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FOOT ULCERS: A DIFFERENT TECHNIQUE TO TOTAL CONTACT CASTING FOR HEALING CHRONIC FOOT ULCERS

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Statement of the Problem: Chronic foot ulcers are growing concern worldwide, in particular diabetic foot ulcers. The combination of neuropathy and exudate, causing maceration, inhibits effective healing. Previously, a total contact cast would be used to off load patients with chronic foot ulcers, a window would be cut into the cast to access the wound for dressing change. However, when heavy exudate is present the dressings and the cast need to be replaced. Ulcers improve with this method but usually take over a year or more to heal. The numerous dressing, and cast changes has a substantial cost to the DHBs and a significant impact on a patient's quality of life.

Methodology & Theoretical: As with most chronic ulcers, there is a degree of neuropathy keeping the feet cold and with limited feeling. Changing from using synthetic casting, to a Soft offloading bandage (SLb), has seen a marked reduction in healing times for these ulcers. SLb included plaster stocking, soft ban, crepe bandages, and a Moonboot or DARCO shoe. This kept the foot warm and offloaded at the same time. There were a total of seven chronic ulcers seen within a year and five out of the seven ulcers healed within three to six months. The 6th was healing well but due to unstable co-morbidities, the client was removed from the study. The 7th client had chronic osteomyelitis, and was also removed from the study.

Conclusion: By simply altering the off-loading technique and keeping the foot warm resulted in faster healing rates for chronic ulcers. Although not suitable for all patients, there was a significant reduction in the time frame for healing ulcers; this had a positive impact on the patient's quality of life and a marked reduction in costs to the DHB.

Biography

Maria Shaw has her expertise in Orthopedics and a passion in Wound Care providing the best possible outcomes for patients. She runs her own Nurse Lead clinics where she sees up to 14 post-operative patients per day, including trauma patients from ED. Her cast care skills introduced her to a new idea for offloading chronic ulcers. The outcome has been very promising resulting in ulcers healing in significant reduced time frame; therefore, reducing the work load on the plaster room staff who are not required to do total contact casting. However, some ulcers are not suitable for this management due to ongoing co-morbidities. Further research is required to accommodate these patients.

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