

Wound healing
The importance of
seeing a specialist

Protect yourself
Treating summer
ailments

Panel of experts
Advice you need
to hear

**MEDIA
PLANET**

May 2012

WOUND CARE



THE POWER OF HEALING

Burn survivor J.R. Martinez draws on his life-changing experience to help others, and show the true value of making the most of every situation

PHOTO: TOURNAMENT OF ROSES ARCHIVES



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CHALLENGES

The occurrence of chronic wounds is strongly correlated with diabetes, advancing age, and obesity.

FACT

1

SPECIALIZED CARE
IS REQUIRED
FOR HEALING
CHRONIC WOUNDS

The growing burden of chronic wounds

Since the body is naturally programmed to heal itself, most wounds proceed toward healing in a timely manner. However, for certain wounds—millions of wounds in fact—the healing process is slowed, less well organized and may even come to a halt altogether, leading to what is termed a “chronic wound.”

The occurrence of chronic wounds is strongly correlated with diabetes, advancing age, and obesity: conditions that are all escalating rapidly in the United States. For example, the prevalence of diabetes has tripled over the last 30 years according to the CDC, and 15-25 percent of diabetics will develop a diabetic foot ulcer in their lifetime based on reports from both the American College of Hyperbaric Medicine and Medscape.

Similarly, the CDC says that as of 2010, all 50 states have an obesity prevalence of over 20 percent, which translates as a major risk factor in the development of diabetes and cardiovascular disease. In addition, the Department of Health and Human Services Administration

on Aging states that by 2020, some 55 million people in the U.S. will be aged 65 and over—an increase of nearly 60 percent from 2000. These conditions often lead to immobility, improper functioning of the immune system, poor blood flow to the skin of the lower leg and other factors that can result in delayed healing. The longer it takes for a wound to heal, the greater the likelihood of complications that can have a devastating effect on both patients and their caregivers, while leading to significant healthcare costs. Some of the serious consequences include infection, pain, osteomyelitis (bone infection), amputation and even death.

Setting new standards

For decades, the standard of chronic wound care in the United States has focused on balancing moisture levels in the wound and preventing infection. This usually means covering the wound with a dressing and making sure it is neither too wet nor too dry. Multiple studies have shown that such standard care heals chronic wounds only about 50 percent of the time—the same odds you have when flipping a coin.

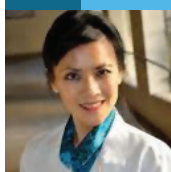
Positive advancements

The encouraging news is there are two promising avenues of pursuit addressing the unmet medical need for more effective—and more cost-effective—approaches to the care of difficult-to-heal and chronic wounds. The first is greater awareness and understanding of chronic wounds and their complications, both within the medical community and amongst patients and their caregivers. The second, ongoing initiative involves harnessing the emerging scientific understanding of wounds and what causes them to become chronic. Already, several pharmaceutical and biologic therapies—those that work on chronic wounds at the cellular and molecular level—are on the market.

As a result, we can all look forward to innovations in science and greater access to education that, ultimately, will contribute to improved outcomes and quality of life for the patients and caregivers impacted by the growing burden of chronic wounds.

TRAVIS E. BAUGH, PRESIDENT & COO
HEALTHPOINT BIOTHERAPEUTICS

editorial@mediaplanet.com

**TIPS: TREATING
SUMMER AILMENTS**

Dr. Susan Jewell
MD
National Research
Scientist Award
recipient

1 Make compresses by soaking a cotton washcloth in cold water that has been mixed with Epsom salt (two tablespoons per cup), then apply to the skin.

2 Create a paste to apply to the skin by adding a teaspoon of Epsom salt to about a cup of hot water until it dissolves, then chilling the solution in the fridge for 20 minutes. Note: Clean the skin and pat dry before applying the paste.

3 Take an Epsom salt bath, by adding two cups of Epsom salt to the water in a standard-sized bathtub and soak for at least 12 minutes. The Epsom salt will dissolve quicker if you put it under the running water.

**WE RECOMMEND**

Personalized treatment
Marisa Jahnke, RN,
BSN, BA, CWOON

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Publisher: Kelly Lehmkuhl
kelly.lehmkuhl@mediaplanet.com
Business Developer: Janel Gallucci
janel.gallucci@mediaplanet.com
Designer: V. Janbazian
Managing Director: Luciana Colapinto
luciana.colapinto@mediaplanet.com
Editorial Manager: Sara Quigley
sara.quigley@mediaplanet.com

Contributors: Donna Bond Becker,
Dr. Wayne J. Caputo, Dr. Jeffrey A.
Frenchman, Marisa Jahnke, Dr. Susan
Jewell, Elise Maher, J.R. Martinez, Jill
Coody Smits, Jim Witmer, Randall D.
Wolcott

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Chronic wounds are a serious and growing concern, especially for people with ongoing health issues, such as diabetes, cardiovascular disease and obesity.

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INSIGHT



QUESTION & ANSWER



Marisa Jahnke, RN, BSN, BA, CWOCN
Wound Care Manager, IDSGA, P.C.

What is the importance of patients asking questions to become educated about the wound healing process?

It is vital for patients to ask questions during the wound healing process because this demonstrates an interest in care and outcomes, and the desire to actively participate. Questions allow us to communicate the expectations and goals for treatment and how to best achieve them. Educating the patient ultimately leads to greater compliance and better outcomes. All patients need to be involved as team players in their care. We can't heal the wound without them!



Donna Bond Becker, MSN, ACNP-BC

Why should patients be proactive in asking about treatment or options for healing?

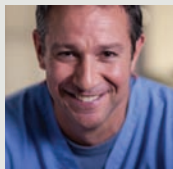
Being well informed about their diagnosis and possible treatment choices is probably the most important thing a patient can do for themselves. The more a patient knows about their diagnosis, the better able they are to ask about treatment options that are available to them. The science of wound healing has advanced tremendously in the last few years. The earlier a patient is evaluated and begins treatment, the better the chances are for wound healing.



Dr. Wayne J. Caputo, DPM
Director of Wound Center Services, Clara Maass Medical Center

Why is it important for people with diabetes to see a specialist in a wound care center?

Current medical literature supports that 15-20 percent of people with diabetes mellitus will develop a foot ulcer in their lifetime. An ulcer that doesn't heal leads to secondary infections that become gangrenous and often result in amputation. Amputations remain a tragedy of life, altering one's ability to live a quality life without assistance and creating a burden on families and society. A diabetic foot infection remains a medical and surgical emergency. This type of condition demands the specialized treatment of an experienced physician team to restore equilibrium and address limb salvage.



Jeffrey A. Frenchman, DPM
Director Limb Preservation, Atlanta VAMC

Why do people with diabetes need to be aware of checking their feet for wounds?

The skin is the largest organ of the body and the feet are often the most neglected component. Diabetics often suffer from neuropathy and may be unaware of having an open sore on their foot because they can not feel it. It is imperative for diabetics to check their feet at least daily especially the bottom, sides, and between the toes which are often neglected areas. Left untreated these wounds may become infected, leading to loss of one's toe(s), foot, leg, or even life.

editorial@mediaplanet.com

FACT

2

15-20 PERCENT OF PEOPLE WITH DIABETES WILL DEVELOP A FOOT ULCER IN THEIR LIFETIME



PERSONALIZED TREATMENT
Marisa Jahnke, Wound Care Manager of the Infectious Disease Services of Georgia, treating a patient.
PHOTO: ACERRA GROUP

Wound care specialists: Your best choice

"I wish I'd come here first." At least three times a week, I hear those words from patients whose lives have been negatively affected by open wounds.

I feel both good and bad when I hear them: bad because the patient has suffered too long unnecessarily; good because I've helped improve someone's quality of life.

I am passionate about the care we provide at our wound center because I've seen how debilitating it can be when a patient gets ineffective treatment. The young diabetic mother who feared an open wound would prevent her from ever having a normal summer vacation with her children; a woman who lived with a venous leg ulcer for 17 years.

Specialists make a difference

If you have a heart problem—go to a cardiologist. If you have lung problems—see a pulmonologist. If you have a chronic open wound—see a wound specialist. We are trained in

techniques that allow us to bridge the gap between wound care and wound healing. We do not take a palliative approach to wounds; we heal them.

Every day a wound is open, the patient is exposed to bacteria and at greater risk for soft tissue infections. But specialists know how to tailor treatment, often reducing that exposure from months to weeks.

Better care for diabetics

I recently met a 54-year-old man who had pain and swelling in his left foot, and the situation was deteriorating. It turned out he had two diabetes-related communicating wounds that went from the top through the bottom of his foot. A runner and tennis player of healthy weight, he had no idea he had diabetes and was suddenly faced with a chronic disease and the possibility of losing his foot. But because he was treated by a team of surgical, infectious disease and nursing spe-

cialists, today his wound is closed and he has his life back.

That patient now knows what many people don't: the mortality rate for diabetic foot wounds is higher than breast cancer and prostate cancer combined. Because diabetics' bodies don't have the capacity necessary to recover quickly, they are at greater risk for infection from even small cuts. But specialists have the crucial skills necessary to diagnose and close wounds quickly rather than just managing them.

I love my job because it's rewarding to be part of someone's healing. Every day I have the same goal: communicate with my patients in order to develop a personalized treatment. If they didn't come to us first, I'll make sure they're glad they eventually did.

Marisa Jahnke, RN, BSN, BA, CWOCN is the Wound Care Manager of the Infectious Disease Services of Georgia.

editorial@mediaplanet.com

Now I understand.

I didn't think my diabetic foot sore was serious.
But when I couldn't even feel the pain,
I knew something was wrong.
Today, I learned it isn't too late.



Heal2gether

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wound care specialist can help you.

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receive a free pedometer.



INSPIRATION

Question: After being burned in combat, what inspires J.R. Martinez to dance, act, and motivate others?

Answer: He realized that life goes on, and that he now has another purpose in life.

FACT

3

BURN SURVIVORS CAN REQUIRE ONGOING TREATMENT

Surviving and thriving: Serving a different purpose

When Army veteran J.R. Martinez was injured in combat, he felt like an opportunity had been taken away from him.

“I thought, what am I going to do with my life now?” he remembers. “But, by being able to go out there and actually be a voice and be an example to a lot of service members it gave me an opportunity to feel like I was serving again.”

Positivity

When asked what motivated

J.R. to keep a positive outlook, he credits his mother first. “She told me there was life after this,” he recalls. “In school, growing up they tell you about this whole world. I thought to myself, right now I am in a low point. There has to be a high point. There has to be something better than this, and I just believed it.”

Treatment

J.R. was treated in the hospital for a year after his injury, and has fond memories of the members of his treatment team. “Burns



SOLDERIERING ON
J.R. Martinez exemplifies what it means to overcome the odds.

PHOTO: TOURNAMENT OF ROSES ARCHIVES

aren't like broken bones,” says Martinez, as he explains that burn survivors require continuous treatment even years after their original injury, which he sites as one fact that is not commonly realized by people who are not burn survivors themselves.

For example, J.R. received skin grafts on his hands. As a result he experiences a stiffness in his hands which requires ongoing medical attention and serves as a constant reminder of his injury. Everyday acts such as shaking hands can become painful.

Today

Stressing the use of the term burn “survivor” rather than “victim”, J.R. Martinez is quite busy setting a new standard of what it means to be a public figure and role model. With a resume that includes veteran, actor, and motivational speaker, he exemplifies what it means to overcome the odds and create new opportunities for oneself.

NELLY NITRAM

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*AQUACEL® Ag BURN dressing may be left in place for up to 21 days. Clinical judgement is recommended to determine whether multiple dressing changes should occur during that period. Please see package insert for complete Directions for Use.

Apply it

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Leave it*

It has a potential 21-day* wear time so you may be able to leave it in place, avoiding the pain and trauma of frequent dressing changes. Because of its Hydrofiber® Technology it gels on contact with the wound, reducing pain while the dressing is in situ and helping to reduce pain and trauma upon removal.²

Help heal it

The dressing absorbs exudate and locks it away in the dressing with the harmful bacteria that can prevent healing.³⁻⁴ Ionic silver is available delivering antimicrobial activity against a wide range of pathogens, including MRSA (as demonstrated in an in vitro simulated wound environment).⁵ And when the wound is healed, the dressing may simply fall away.²

There is no other burn dressing with a potential 21-day* wear time or the power of Hydrofiber® Technology.



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PANEL OF EXPERTS

	<p>Randall D. Wolcott, M.D. Southwest Regional Wound Care Center</p> 	<p>Elise Maher, RN, BSN</p> 	<p>Jim Witmer Founder & CEO Witmer Public Safety Group, Inc.</p> 
<p>Question 1: What are the most exciting current advances in wound care?</p>	<p>New DNA based technologies are now available nationwide to determine exactly what microbes are attached to each patient's wound, with no less than DNA certainty. It's the first advancement of its kind in over 120 years, and it's a real game changer. This level of specificity moves us to a true medical specialty, allowing us to objectively diagnose each wound and treat each patient individually.</p>	<p>Believe it or not, the latest advances and research on wound care focus on prevention. There are tons of high tech creams, sprays and dressings to heal wounds; however keeping the skin clean and free from moisture is one of the best ways to heal wounds. Repositioning the patient often to offload pressure on bony surfaces is also extremely important because it reduces friction.</p>	<p>There have been significant advancements in wound care over the last decade. One of the treatment modalities being utilized for stubborn wounds is hyperbaric chamber oxygen therapy. The patient is surrounded by pressurized oxygen in a certified hyperbaric chamber which promotes healing. This management is primarily utilized for persistent wounds.</p>
<p>Question 2: What can I do to improve my odds for complete wound healing and heal my wound faster?</p>	<p>Wound care specialists treat wounds with the urgency warranted because they understand that a patient with a diabetic foot ulcer has a higher risk of mortality than many cancer patients. It's imperative to make a timely visit to a wound care specialist, who has access to advanced technologies such as DNA diagnostic testing. Your wound is a unique threat to your quality of life.</p>	<p>Eating a well-balanced diet and getting adequate nutrition is the most effective way to promote wound healing. Very high risk patients may be candidates for intravenous nutrition. It is also important to keep the wound clean and dry with applying only a thin layer of ointment that is prescribed by the doctor.</p>	<p>Changing dressings daily, application of first aid ointments or creams prescribed by your physician, and following instructions provided by the first responders or healthcare professional will provide the best method for healing of most wounds. Keeping any wound clean and free from debris helps to prevent infection.</p>

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INNOVATION NEWS

How can DNA help to heal your wound?



DNA guided personalized medicine comes to wound care. The future is now.

What if your wound was treated with medications made just for you, and only you, based on DNA collected from your wound? That is **personalized medicine** and it is providing revolutionary benefits to patients worldwide.

While I could argue wound care is a leader in this field, applications for cancer therapy get most of the press. Without media focus, many clinicians and patients simply are not aware these powerful options

are available nationwide, says wound research clinician Dr. John P. Kennedy of South University in Savannah, GA.

New tools, new expectations

In a recent study (Journal of Wound Care) of approximately 1400 patients, the group that received DNA testing and personalized treatments were about twice as likely to heal their wounds compared to the group receiving traditional testing and treatment. Further, this group healed their wounds about 2 to 5 times faster.

120 years too late

All chronic wounds have one universal barrier to healing, *bioburden*, a term used to

describe the bacteria and fungi attached to the wound surface. Typically wounds contain far more than a single species and combined they are a significant cause for delayed healing. To make matters worse, these microbes produce something called "biofilm", which is hard to remove and highly resistant to traditional treatment.

For the last 120 years, medicine has relied upon traditional culturing for diagnosis of bioburden. Unfortunately, only about 5% of known microbes can be identified by culture, resulting in about 15% accuracy and poor outcomes for wounds.

Enter DNA science. The same DNA based technologies seen

on your favorite CSI TV program to identify the **guilty party** are now employed to identify the comprehensive microbial census in wounds.

We always recognized bioburden as a barrier, says Dr. Randal Wolcott, a leading Wound Healing Society specialist. "However, these new methods have shown us just how significant, with DNA level certainty. All chronic wounds have significant bioburden; therefore, this has been a real game changer for most all of our patients."

How it works

Your treating clinician sends a small sample for microbial DNA analysis. Within days, the

complete microbial census of your wound is reported, followed by *unique* treatment options designed and prepared on demand by experts which are *specific* for your wound.

"This is a big deal," says Dr. Wolcott. "I don't ever want to go back to wound care the way it was. Now we can evaluate, diagnosis, and treat. It's modern medicine. No more trial and error for wound care."

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