

DERBY CITY WOUND HUB

November 5, 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

Venous Ulcers

- Venous Ulcers
 - Most common etiology of lower extremity ulcers
 - Affect approximately 1% of the U.S. population
 - Result of an abnormally functioning venous system
 - Venous valvular incompetence
 - With or without venous outflow obstruction

Venous Ulcers

Etiology:

Strong association- varicose veins and DVT

Venous hypertension

Insufficient veins or valves

**Impaired muscle function-
“calf muscle pumps”**

**Arterial disease present in
20%**



Venous Ulcers

Risk Factors:

Immobility

Obesity

Trauma

Diabetes

Advanced age

Neoplasia



Venous Ulcers

Statistics:

Require an average of 24 weeks to heal

15% never heal

5 year recurrence rate as high as 40%

Greater than 80 years old- approximately 8% of population



Venous Ulcers

Diagnosis:

Complete history

History of current and previous ulcers

Obtain information regarding previous DVT, trauma, surgeries



Venous Ulcers

Physical Exam:

Ulcer description

Venous dilatation

Edema

Skin pigmentation

Arterial exam- pedal pulses



Venous Ulcers

Radiographic Work Up

Venous duplex and ultrasound

Arterial evaluation with ankle brachial index (ABI)



Venous Ulcers

Treatment:

Wound bed preparation

Exudate management/
moisture balance

Infection control

Address systemic conditions



Venous Ulcers

Treatment:

Compression (Gold Standard)

Multilayer elastic compression dressing

Compression stockings

**Use unless contraindication/
concurrent arterial disease**



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Venous Ulcers

Prevention:

Continued compression garments

Continued elevation

Surgical referral

Possible pneumatic compression devices



QUIZ

- What is the “gold standard” treatment for venous wounds?

QUIZ

- Compression

LYMPHEDEMA

- Definition: Accumulation of lymphatic fluid in the interstitial space that causes swelling generally in the arms or legs
- Lymphatic system is composed of vessels and lymph nodes which carries fluid and waste centrally
- Lymphedema occurs secondary to obstruction of the lymphatic system

LYMPHEDEMA

Pathogenesis:

Accumulation of protein-rich fluid in the interstitial space leads to swelling and fibrosis of the tissue

Contributes to an environment that can lead to lymphangitis, loss of limb function, and skin breakdown

Lymphangiosarcoma can develop in some cases



LYMPHEDEMA

Primary And Secondary Lymphedema

Primary- occurs as a result of a problem with development-rare/ inherited condition

Secondary- occurs as a result of damage to lymph vessels or removed lymph nodes



LYMPHEDEMA

Primary Lymphedema:

Milroy's Disease (congenital lymphedema)- lymph nodes form abnormally beginning in infancy

Meige's Disease (lymphedema praecox)- lymphatics form without valves- presents childhood to 30s

Late-onset lymphedema (lymphedema tarda)- occurs after the age of 35



LYMPHEDEMA

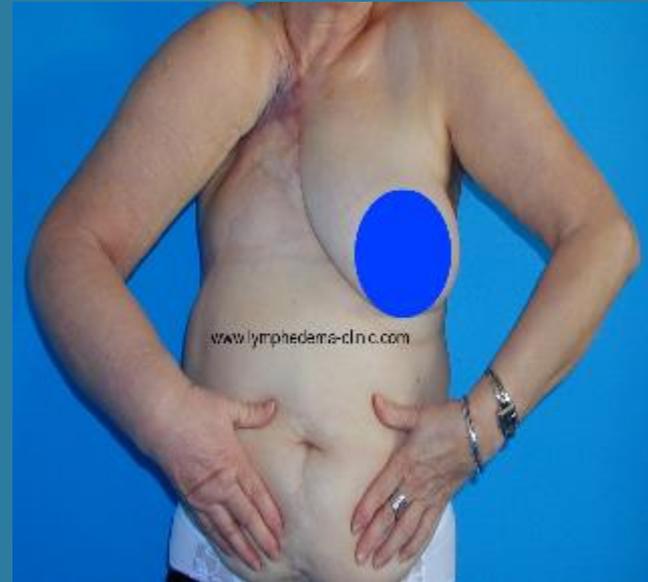
Secondary Lymphedema:

Surgery:
(Breast cancer)

Radiation treatments:
(Secondary to scarring)

Cancer:
(Obstruction to outflow)

Infection:
(Parasites/Filariasis)



LYMPHEDEMA

Symptoms:

Swelling

Tightness of the skin

Decreased flexibility



LYMPHEDEMA

Stages:

Stage 1- tissue is pitting but usually edema is reversible with elevation

Stage 2- tissue is non-pitting and fibrosis leads to hardening of the skin and increasing size is constant

Stage 3- swelling is irreversible and the limb is very large



LYMPHEDEMA

Imaging:

MRI,CT, US are able to evaluate for extracellular fluid
(Must be correlated with history and physical exam)

Lymphoscintigraphy- nuclear medicine study using radio-labeled particles of proteins



LYMPHEDEMA

**Treatment- Complete
Decongestive Therapy (CDT):**

Bandaging

Proper skin care

Compression garments

Mild exercise

Manual lymphatic drainage



LYMPHEDEMA

Contraindications/Medical Evaluation:

Post cancer- acute onset lymphedema

Infection

Congestive heart failure

Vascular disease- evaluate for DVT prior to treatment

Pain with treatment



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

