“WOUND CARE ANYWHERE”

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CONFLICT OF INTEREST
NONE
GOALS OF TALK

- Understand the biology of healing
- Base treatment on biology
- Be able to improvise dressings & treatments
- Special wounds-diagnosis
- Advances
Wound Biology Determines Care

- Deep or Superficial?
- Blood supply adequate?
- Necrosis present or not?
- Infection yes/no?
Biological Sequence of Healing

- Dispose of dead tissues – digest/debride
- Grow new blood supply – angiogenesis
- Create support - mesoderm
- Grow skin - Epidermis
Assist Healing = Scalpel & Dressings

- Debride dead tissues-mechanical
- Dressings are to provide support for growth factors
  a) Mesoderm hydrophilic
  b) Skin hydrophobic
- Prevent infection
  a) Oxygen free radical generators
  b) Silver
Growth Factors

Multiple, Tissue specific
Stage specific
Geographically specific in wounds
GROWTH FACTORS ARE LIKE AN ORCHESTRA
How to Choose Dressings

- Deep Wounds- Hydrophilic (Love Water)
  Starches (calcinate)
- Superficial (dermal stem cells present)
  Hydrophobic- Vaseline based
  Absorbent cover
Antimicrobial Choices

- Oxygen free radical generators
  Cadexomer Iodine (Iodosorb)
- Silver (now in many dressings)
- Not antibiotics
  (Bismuth Xeroform) still used
Debriding Dead Tissues is First-Aid Rules for Non Surgeons

Scalpel & Pick ups

If it bleeds stop

Silver Nitrate

Gel Foam & Pressure

If it hurts stop

Do not use local anaesthetics
THE BLACK WOUND
ADVANCES
Why Change Dressings? How Often?

- Sterile OR skin graft site
  
  Never

- While debriding frequently- “wet to dry”
  
  clorpactin irrigation every 4-6 hours

- Iodosorb (Cadexomer Iodine)
  
  daily

- The trend in healing stage “less is better”
Role of Systemic Antibiotics

With good local care—never use them
cellulitis MRSA or Groups A, B, G streps Bactrim, Clindamycin, Linezolid
If septic IV Vancomycin
Special Situations

- immune suppression—may need systemic gram systemic coverage
- special pathogens—V. vulnificus
- wet sneaker syndrome
- venous ulcers
- fungal lesions
- gangrene—poor blood supply (dry or wet)
Hyper Granulation

Sometimes dressings are used to injure tissues

Mesalt

Silver nitrate
Gangrene
Use of wet betadine
Palliative Wound Care
Note the eschar with this heel pressure ulcer. Caroline Fife, MD recommends against debriding a stable, uninfected eschar on the heel or where on the foot until one has performed a vascular assessment.
Osteomyelitis photo
What is available at local drug stores off Rx

Triple antibiotic ointments

Dressings with absorbent material and adhesives incorporated

Not silvadene or silver calginates yet.
WHAT’S NEW

AGED AND DIABETIC PIG MODEL RESULTS

Placebo wound8-pig 8023  
Active treatment wound4-pig 8023
Primitive Wound Care

- debride with maggots
- use osmotics for clean up
- any starch for matrix
- any non allergenic for skin
- honey – watch out of spores!!
If you know the biology you can improvise care wherever you are