

Economical and cost effective options for wound healing: An Indian perspective

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Abstract

In India, prevalence of acute wounds is 10.5 per 1000 population and chronic wounds is 4.5 per 1000 population. Chronic wounds occur due to trauma, diabetes mellitus, venous ulcers and pressure ulcers. In India, the practice of barefoot walking and working increases the chances of developing a wound. Inaccessibility and unaffordability of health services poses a major challenge in wound care.

Patient education and adequate nutrition forms a strong base towards wound healing. The next step towards wound healing is providing a wellvascularized wound bed with minimum bacterial load. Honey and phenytoin promote wound healing. Pressure relieving techniques forms the cornerstone for wound healing in certain wounds. Bohler iron plaster cast which is a modification of the total contact cast is a cost-effective modality for offloading neuropathic plantar foot ulcers. Positioning on a split mattress for patients with pressure ulcers augments wound healing. The use of autologous platelet rich plasma in wound care has shown favourable outcomes.

Negative pressure wound therapy, hyperbaric oxygen, growth factors, biologic dressings and regenerative materials are also found to be efficacious in wound treatment. However, cost is a major deterring factor towards their use. The field of wound care is an evolving area. It is important to manage these wounds at community level. We emphasize on use of traditional approaches of wound debridement and infection control combined with use of newer methods wherever feasible.

Biography

Nidhi Rawat is a physiatrist from India. She has completed her medical specialization from St. John's Medical College Hospital, India. She is working as an assistant professor of physical medicine & rehabilitation at St. John's Medical College Hospital, India. She has 8 years of clinical, teaching and research experience in her field. Her interest is centered around the area of neurological rehabilitation.

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