

# AAWC WIN WOUNDS IN NEED

## Helping Patients and Caregivers Succeed!



### AAWC WIN Membership

The AAWC WIN Task Force regrets to announce the loss of one of our task force members.

Ed Schmidt became an AAWC member in 2011 and joined our WIN team as an active member in Jan. 2016. He spent 15 years of honorable service in the Military Police of the US Army.

Ed will be greatly missed by his family, friends and WIN team members.

The Association is grateful for Ed’s dedication as an AAWC WIN Task Force Member and his efforts to help those suffering with hard to heal wounds.

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WIN is the Patient/Caregiver Membership of the Association for the Advancement of Wound Care (AAWC). AAWC’s mission is to advance the care of people with and at risk for wounds.

[www.aawconline.com](http://www.aawconline.com)

## September is Peripheral Arterial Disease (PAD) Awareness Month

Next month is PAD Awareness Month and AAWC recognizes the impact this disease has on peoples’ lives.

WIN wants to help you learn about PAD because it relates directly to wound care. The lack of blood flow to legs and arms can cause

non-healing wounds, tissue death and infection. This can increase the risk of amputation. The primary goal of a wound care specialist is to preserve limbs because amputation can cause other dire issues including loss of life. Learn more about the disease in the articles below.



Dear AAWC WIN,

My wife has some sores on her toes that wouldn't heal so I took her to the doctor and he said she has peripheral arterial disease (PAD). How can I help her from getting worse?

Dear Reader:

There are many things you can do to keep your wife's PAD from getting worse and many of them are good for you too.

First, focus on a healthy lifestyle overall. If you or your wife smoke, it is best to quit as soon as you can. Don't be afraid to ask your doctor for help to quit smoking. You can begin by staying away from others who are smoking.

Encourage your wife to get as much exercise as she can tolerate, and join her if you can. Always include your doctor in any plans to exercise. Ask for advice. Some mild exercises that you can try are riding a stationary bike, walking, or swimming. If your wife isn't used to getting regular exercise, simply making a habit of walking around the neighborhood is a great start. Begin with 10 minutes and work your way

## Ask the Nurse

up to 30 minutes. If she experiences leg pain, weakness, or cramping when she walks, your doctor



can help with a special walking program that might help make her legs feel better over time.

Help your wife eat a healthy diet full of lean proteins, fruits, and vegetables. Avoid a lot of sugar and fat. If either of you have diabetes, be sure to follow your diabetic plan of care to keep your blood sugar at healthy levels.

There are special programs to help with diet and exercise for people with PAD. One of these might be a good option. Ask your doctor to help you locate one of these programs in your area.

It is important to stay up to date on all adult vaccinations. See your doctor for help with this.

It is also very important to take good care of your wife's feet and legs. When there is less blood flow to feet and toes, even small cuts and scrapes can lead to bigger problems such as infection. If she gets a cut or scrape, treat it right away by keeping it clean and notify your doctor right away. Avoid wearing tightly fitting shoes or socks because these can make symptoms worse. Moisturize her feet with an unscented lotion every day, but avoid lotion in between her toes.

PAD can be scary, but there are many things that can be done to keep the disease from getting worse. It is important to monitor your wife's feet and legs. Encourage her to eat right and exercise. Give her support and know that you can help her be as healthy as possible! And if you make these changes, you will be as healthy as possible along with her.

**About the Author:** Karen Bauer NP-C, CWS, CHRN - AAWC Consumer Board Member



## How to Live and Support those Touched by Epidermolysis Bullosa

Epidermolysis bullosa (EB) is a non-catching skin disease; a person is born with EB as it is inherited. It can't be passed from one person to another. It's a rare group of skin disorders that is most known by blisters on the skin and mucosae. It's caused by a flaw in the gene that makes collagen protein, which "glues" the skin to the body. The most at risk areas are the hands, feet, knees and elbows, because of greater exposure to trauma and rubbing.



Source: Google Images.

As stated by the Best Practice Guidelines for Skin and Wound Care in Epidermolysis Bullosa, there are four types:

- **EB Simplex (EBS):** the least severe form, skin bubbles that heal without leaving marks;
- **Junctional EB (JEB):** the bubbles spread throughout the body, as well as the lining of the mouth, esophagus and bowels, which makes it hard to swallow and absorb food;
- **Dystrophic EB (DEB):** Consists of blistering on almost the whole body, along with the mouth and esophagus, which can restrict the passage of food. Repeated injury in the same spot may cause tissues in the hands and feet to waste away;
- **Kindler Syndrome:** a very rare genetic disease of the skin in babies. There is also a risk of skin cancer later in life.

The Dystrophic Epidermolysis Bullosa Research Association of America (debra of America): <http://www.debra.org/whatisdeb> notes the following:

### Diagnosis

The diagnosis is made by taking a skin sample (biopsy) for examination. If the biopsy is positive, the doctor will order meds or maybe antibiotics, based on the type of EB. Other drugs that the doctor may give depend on the location, the look of the bubbles and the symptoms that they cause. The clinical history of the patient and family will also be considered.

### Treatment Tips

- **Bath:** to keep the skin soft, place bath oil in the water

and stay for 10 minutes in the tub;

- **Dressings:** when the skin is injured it needs to be cleaned with warm water and soap. Always wash your hands fully before touching the blisters. Seek a doctor's help for the bigger wounds;
- **Infection:** a major problem, especially for babies. Signs of infection in children are fever, loose stools, and not eating or drinking. See a doctor right away if you notice these signs.
- **Food:** breast milk offers many benefits for babies. If the mouth and/or esophagus have blisters or sores, use soft utensils (like rubber spoons or bottles with rubber nipples). Pacifiers are not recommended. Consult a doctor and a nutritionist;
- **Swallowing:** use diluted food or purees;
- **Relationship:** visit the child and parents in the hospital so they feel that they have support. Do not wear watches, rings or objects that can hurt. EB cannot spread by touching, so affection is encouraged;

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## EB Support

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- **Constipation:** Eat plenty of fiber and veggies to make stools soft. This will help avoid injury to cracks and anal bubbles. If a laxative is called for, talk with a doctor;
- **Eyes:** avoid rubbing as it can cause injury, blisters, and swelling. Use sunglasses. The doctor may prescribe eye drops and ointments;
- **Dental care:** toothbrushes can hurt and form blisters in the gums. For the best mouth health and to put off cavities, see a dentist;
- **“Sticky” fingers:** occurs in severe forms of EB. To avoid fingers sticking, you should place Vaseline on gauze and put between fingers and toes. Change daily.

The Dermacamp Guidelines set by a Brazilian non-profit group which helps children and young people with this disease, states that the best approach is to have a team of multi-disciplinary health care experts. People with EB are the same as you and me. They need to take part in life through meetings and camps, using playful, vibrant and educational activities, such as



games, theater, mime, scavenger hunts, music, dance and river adventures. These activities help develop a positive self-image and self-esteem and develop skills to deal with the disease socially.

**About the Authors:** Rosana Zenezi Moreira, Health Economist, Gerontologist, and Professor at UMC. Researcher in ATS & PhD student at UNIFESP, Brazil; Maria Helena S. Mandelbaum, RN, PhD, DNA Member, SOBENDE Member. Dermacamp’s Founder.

## Breast Cancer and Wounds – An Interview

As an advanced practice nurse who works in wound ostomy and continence care, I have the honor of working with a great group of wound nurses. One of these nurses (who is also a friend) was found to have breast cancer and had to go through many treatments with chemo and radiation, as well as several surgeries. This was a difficult time for her and her family of four boys (five including her husband). This started in June of

2015 and she is now getting ready for her final surgery. During radiation, her skin went through many changes.

Here are some of the things we talked about during one stop of her journey!

### How long did you have to have radiation?

I had 33 treatments in all, which were every day – Monday thru Friday.

### What impact did these treatments have on your daily life?

As the treatments progressed, exhaustion set in, my skin was burned, then opened up and caused a great deal of pain. All of those factors played into work and trying to take care of four kids, a husband and our farm.

### Were there things that you had to learn to do in a different way during this time?

Putting clothing on was hard. Showering felt good and cooled my skin somewhat.

The choices I had for taking care of my skin were messy and it was hard to wear clothing. If my skin got so bad even with the Silvadene® cream, then I had to take a week off from the

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## Interview

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treatments so my skin could heal a little bit before starting them up again. So, I tried to find other wound products that might work better.

### What or who helped you get through all of this?

Having other wound/skin care options, since I specialize in wound care, and knowing that the cancer cells were being killed each and every day from the treatments, was what kept me going. Support from my family was never ending.



### What was your skin like from the radiation?

My skin started out as a mild sunburn, and then progressively turned into a second-degree burn. There was a lot of pain with this daily -- a deep pain from burning inside out and pain from the wound.

### How did you care for your skin during and after your treatments until you finally had healed skin?

I used a skin repair cream three times a day (before and after the treatment and at night) until the skin broke open, then Silvadene® cream was prescribed.

### Did you try other wound products/treatments to see if these might work better for you?

I tried RadiaGel hydrogel pads, and tried a Sorbact® gel pad. I used aloe gel once my skin was burned. There isn't a lot you can do to ease the pain and the burn until you end your treatments.

### What kind of emotions did you and your family experience during this difficult time?

It was hard being worn out all of the time --not able or wanting to do the normal daily activities. It was not easy to plan activities around the times that you did feel good. Intimacy was difficult due to the pain and discomfort of the area. I felt bad when I didn't have the energy to do things with my family.

### Is there any advice you would like to share with others getting radiation or those caring for them?

Don't think that radiation is easier than chemo, because everyone is different. People think it is easier than chemo, because you don't see the drug running into an IV. Radiation still has major side effects and one is that you need to make sure you stay hydrated and well rested. They told me to drink lots of water and rest as much as possible. Everyone reacts a little differently to the radiation burn based on their skin type. Light skinned persons like me will burn easier than darker skinned people.

#### About the Author:

Tamera L. Brown, ACNS-BC,  
CWOCN, AAWC WIN Volunteer

*Prevention is Key.  
Talk to your  
doctor about a  
mammogram today!*

## PAD – A Reason to Take Your Socks Off!

There are many reasons that you might want to take your socks off. One might be to take a walk on a sandy beach or another might be to save your socks from getting wet in the rain. But, the American Heart Association (AHA), states that removing your socks to allow your doctor to check for sores, skin color changes and numbness in your feet, might just save your life and limbs!

Let's learn a bit about a disease that affects *eight and a half million* Americans!<sup>1\*</sup> Many people do not even know that they have peripheral arterial disease (PAD), a narrowing of the arteries to the legs, stomach, arms and head. Many of the symptoms most often occur in the legs and may include cramping, pain, or weakness in the leg or hip muscles. These symptoms might happen while simply walking or climbing stairs or through other exercise that calls for more blood flow through the limbs. These symptoms lessen and stop when the demand for blood flow is reduced when you rest.

PAD is a close cousin to coronary artery disease (CAD) and is caused by *atherosclerosis*,

a big word for a big problem: fatty deposits that build up and clog the arteries. The buildup, known as plaque ['plak'], lines the artery wall and narrows the internal size of the blood vessel causing the arteries to become weak and stiff. This decreases the amount of blood that can travel through the artery. Limiting the blood flow cuts off oxygen and nutrients that may be sent to vital organs. See *Figure 1*. You can learn more about PAD at this link: [http://watchlearnlive.heart.org/CVML\\_Player.php?module>Select=athero](http://watchlearnlive.heart.org/CVML_Player.php?module>Select=athero).

To get an expert point of view, we spoke to Dr. Mark Hinkes, DPM, and author of *Healthy Feet for People with Diabetes*. Dr. Hinkes has dedicated his practice to preventing diabetic foot ulcers and helping prevent multimorbidities, which means the various health issues caused from the cycle of poor health. These go along with taking care of the **high risk factors of PAD**: a) high blood pressure; b) high blood sugar levels; or c) risky habits such as smoking or poor diets high in fats that raise triglycerides.

People with diabetes have a higher risk for getting PAD.



*Figure 1*

On the left is a healthy, open artery. On the right, the yellow plaque inside the artery makes it narrow.

In his own words, Dr. Hinkes advised, "Chronically elevated blood sugar levels contribute to heart disease and loss of feeling pressure or temperature in the feet (neuropathy) in people with diabetes. The smallest arteries, called arterioles, may become narrowed or completely closed due to PAD." He also explained, "The nerves fed by the arterioles will eventually fail due to low blood flow that cannot provide enough oxygen or nutrition to the vessels."

According to Dr. Hinkes, the symptoms of early stage neuropathy caused by PAD can include numbness and burning or tingling feelings in the feet. What are the signs

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## PAD

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that a patient might have PAD? Dr. Hinkes explained that if a patient complains of leg cramps with walking or exercise, has pain in the legs at night while lying in bed, or has cold feet, he quickly knows that he needs to check further for PAD. This is vital if a patient has wounds, like a foot ulcer. PAD complicates the healing of wounds and can, in some cases, contribute to infections that can lead to amputation or even death.

Dr. Hinkes uses a simple painless test called the ankle-brachial index (ABI), a test that compares blood pressure in the ankle to blood pressure in the arms to show how well blood is flowing through the limbs. This test will show which vessels are narrowed or blocked and the extent of the blockage. Normal is 0.9 to 1.0. If the number is lower than 0.9, there may be difficulty in wound healing. If the number is greater than 1.0, that indicates the artery has been affected by PAD and is stiff and inflexible. There is a higher chance of having narrowed arteries putting the person at risk for a heart attack or stroke.<sup>2</sup>

A few key points to heed are:  
1) PAD can be undiagnosed



because of mistaken symptoms; 2) people with PAD have a higher risk CAD; 3) PAD can lead to wounds, gangrene and amputation if not treated.<sup>1</sup> The good news that comes from both the AHA and Dr. Hinkes, is that PAD can be managed with a healthy lifestyle and by following the advice of the patient's healthcare expert.

Dr. Hinkes advised, "When we meet a patient with PAD, there are options for treatment that include medication or surgery to fix the circulation problem and restore good blood flow."



Take Your Socks Off!

He also suggested using another set of eyes such as a caregiver, family member or social worker to help the patient care for PAD.

This will help the patient be a success with the PAD treatment plan and the journey to better health.

#### References:

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2. Aboyans, V., et al. (2012). Measurement and interpretation of the ankle-brachial index: A scientific statement from the American Heart Association. 126(24): 2890-2909.

\* See the fact sheet above from the American Heart Association that shows the RISK FACTORS associated with PAD titled *An Important Reason to Take Your Socks Off*.

#### About the Author:

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