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DIABETIC WOUNDS REQUIRE SPECIAL WOUND CARE TO PREVENT AMPUTATIONS, NURSING EXPERTS SAY

Sentara Obici Wound Care Center helps patients prevent, recover from dangerous extremity wounds that are on the rise

(SUFFOLK, VA) George Carr had cleaned and eaten crabs for 50 years, but when one stuck its claw into his hand last July, it almost cost him his arm.

The 81-year-old Suffolk resident, a retired farmer, says he didn't think too much of it when the crab pinched him. After eating crabs to midnight, he went to bed, only to awaken hours later with his arm throbbing and turning blue. By noon the next day he had lost consciousness and was transported by the rescue squad to Sentara Obici Hospital.

"They said it was because of my diabetes that it got so bad," Carr says.

As the incidence of diabetes skyrockets in the United States, the number of dangerous wounds on extremities is also increasing, say enterstomal therapists at Sentara Obici Wound Care Center in Suffolk.

According to the American Diabetes Association, there are 20.8 million children and adults in the United States, or 7 percent of the population, who have diabetes. That number is expected to increase by 198 percent by 2050.

Wounds on the extremities – particularly the feet – place diabetic patients at great risk for developing debilitating infections leading to amputations, says Anita Jackson, an enterstomal therapist at the Center. Diabetic foot ulcers occur in about 15 percent of diabetic patients.

Diabetes can lead to circulation disorders in the extremities and neuropathy, a reduced or complete lack of feeling due to nerve damage. Sixty-percent of all non-traumatic lower extremity amputations in the United States are due to diabetes, according to the American Diabetes Association, Centers for Disease Control and Prevention, and the National Institutes of Health. Approximately 14 to 24 percent of diabetics with foot ulcers eventually undergo amputations.

Carr spent a week in the hospital, and physicians considered amputation, but in the end his arm began to heal. All the skin from the knuckles to the elbow was removed and he underwent surgery for skin grafts taken from his leg.

Now back to work at his part-time job delivering car parts, Carr needed extensive hand therapy and still wears a white glove to keep his hand and arm clean. Enterstomal therapists worked closely with Carr's physicians and hand therapists to optimize his care and healing.

Leon Cannon, 57, also of Suffolk, lost his big toe on the left foot last November due to poor circulation stemming from diabetes. His toe became infected and started stinging and turned red. He went to the Sentara Obici Emergency Department, where he was admitted to the hospital. He was in and out of the hospital for four months fighting the infection with antibiotics administered through an IV.

“I didn’t want to lose my toe, but I wanted to do what was best to save my foot and leg,” he says. The Sentara Obici Wound Care Center therapists assessed and cared for Cannon while working closely with other members of the healthcare team.

Sentara Obici’s Jackson says foot ulcers in patients with diabetes should be treated quickly and aggressively to reduce the risk of infection and amputation, to improve function and quality of life, and to reduce health care costs. She says patients who lose one limb to amputation have a 60 percent chance of losing another limb within five years if they do not receive good follow-up care and education.

Treatment includes prevention of infection; “off-loading” or reducing pressure with special shoes, inserts, crutches or wheelchair; removing dead skin and tissue; applying medication or dressings; and managing blood glucose.

Patients with diabetes must make special efforts to prevent wounds from developing, she says. The following tips will help promote good foot care:

- Wash feet daily using mild soap and lukewarm water. Dry carefully with a soft towel, especially between the toes, and dust your feet with talcum powder. Use moisturizing cream daily if the skin is dry, but don’t get it between the toes.
- Inspect feet and toes daily. Check your feet every day for cuts, bruises, blisters, sores or changes to the toenails, such as thickening or discoloration. If you are not able to see well or bend enough to inspect your feet, ask someone to help you.
- Maintain a healthy weight. People with diabetes are often overweight, nearly doubling the risk of complications.
- Wear thick, soft socks. Wearing white socks can help detect problems because they will show blood, but clean, soft, colored socks are fine to wear, too.
- Don’t smoke. Tobacco contributes to circulatory problems.
- Cut toenails straight across. Avoid “bathroom surgery,” digging at nails or trimming corns and calluses with a razor blade. If your nails are too hard to trim, see a podiatrist for assistance.
- Exercise. Regular exercise increases circulation and helps with your weight.
- Take your shoes off when you see your doctor and ask that your feet be carefully inspected at every appointment.
- Wear properly fitting shoes. You should have your foot measured every time you buy shoes because your feet change size and shape over time. Shoes are extremely important to people with diabetes because poorly fitting shoes cause as many as half of the problems that lead to amputations. Jackson says if you are covered by Medicare, you may be eligible to receive a custom-fitted, extra-depth therapeutic shoe with large toe boxes and molded inserts that can help prevent foot ulcers. Some commercial insurances will cover the cost as well. These shoes are

available through certified pedorthotists, technicians who provide orthotic and prosthetic devices.

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(SIDEBAR)

WOUND, OSTOMY, CONTINENCE NURSING IS GROWING SPECIALTY

Wound, ostomy and continence nursing is a growing specialty that didn't even exist until the 1960s, says Anita Jackson, a registered nurse at Sentara Obici Wound Care Center in Suffolk.

Initially in the 1950s, those who provided "enterstomal" therapy for people with ostomies weren't even nurses -- they were people who had ostomies themselves that wanted to help others.

An ostomy is a surgically created hole in the abdomen that provides a diversion for bowel or bladder function and often involves the wearing of a pouch for waste material. There are 750,000 people in the U.S. that have ostomies, and 75,000 new ostomies created every year, according to the United Ostomy Associations of America.

Now there are 4,200 members of the Wound, Ostomy and Continence Nurse Society, founded in 1968. The specialty grew out of patients' and families' need for detailed, comprehensive and coordinated care.

Wound, ostomy and continence nurses are registered nurses with a minimum of a bachelor's degree in nursing who have received additional education through one of seven WOCN-accredited programs. After completion, candidates are eligible to take an international board certification exam, and recertification is required every five years.

"Not only do we help our patients -- both inpatient and outpatient -- by caring for their wounds, we also do a lot of patient education and coordination of other services such as medical social work, occupational therapy, nursing home care and home health care," Jackson says.

Wound care nurses work with patients who have all kinds of wounds, including ostomies, pressure ulcers, diabetic foot ulcers, and traumatic injuries.

Many health systems now provide specialized wound care services, Jackson says. Sentara Leigh Hospital in Norfolk also provides wound care, including hyperbaric oxygen therapy in which pure oxygen is pressurized to promote advanced wound healing.

"Wound care is a very rewarding specialty," says Don Fowler, a registered nurse at Sentara Obici Wound Care Center, who was first exposed to the field when serving in

the Navy. “It is a ‘hands-on’ kind of nursing that allows you to get to know your patients in a personal way.”

“We see patients at their sickest and then follow them as they are healed,” says fellow enterstomal therapist Mary Dalton, who works primarily with inpatients. “Wounds often result in a changed body image and have an emotional impact on the patient. We help our patients learn to adjust to these changes.”

“Our philosophy is that we must care for the whole person before we provide care for the hole in a person,” Jackson says. “We get to know the patient before we even examine their wound.”

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