Wound Care
Frequently Asked Questions (FAQ's)

What is the difference between infection and contamination / colonization?
The basic difference between these two conditions lies in the concentration of organisms in the wound. An infected wound contains a larger number of microorganisms than a contaminated wound. Stage 2, 3 and 4 pressure ulcers should all be considered as colonized with bacteria. Proper wound cleansing should prevent bacterial colonization from progressing to the point of clinical infection. A contaminated wound will heal, an infected wound will not and requires treatment.

How do I know if the wound is infected?
There are many tools that physicians use to evaluate if an infection is present. Do you have a fever? Are your pulse and blood pressure normal or abnormal? Does the wound appear red and swollen? Is there pus-like drainage or a foul odor? Is the area around the wound warm to the touch as compared to nearby skin or skin on the opposite extremity? Is bone exposed?

In addition, there are many laboratory tests to determine whether an infectious process is present. These include: white blood cell count (WBC), erythrocyte sedimentation rate (ESR), C-reactive protein, x-ray examination, deep tissue culture (not swab), nuclear medicine bone scanning (gallium, technetium and indium scans) and blood cultures.

Are all wounds infected?
No, but you should consider all wounds as being contaminated with microorganisms. A contaminated wound will heal, an infected wound will not. Wounds contain bacteria killing enzymes that will help prevent an infection. Proper cleansing and wound care treatment will create a condition that lessens the chance of infection.

How are infections treated?
Once an infection is diagnosed, your doctor may order topical antibiotic ointments, topical antibiotic applications, oral or systemic antibiotics. An incision and drainage (I and D) may be necessary to decompress an abscess or remove devitalized tissue. These protocols will be determined by the extent of infection, infecting organism, medical history, any medical allergies, and your health care provider.

Vacuum Assisted Closure (VAC) Therapy:
VAC Therapy is an adjunctive Therapy system that uses controlled negative pressure (Vacuum) to help promote wound healing by removing fluid from open wounds through a sealed dressing and tubing which is connected to a collection container. VAC Therapy helps remove infectious materials from the wound. VAC Therapy can heal wounds up to 60% faster than regular dressings. Doctors Hospital has the only VAC machine in The Bahamas; in fact, there are only two in the Caribbean. Appropriate use of this therapy provides an optimum healing environment in diabetic ulcers and provides an alternative treatment option for a population at a high risk for amputation.

HOURS OF OPERATION
Monday-Friday 7:00am-6:00pm
Saturday 9:00am-1:00pm

The Wound Care Centre 302-4749

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The Healing Choice!
The Healing Solution!
Wound Care Program

Doctors Hospital has a Wound Care Center devoted exclusively to preventing and healing complex wounds of inpatients and outpatients. Difficult-to-heal wounds can result from traumatic injury, diabetes, peripheral vascular disease, complications following surgery, rheumatoid arthritis, congestive heart failure, arterial or venous ulcers, lymphedema and many other conditions which compromise circulation/skin integrity.

Wound care is complex by nature. Our program is designed to provide care on a highly individualized basis, so we constantly evaluate and readjust our approach as necessary to achieve the best results. The Wound Care Center also recognizes the importance of prevention.

At Doctors Hospital, we assess patients at risk for early signs of skin breakdown so they can be closely monitored and followed to assure that ulcers do not develop.

Wound Care Information

Many people suffer from chronic ulcers that can become severely infected, gangrenous and in some cases require amputation. This is often due to limited blood flow which slows the body’s own healing process. Many patients seek professional help for wounds that have not healed after months of standard wound treatment. In the majority of patients, treatment programs produce complete healing, usually within a few months.

The following information is provided regarding chronic wounds and their treatment:

Chronic wounds which are treatable can include:

- Diabetic Skin Ulcers
- Pressure Ulcers
- Infectional Venous Disease Wounds
- Surgical Wounds
- Spinal Cord Injury Wounds
- Chemical Burns
- Thermal Burns
- Hypertrophic Scars/Keloids

Wound Treatment Methods

Individualized wound treatment is dependent upon the type and severity of the wound. Wound treatment can include the removal of unhealthy tissue as well as other methods. The fastest possible healing is achieved through advanced wound treatment programs.

Wound treatment and interventions include:

- Photobiomodulation
- Wound Debridement
- Education/Prevention
- Advanced Wound Dressings
- Conventional Wound Dressings
- Use of Growth Factors
- Adjunct Therapy
- Antibiotic Therapy
- Nutrition Counseling
- Surgery
- Physical Therapy Consultations
- Occupational Therapy Consultations
- Protective Footwear
- Orthotics/Podometrics
- Hyperbarics
- Vacuum Assisted Closure (VAC) Therapy

Our professional medical staff are dedicated to caring for people with wounds that have failed to heal. We have established an impressive rate for healing acute and chronic ulcers. The wound healing program emphasizes the basics of common sense medical and surgical care combined with the most advanced wound care technologies and advanced wound care dressings.

Most of us take our body’s ability to heal for granted. In fact, the healing process is quite complex. For some patients, certain conditions alter this course and retard the healing process. When this happens, destructive processes can outpace healing, and the wound can become chronic.

Diabetes causes changes in the foot, a common site for non-healing wounds. Many diabetic patients will undergo surgical amputation as a result of a non-healing wound. These amputees face a long, costly rehabilitation, permanently reduced mobility and independence, and increased morbidity and mortality.

Other conditions can also lead to the development of non-healing wounds, including peripheral vascular disease, arterial or venous ulcers, traumatic injury, complications following surgery, rheumatoid arthritis, congestive heart failure, lymphedema and other conditions which compromise circulation. In addition to local factors such as pressure, infection or edema, systemic problems can also impair normal healing. Patients who are immunocompromised because of collagen vascular disease, acquired immunodeficiency syndrome, rheumatoid arthritis, or diabetes mellitus are at risk.

Certain medications can suppress the healing response. Inadequate large-vessel perfusion and oxygenation can impede healing by reducing the oxygen supply to the damaged tissue. (For this reason, quitting smoking in affected patients is critically important.)