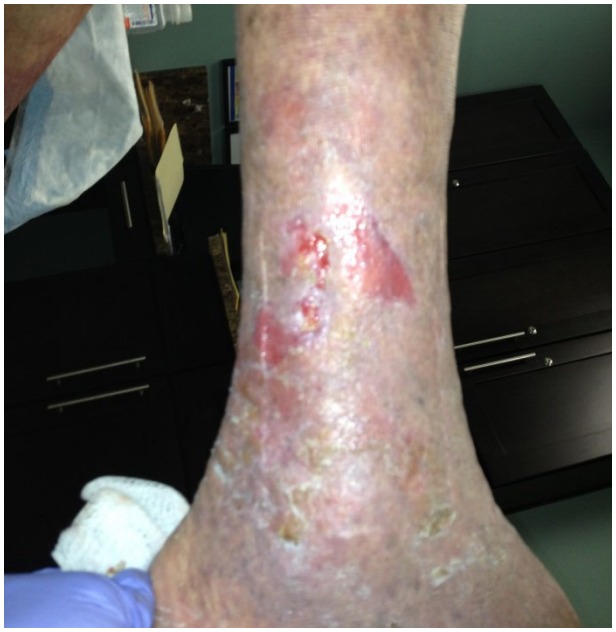





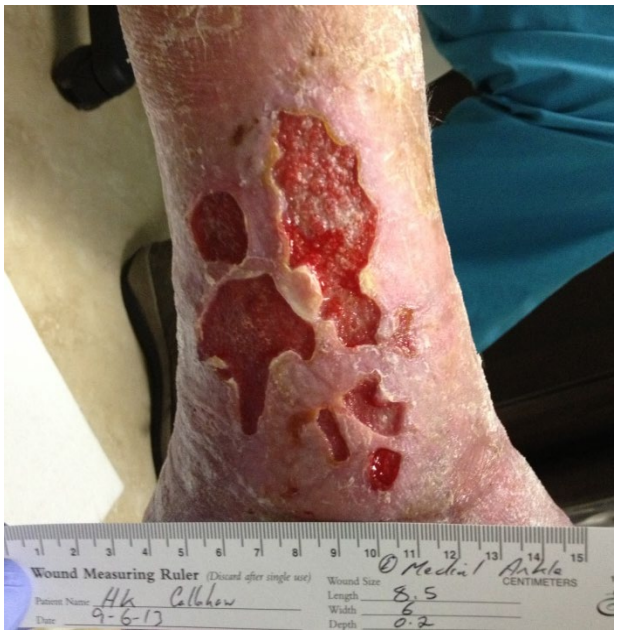
08/22/2013 3 Days - Dressing Change # 1

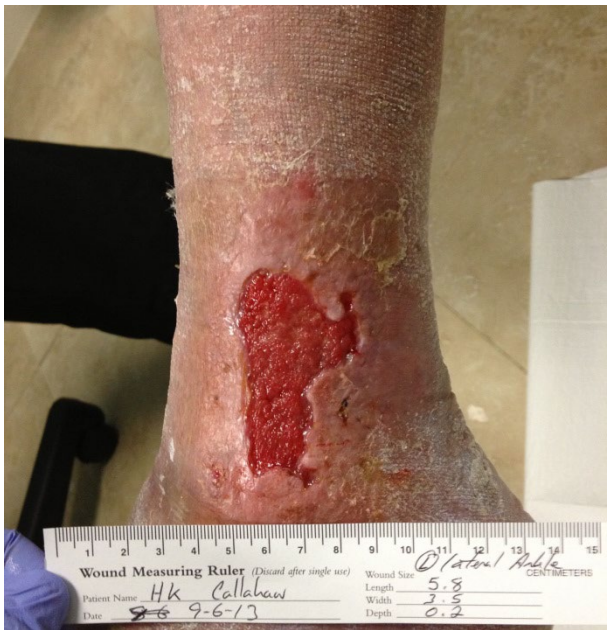




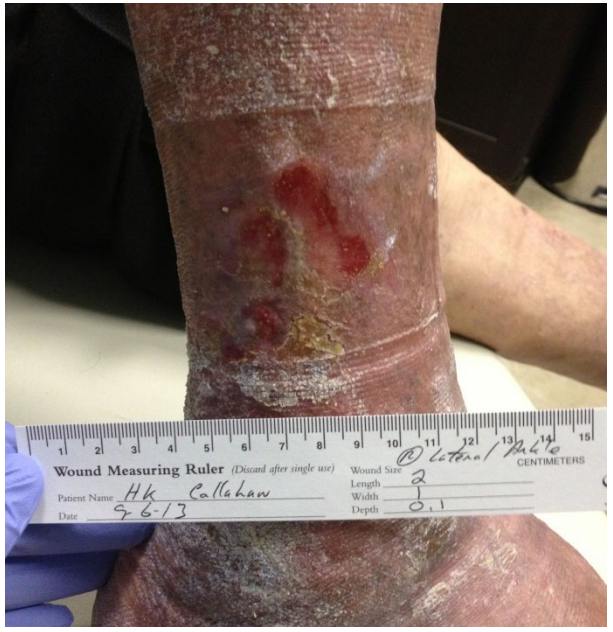
08/26/2013 7 Days - Dressing Change # 3

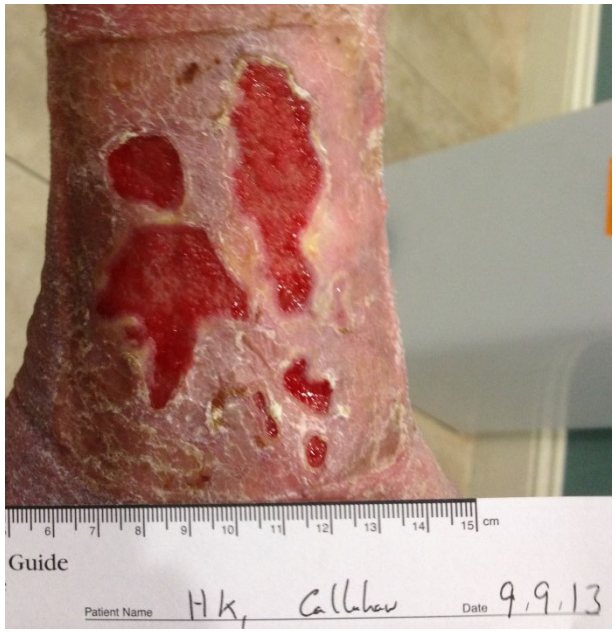
09/03/2013 15 Days - Dressing Change # 4

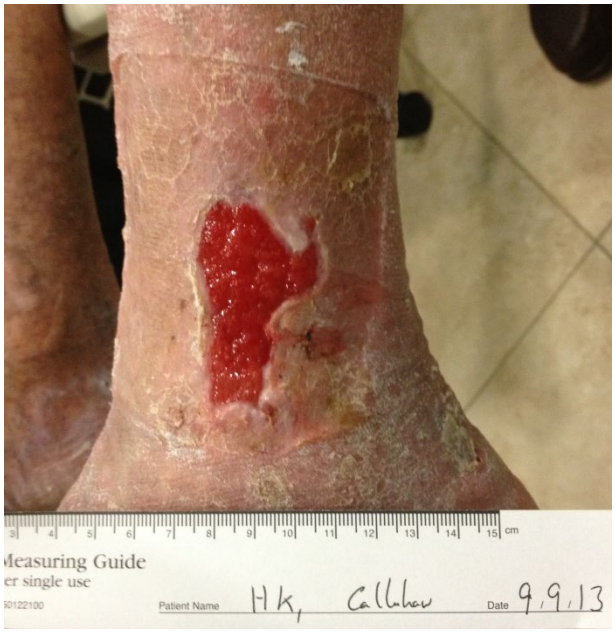


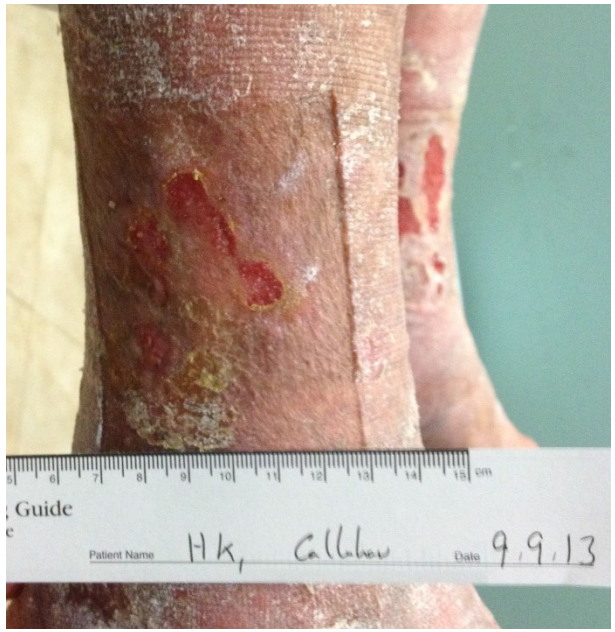




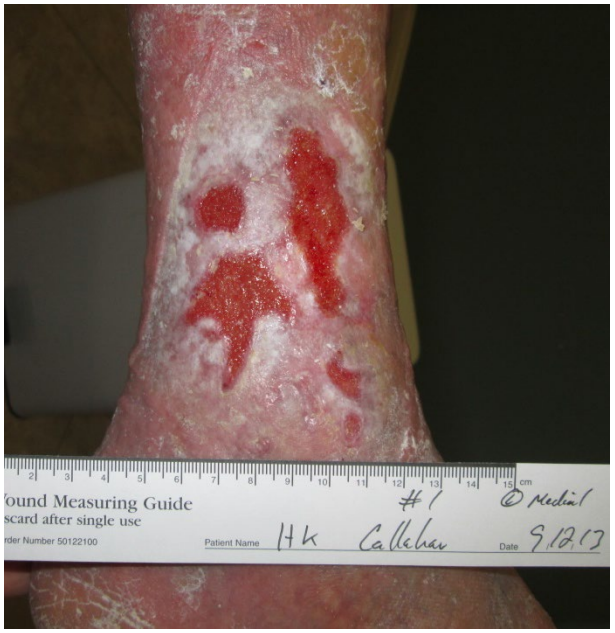
09/06/2013 18 Days - Dressing Change # 5

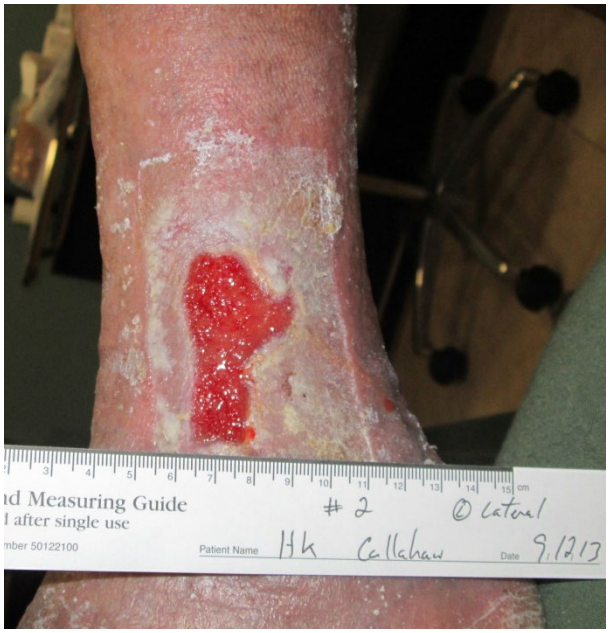


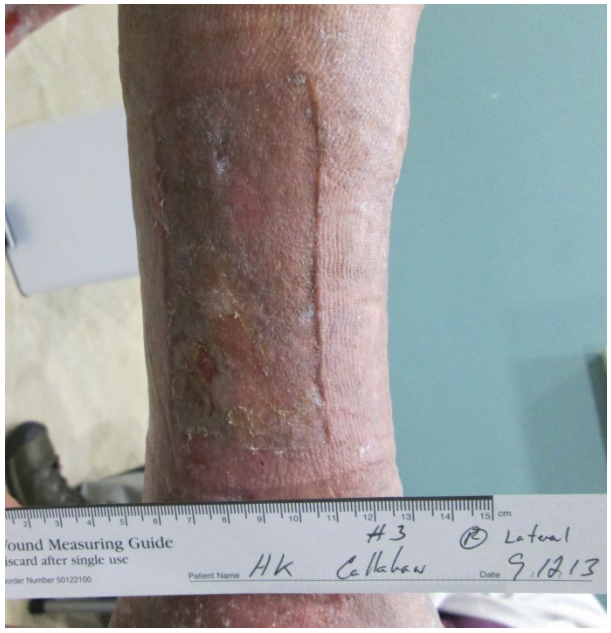




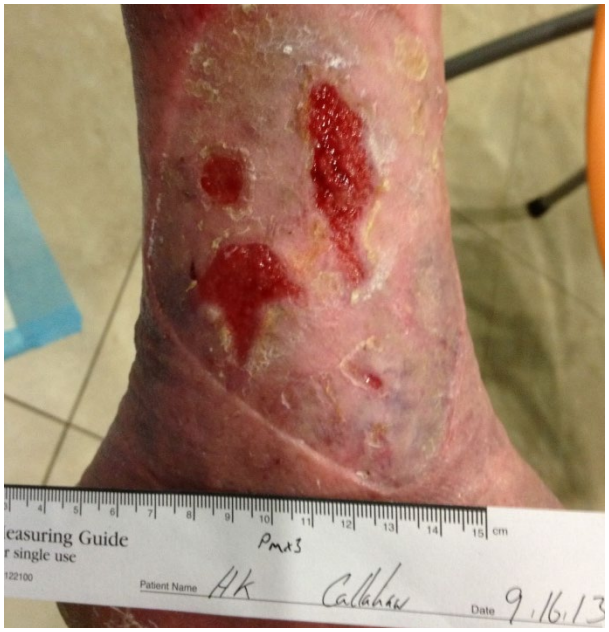
09/09/2013 21 Days - Dressing Change # 6

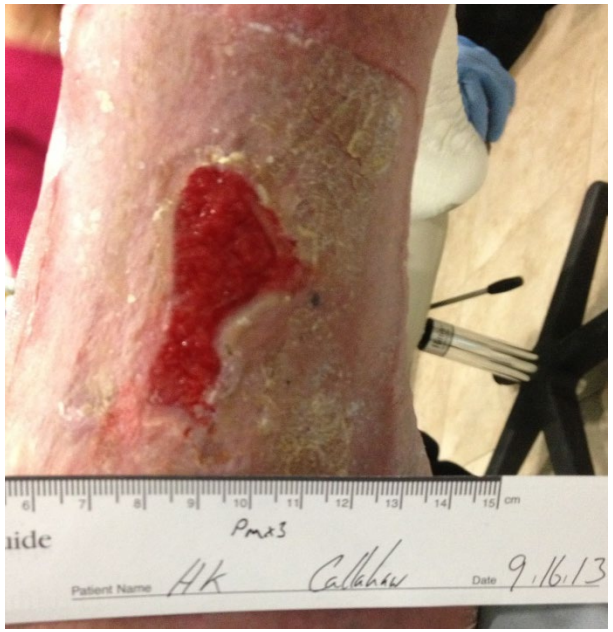


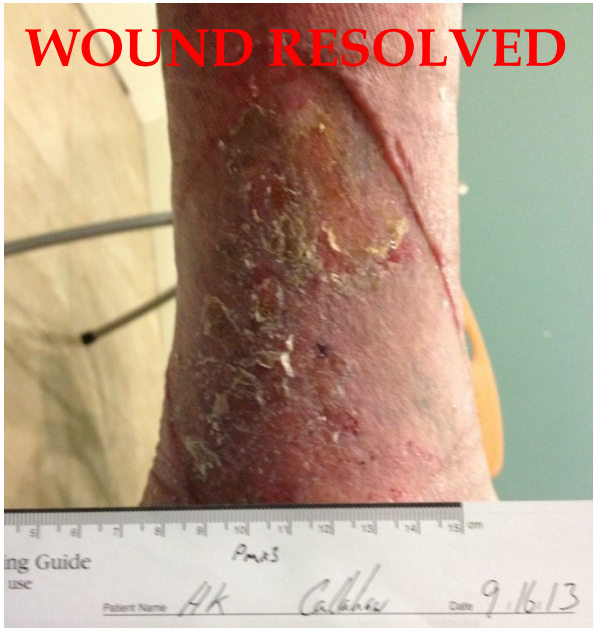




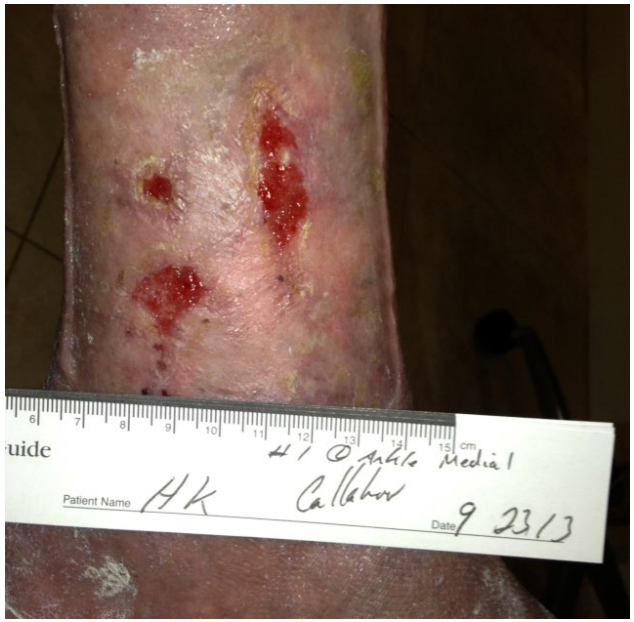
09/12/2013 24 Days - Dressing Change # 7

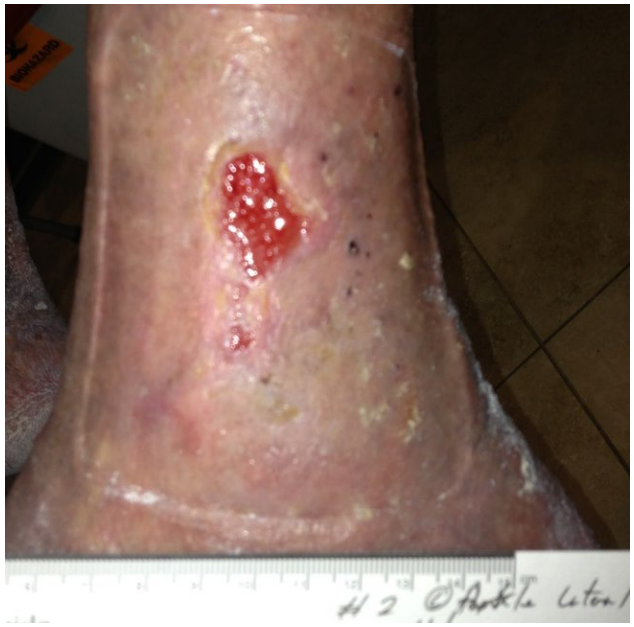




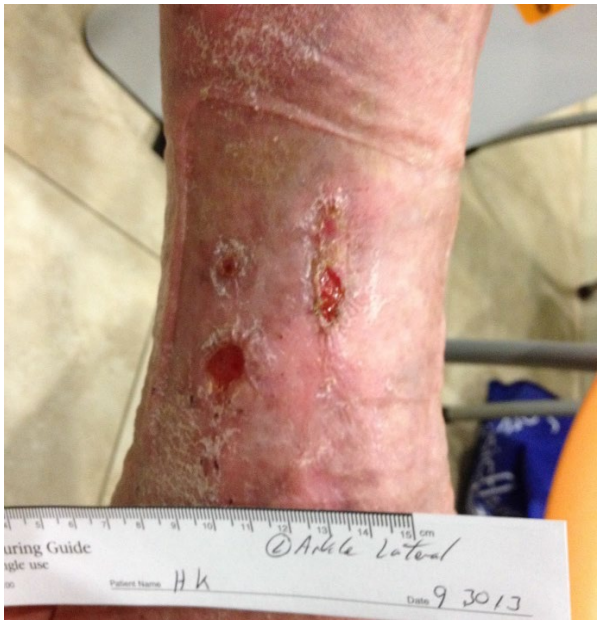


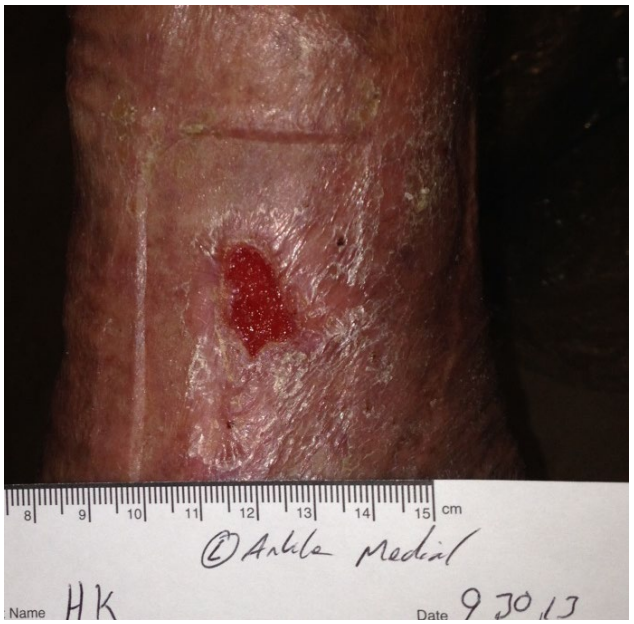
09/16/2013 28 Days - Dressing Change # 8



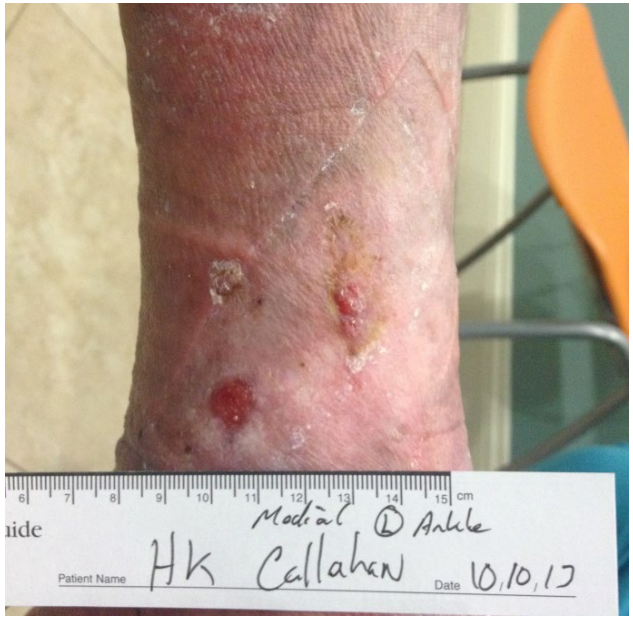


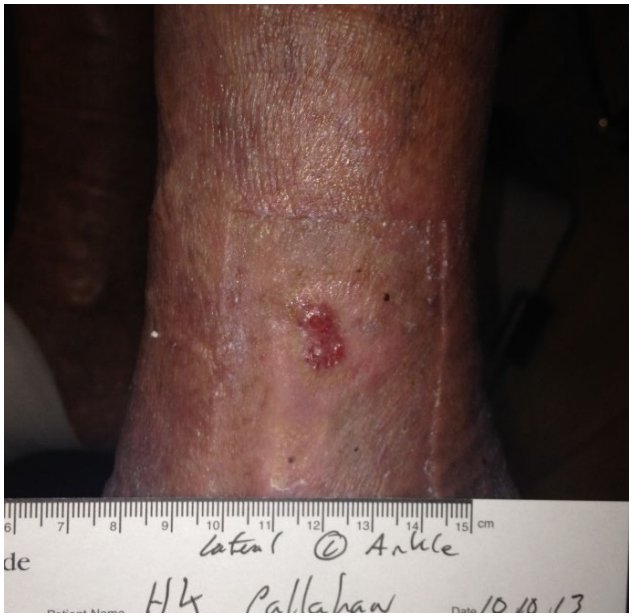
09/23/2013 35 Days - Dressing Change # 10



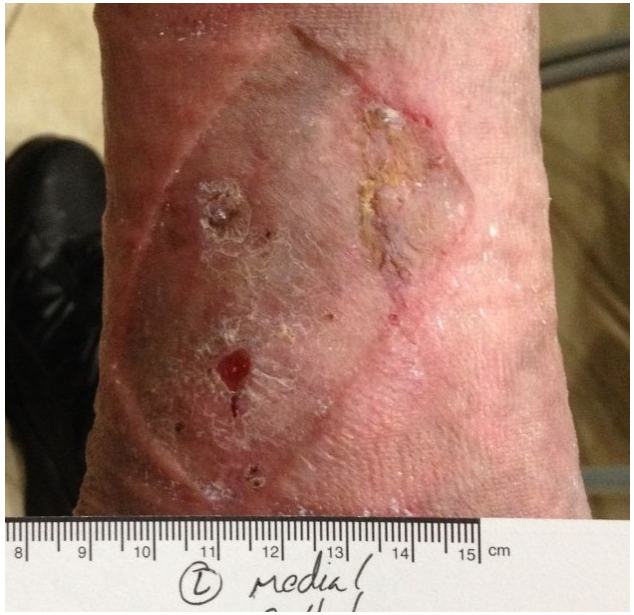


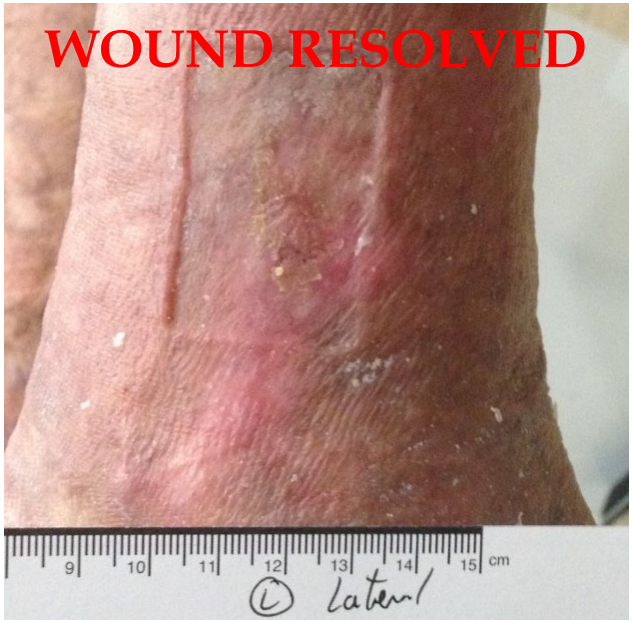
09/30/2013 42 Days - Dressing Change # 12



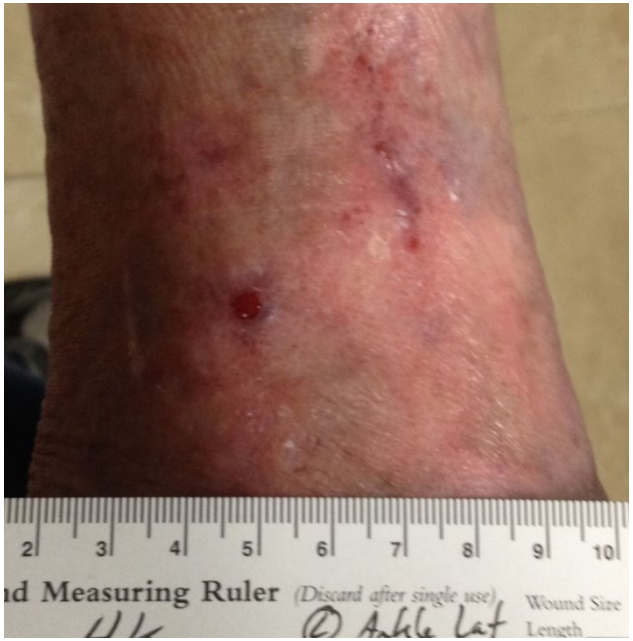


10/10/2013 52 Days - Dressing Change # 15

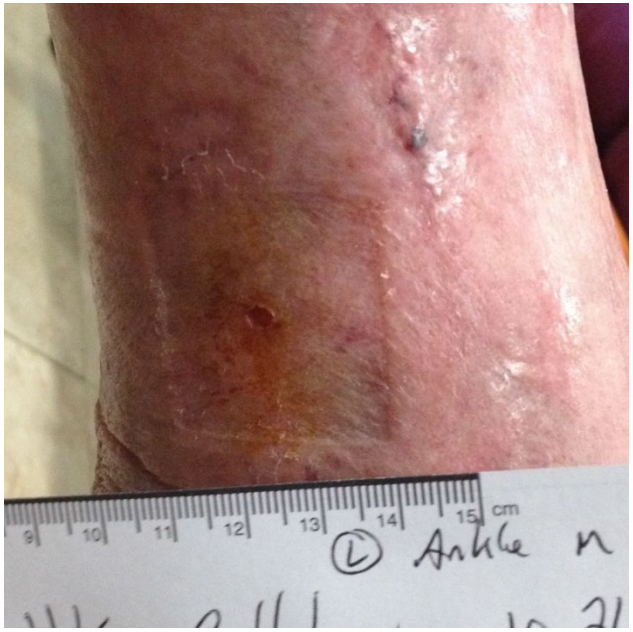




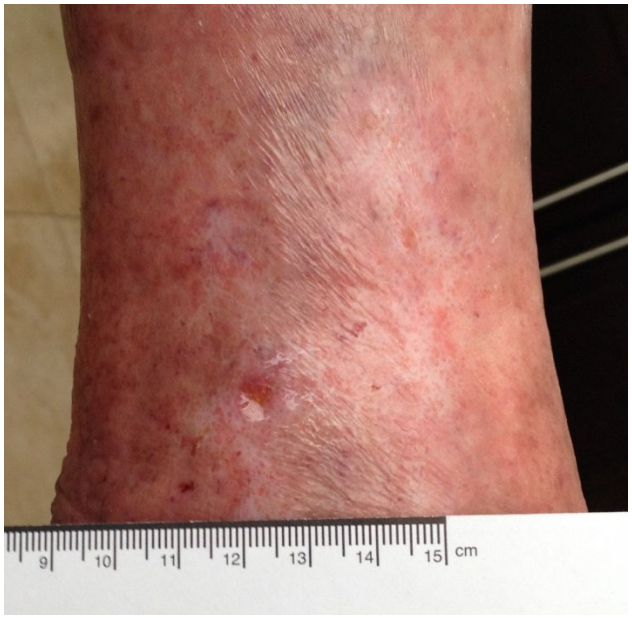
10/14/2013 56 Days - Dressing Change # 16



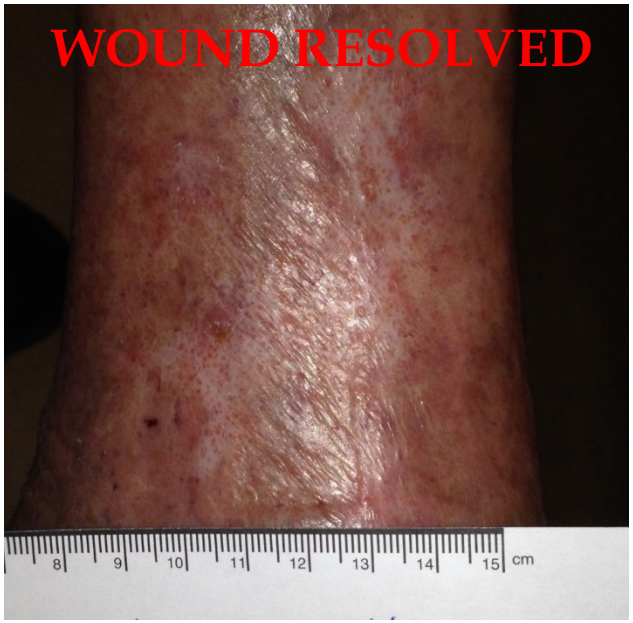
10/18/2013 - 60 Days - # 17



10/21/2013 - 63 Days - # 18



11/22/2013 - 85 Days - # 27



11/25/2013 - 88 Days - # 28

Mr. King was able to heal his wounds in 3 months and 6 days. Yes, Mr. King is responsible for the resolution of his wounds. Mr. King took responsibility for his health and immediately did as recommended which facilitated rapid wound closure. I educated Mr. King on the status of his health and his wounds on evaluation and provided the education, personally tailored for him, he needed to be successful.

Wound Treatment

The dressings that were used were basic dressings available from any supplier. Superficial wound debridement was completed with the first 2 visits and only once more throughout his treatment. Enzymatic ointment and honey were used in the first 2 dressing with an alginate product. The next 4 were a combination of two layers, primary dressing, hydrophilic foam on the skin backed with alginate as a secondary dressing. A hydrophilic foam was used solely for dressing changes 6 through 8. Dressing changes 9 through 11 were alternated between the hydrophilic foam and Polymem (foam). All subsequent dressing changes were done with Polymem foam dressing. Compression therapy was a mainstay in Mr. King's treatment, providing management of the pitting edema, which is one of the most over looked components in managing leg ulcers.

Post treatment requires compression stockings and constant monitoring of edema and nutritional intake. With the personalized, holistic care given to Mr. King, he is knowledgeable on how to maintain his closure.

Summary

Too many practitioners constantly overlook the basic principles of the healing process. The industry continues to waste money, throw away limbs and dismiss patient as being non-compliant all for not asking a simple question.

Is my patient healthy enough to heal?

Dressings are important but, if the patient's fluid and nutritional intake are below normal body requirements, how can the body heal? How can the body fight off infection? How does the clinician know if they do not ask?

Patients want to get better. It's our job to show them the way.

Feed the Body, Feed the Mind and Feed the Soul with a Healing Wound

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