



How Patient Compliance Improves Chronic Venous Ulcer Healing

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Case Report - 7

Pertinent History

This is a 67 year old female with a history of chronic venous insufficiency ulcers for over 2 years prior to her first visit to our clinic. She originally developed an ulcer over the medial malleolus of her left lower extremity (LLE). It was treated with Unna Boots and stripping of the lesser saphenous system. The ulcer never healed. A second ulcer started over the anterior aspect of the LLE. These ulcers continued to develop despite multiple local treatments.

Physical Exam

LLE calf circumference 51 cm.

Medial Ulcer 11x6x0.1 cm

Ant. Ulcer 11x12.5x0.1cm

90% slough

Before Treatment



Hospital Care

The patient declined treatment after the original consultation. The two ulcers grew together before she returned 2 1/2 months later.

LLE calf circumference was 51 cm. Ulcer 23x26x0.1cm., with 95% slough.

Before Treatment 12/28



She was initially treated with enzymatic debridement (Gladase C) and leg elevation. Once we established a clean granulating base, compression wraps (Profore Lite), a Calcium Alginate and skin moisturizer were utilized. Over the ensuing months, her leg edema decreased as did it's circumference.

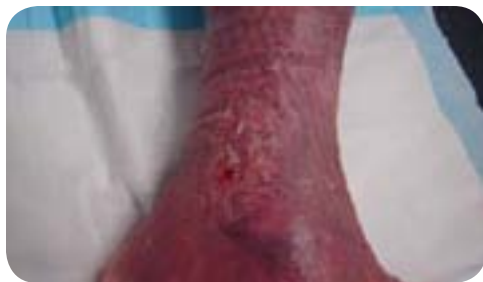
The drainage decreased and the ulcers gradually resolved. The rate of healing was totally dependent on the patients cooperation.

During Treatment 1/31



During the course of the patient's treatment, we had a few setbacks. These were due to noncompliance with regards to proper elevation. Once these issues were resolved, the patient went on to heal.

During Treatment 4/12



After Treatment 7/19



Conclusion

Many chronic venous ulcer patients have failed multiple types of treatments. For this reason, they doubt healing is possible which in turn creates a sense of hopelessness and fosters an attitude of noncompliance.

However, complete healing is often possible with the appropriate use of our modern wound care dressings. The key to success is gaining the patient's full cooperation and trust. This can only be accomplished by taking the time to educate the patient about their disease process, the proposed course for treatment and their important role in the course of treatment.

About Precision Health Care

Precision Health Care is a comprehensive wound healing and hyperbaric medicine service organization dedicated to the development of state-of-the-art hyperbaric and wound healing centers through partnership and collaboration with our affiliate hospitals.

Community-based and patient-focused, we are driven by this mission philosophy: To provide select hospitals safe, comprehensive, compassionate wound healing and hyperbaric services for patients in need.

Questions or Comments?

Contact us:

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About the Author



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THE PRIMARY CARE PHYSICIAN SHOULD REFER THE PATIENT FOR ADVANCED WOUND CARE IN A WOUND HEALING CENTER IF THE PATIENT:

- Has a wound that persists for more than 30 days after treatment
- Has a wound and Reynaud's phenomenon
- Has purpura
- Has a wound and hypertension
- Has gangrene or necrotic tissue in a wound
- Has a wound and diabetes