

chronic wound. This test is used on patients with no palpable pulses, or with unacceptably low tcO₂ levels. The analysis of the waveform studies then gives the involved clinicians a qualitative assessment of the peripheral vasculature, as opposed to the tcO₂ study which gives an estimate of gross quantity of vascular supply; whether or not an acceptable minimum exists".

Other vascular testing

If the previous two studies do not yield an adequate amount of information regarding the blood supply to the extremity, an angiogram should be ordered by the podiatrist. While invasive, the study gives the vascular surgeon a map with which to plan the reconstruction.

Vascular intervention

If these studies do not yield an acceptable picture of the patient's vasculature, then arterial reconstruction is required. While it is major

surgery, bypass surgery should be attempted even in situations where long term patency not expected. The goal of vascular reconstruction is to raise the tcO₂ in the vicinity of the wound to allow for adequate closure of the wound hi

Local wound management

The wound itself is the reason the patient has presented for care, and should receive the bulk of attention in the treatment regimen. These patients have lost the first barrier the body has to resist infection: the skin. It then becomes important to determine if infection is present. As part of the history, **one** should determine if fever and chills have been present, and if the patient is currently, or has been, on antibiotic therapy in the past; patients presenting to a wound centre are often referred from other clinicians who may have initiated therapy.

ASSESSMENT OF CONTAMINATION AND INFECTION

An assessment of what organisms are involved is essential, but there are some principles of cultiire taking that need to be addressed. 'Him all ulcers are superficially colonised can be taken as an axiom. To swab a superficial ulcer is therefore useless and can give inaccurate results. hi the presence of frank draining pus, however, **the** pus should be cultured. Another point that should be taken as axiom is that all cultures should be gram stained.

A more effective and accurate method of obtaining a wound culture is to remove any necrotic tissue in the wound, including the hyperkeratotic border that surrounds most chronic wounds, and obtain a culture of the newly debrided deeper tissue. On occasion, bone will be exposed, and if soft, grey or otherwise necrotic, this can be sent for culture and biopsy as well.

TREATMENT

Control of infection

If the wound is superficial, without undermining, topical dressings should suffice. At no time should povidone iodine, whether full strength or dilute ever be used on wounds. While decidedly toxic to bacterial cells, povidone iodine is also toxic to fibroblasts, macrophages, and endothelial cells. It has been found that it tends to leave the skin indurated after prolonged use, and while it will prevent bacterial infection, it will also hinder a wounds ability to heal itself. Therefore saline wet to dry dressings should be used in the presence of superficial wounds that have drainage. Silver sulfadiazine or bacitracin is appropriate where some antibiosis is warranted's.



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