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Heel gangrene in the presence of advanced arterial occlusive disease: Tips and tricks for functional limb preservation

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Vascular disease affects many patients who develop heel ulceration. Heel ulceration can be related to progression from a small defect or crack in the skin, pressure or immobility. Management of this problem can be challenging due to anatomic factors. There is an impaired tolerance of ischemia as a result of lack of subcutaneous tissue, the presence of an end arterial plexus and intolerance of pressure, friction and shear forces. At the site of the bony surface where there is sustained high pressure over a small contact area, injury can be rapid. Patients with the peripheral arterial disease are especially at risk and diabetics more so due to the added presence of neuropathy. The algorithm for management of an ischemic heel ulcer can be challenging due to difficulty with off-loading, malnutrition, neuropathy, limitations of bony coverage at this location and arterial revascularization may not be enough to salvage the limb. An overview of strategies to manage successfully ischemic heel ulceration to prevent major amputation will be discussed.

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