

DERBY CITY WOUND HUB

October 1, 2021

INITIATIVES

- Promote knowledge and critical thinking
 - Bedside stakeholder rounds
 - Wound Champion
- Platforms to deliver consistent care
 - Facility product availability
 - Pressure redistribution surfaces
- Programs for stakeholder engagement
 - Bedside stakeholder rounds
- Support patient/family education
 - Promote engagement in care
- Improve documentation

WHAT'S THE NEXT STEP

History

Smoke: Previous

Prev Vasc Surg: Yes

Claudication: Left

Hx of stents.

Segmental BP

Right

Brachial: 113 Index
 Ankle (PT): 131 1.13
 Ankle (DP): 129 1.11
 Digit: 124 1.07

Left

Brachial: 116 Index
 Ankle (PT): 51 0.44
 Ankle (DP): 41 0.35
 Digit: 0 0.00

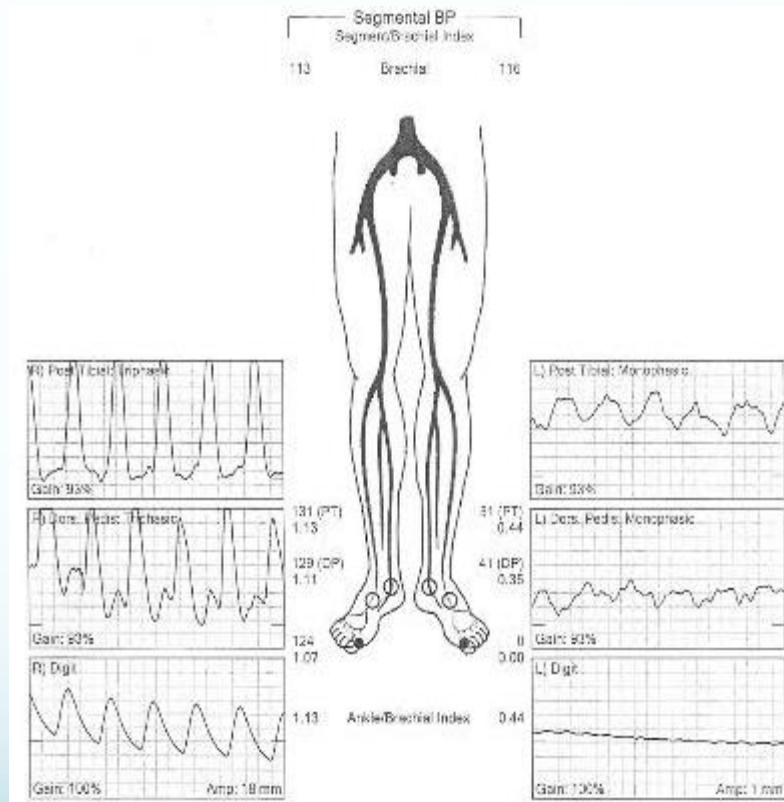
Doppler

Right

Post Tibial: Triphasic
 Dors. Pedis: Triphasic

Left

Post Tibial: Monophasic
 Dors. Pedis: Monophasic



DO IT YOURSELF ABI IN LTC

- The resting systolic blood pressure at the ankle is obtained. The systolic brachial pressure is recorded. The ratio of the two pressures defines the ankle-brachial index.

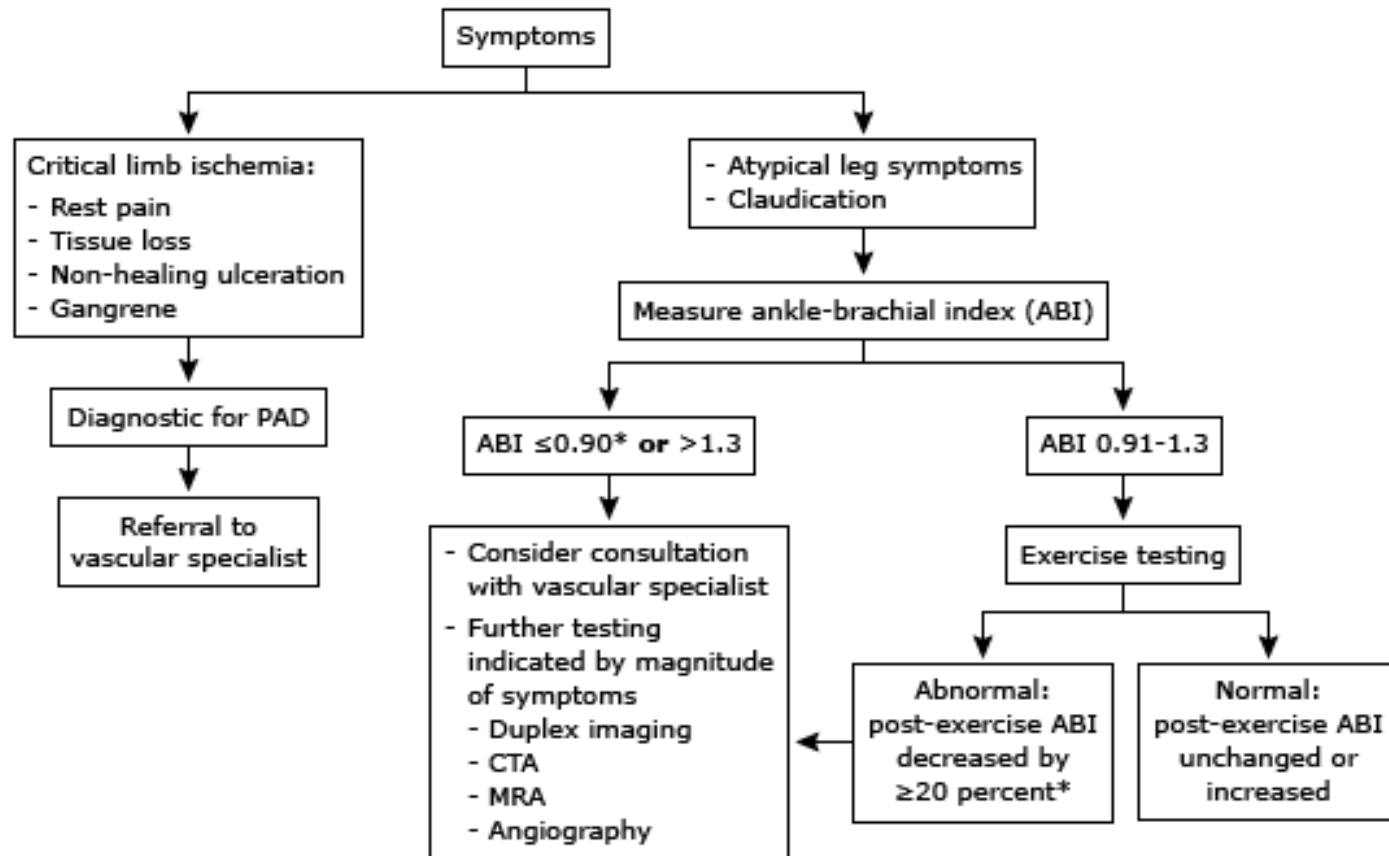


- Haward, RA, Screening for lower extremity peripheral artery disease, uptodate.com

THE NUMBERS-WHAT THEY MEAN TO YOUR LTC PATIENT

- ABI <0.9
 - 79-95% sensitivity and greater than 95% specificity for detecting arteriogram- positive occlusive disease of at least a 50% or greater stenosis in symptomatic patient
 - CAUTION: ABI>1.3
 - A potential source of error with the ABI is that calcified vessels may not compress normally, thereby resulting in falsely elevated pressure measurements
- Haward, RA, Screening for lower extremity peripheral artery disease, uptodate.com

Algorithm for vascular testing in symptomatic PAD

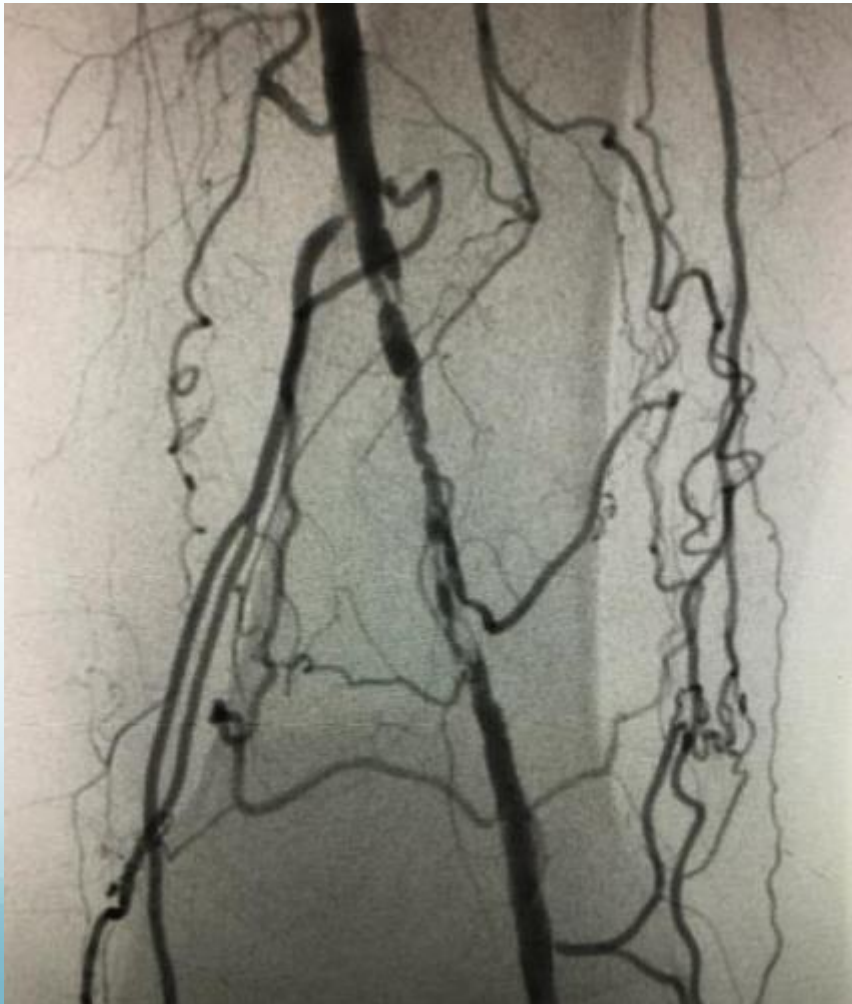


Patients with diabetes or end-stage renal disease may have falsely elevated ABIs as a result of arterial calcification. The toe-brachial index may be more accurate.

ABI: ankle brachial index; PAD: peripheral artery disease; MRA: magnetic resonance angiography; CTA: computed tomographic angiography.

* Diagnostic for PAD.

BEFORE AND AFTER



BEFORE AND AFTER



ENDOVASCULAR APPROACH TO FACILITATE WOUND HEALING IN THE LTC PATIENT

- Percutaneous Transluminal Angioplasty
- Stenting
- Atherectomy (applicable to infrapopliteal vessels and even pedal vessels)



- Walker, Endovascular Today, March 2009 (37-50)

ANGIOPLASTY AND STENT



A TREND EMERGES



THE LTC PATIENT HAS A VIABLE OPTION FOR A VIABLE EXTREMITY

- LACI trial results
 - 155 CLI patients with 423 lesions
 - 93% limb salvage rate
 - 6 month reintervention rate 16%
 - 2% required subsequent bypass surgery
 - Conclusion: “Endovascular interventions in CLI could achieve high limb salvage rates (93%) in fragile and complex CLI patients with low complications”

- Walker, Endovascular Today, March 2009 (37-50)

KEEP IT GOING

- What programs have you put in place at your facility that have led to improved:
 - Patient/family satisfaction
 - Stakeholder engagement
 - Improved outcomes

BRAINSTORM

