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Wound Edge Epiboly Responds to Elastic Compression Therapy

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Problems

Initial appearance of the wound edge betrays the multiple comorbid physiologic problems at work in a chronic wound and, importantly, guides our initial care of the wound. One example, early debridement of hyperkeratotic wound shoulders to create a flat wound couture is widely accepted. The role of edema control to treat epiboly is not widely understood.¹

Sibbald et al. established the importance of wound edge therapy as an integral part of wound bed preparation in an evidence level 5 review article in 2000.² Recently Snyder and Fife include wound edge effects in the DIME paradigm (Devitalized Tissue, Inflammation, Moisture Balance and Edge Preparation), which is a Centers for Medicare and Medicaid (CMS) Physician Quality Reporting System (PQRS) measure.³

This case series asks, does elastic compression therapy decrease wound epiboly?³

Methods

Photos document presentation, treatment and outcomes of ten lower extremity wounds of mixed etiology that had dramatic wound edge response to elastic textile compression.*
Results

This non-controlled case series demonstrates that elastic textile compression therapy controls two DIME PQRS measures, wound Moisture control and wound Edge preparation.

Conclusions

Elastic textile compression therapy appears to improve wound Edge epiboly and improve wound healing.

References


* EdemaWear® fuzzy wale elastic compression textile, Compression Dynamics LLC, Omaha, Nebraska 68102

** Altrazeal, Hydroxy ethyl methyl methacrylate (HEMA nanoparticle power), Uluru Inc., Addison, TX 75001