

# WIN WOUNDS IN NEED

## Helping Patients and Caregivers Succeed!



In the last issue, AAWC offered a gift of AAWC WIN Pins to those who told us of their cherished caregiver.

Long time WIN member, Karen Proudfoot, RN from Galesburg, MI, gave thanks to her doctor, Duncan Chapman, MD for his first-rate care of her wound and their “dates” at the wound clinic.

The AAWC WIN team is a group of volunteers who work to make your membership a valued tool to help heal and put off wounds. This newsletter could not be made without their dedication.

Many thanks to our WIN team for their time and efforts in writing and editing this wound care education. We want to help you WIN the battle against wounds!

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WIN is the patient/caregiver membership of the Association for the Advancement of Wound Care (AAWC). AAWC ([www.aawconline.com](http://www.aawconline.com)) is dedicated to improving the care of open wounds.



## Happy Valentine’s Day!

AAWC loves our WIN members. Our Board of Directors and staff are working for you. The AAWC mission is to advance the care of people with and at risk for wounds.

This is done in many ways. The main thing is to help people learn the most current ways to heal wounds. We

## American Heart Month

have a lot of info on the [AAWC website](http://www.aawconline.com) for doctors and nurses, but also for you.

AAWC works with government to advocate for insurance coverage, creates guides for care and writes pamphlets for the public. There is also a program to send doctors and nurses to places around the world to help those in need of wound care.



Dear AAWC WIN,

I was warned by my doctor that I am at risk for a venous leg ulcer. What are venous leg ulcers and how can I prevent them?

Dear Reader:

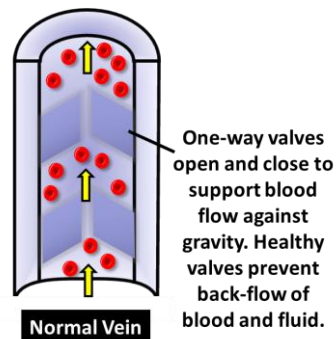
Lately, we have heard a lot about pressure ulcers and ulcers on the feet of people who have diabetes. It is also good to know about other types of wounds or ulcers. Now I know that you can get ulcers even if you aren't diabetic and even if you are very active. For example, do you have or have you ever had swelling in your legs? That can be a warning sign.

Venous leg ulcers happen when your leg swells a lot and usually for a long time. Think of a water balloon - when it fills too much, the balloon bursts to let the water out. Your veins are the vessels in your body that bring the blood back from your arms and legs to your heart. They have one-way valves that do not let the blood go backwards into the leg or arm to keep it going towards your heart. Over time these valves may stop working and the veins may stretch to hold all of the blood that is going backward in the veins

## Ask the Nurse

toward your feet. Leg swelling is what you can see when there is blood leaking out of the veins and into the legs. Your leg fills with fluid just like that water balloon! Because of the fluid buildup in your legs when this happens, your skin doesn't get the oxygen and nutrients it needs! Then your skin has to stretch to hold all that fluid, and it eventually can tear.

These types of ulcers are prevented and treated by getting your legs above your heart level and by using wraps, bandages or stockings that go all the way up past your calf muscle, or even to your thigh. These bandages or stockings help get the blood going back in the direction of your heart and allow your skin to rest from all that stretching. If you get a wound on your leg because of this swelling dressings may be used to help it heal. However, the most important thing is that you wear the stockings or wraps/bandages on your legs and elevate them as you can.



Keep the dressings on the ulcers as your wound care professional directs.

If you have swollen legs now or have had a lot of swelling in your legs in the past, it is a good idea to see your doctor to help make sure you don't get wounds because of it. Venous leg ulcers can get infected easily, so don't wait! Because the skin on your leg is very thin when it has been swollen, even small bumps and scratches can turn into big wounds. If your doctor asked you to wear stockings; and they are hard for you to get on and off by yourself, let the doctor know so that he or she can get you to professionals who can help you find solutions and get the right treatment for your lifestyle!

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



A wrapped leg

## Maintaining your Health after Healing

Once we heal, we think the fight is over. That theory is so far from the truth. We still have to maintain our hygiene, diet and mental health.

Maintaining our hygiene means to keep our bodies clean and to make sure all of our body parts inspected daily. If you are a type 1 diabetic, as I am, you need to be checking and cleaning your feet multiple times a day. Changing your socks many times a day, is also a must. As you know from my previous article, that is how I ended up in the wound care clinic to start with. I had a blister turned into an ulcer, and led to amputation in just 32 days. It was my good fortune that I was strong during this, but it took just one day of not following these guidelines then a month to stop me in my tracks with the ulcer. Double and triple checks looking for open sores on the body are a must to keep a good, healthy body.

Diet is the second part of keeping up a healthy you. For people with diabetes, type 1 or 2, a good diet is a must to keep your A1C and Blood Glucose numbers in check. Even if you don't have high blood sugar, keeping up a well-balanced, healthy food plan will aid in putting off adult (type 2) diabetes. Keeping your body loaded with vitamins, minerals, and good, lean protein will help

keep your body in healing mode before it is ever needed.

Hydration is key in keeping the skin moist and pliable. As a paramedic, I've seen dehydration cause many physical and mental health problems, such as cramps, cracked and dry skin, confusion, forgetfulness, and speech problems. These are just a few of the more significant signs and symptoms of fluid loss. Some of these can cause major problems or even death.

Mental health may be the final topic for this article but, it is very vital! Keeping the mind sharp helps the rest of the body to work properly. If the mind isn't working properly, the body will sabotage itself. When the mind slips into a depressive state, the body tends to not want to eat right, take medications as directed, and exercises, and may lead to withdrawal from family and friends. When we start to slip down that dark slope, we need our family and friends to get behind us and try to bring us back. Winter is the biggest time of year that depression happens. Lack of sunlight, gray, cold, and wet days keep us housebound. Extra vitamins such as the vitamin B complex, vitamin C, vitamin D, and vitamin K, are crucial to proper daily bodily function. Supplements and extra fresh veggies will help keep these levels up and balanced, which

keeps us in a better frame of mind.

To sum up, we need to notice what our bodies tell us and act in line with that, especially if we have high blood sugar or have ulcers!

About the Author: Jeff Wisler, AAWC WIN Taskforce Member and Wound Survivor



### Exercise: Good for Your Heart, Good for Your Wound

Images of hearts are everywhere this month in valentine cards and boxes of candy. Since everyone is thinking of hearts, the American Heart Association has marked February American Heart Month. Heart month is the right time to make people aware of how a healthy way of life is good for their heart. You can start in February by making small changes that lead to heart health. Exercise is a great way to keep your heart healthy.

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## Exercise

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The first thing we think of when we think of exercise is a pounding heart, sweat, and heavy breathing. For this reason, a person with a chronic wound or in a wound care program might think that exercise is out of the question. Actually, research has shown that getting active can help your wound to heal faster<sup>1,2</sup>. In one study, older adult patients who exercised had wounds that healed 10 days faster than patients who did not<sup>1</sup>. In that study, patients rode a stationary bike for 30 minutes and then walked for 15 minutes to cool down. In addition to wounds that healed faster, patients said that they felt less stress. How can you pass up a workout when it improves your heart, mind, *and* skin?

### How much?

People often ask, “How much exercise should I do”? The American College of Sports Medicine suggests that adults should get at least 150 minutes per week ([www.acsm.org](http://www.acsm.org)). You can do this by doing just 30-60 minutes of exercise three to five days per week. Walking, rowing, bike riding, swimming, water aerobics, and dancing count towards your 150 minutes. You do not need to do your whole workout at once.

Some people find that it is easy to get active for 10 minutes at a time a few times per day, rather than doing it all at once.

### How do I start?

Of course, before you start any exercise program you should speak with your doctor. He/she may offer you advice about your health status or wound that will help you to choose the best way to move for your wound. You may also need help in finding a wound dressing or shoe that will help to bolster your wound so that it is not hurt while you are active. If you would feel better exercising with someone who is skilled in wound care, you should ask your doctor, hospital, or wound care center if they have any programs to help you. Many hospitals and wound centers offer fitness and yoga classes for people with certain health issues or wounds.

### What should I do?

The first rule is to do activities that you enjoy and that are convenient. If you can't get to the activity easily, you're less likely to keep doing it. If the exercise gym is a difficult car ride away, you will find reasons to stop going. For this reason, just exercising in your home

and walking outside may be a great place to start

A workout should be fun- if it is, you will do it for life. Do you like to dance?



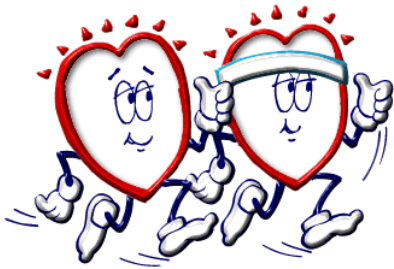
Putting on music and dancing around the house counts as exercise. Do you like to shop? Wear good shoes and drive to a nearby mall or shopping mall to window shop. Is your favorite show on TV? During the commercials, move your arms and legs or jog in place. If you have a pressure sore or are bed bound you can find exercises to do even in bed that can keep your muscles more toned. Additionally, you or your caregiver should move your arms, legs, and body a few times a day to help distribute weight. You can also add to the time you spend moving by parking further away from the entrance to a building you are going to or by taking the stairs instead of the elevator if that is within your abilities. While walking on the beach you can increase your exercise by hunting for seashells. If you're at the beach, always take care to keep your wound dressings dry and out of the salt water if you have an open wound on your foot.

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## Exercise

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The second rule is that you should do only as much as you can the first time. It may only be 10-15 minutes per workout or per day. As you get more fit, add to the time you spend until you reach 25-30 minutes (or more!) per day.



**Exercise with a friend!**

Once you feel that you are moving the required amount each week, you can add some strength training into your program. Strength training is one of the best exercises for people with high blood sugar since it can help to control blood sugar levels. You can strength train with small weights, equipment at the gym, or do body-weight exercises such as sit-ups, planks, and lunges. You only need to do two strength training sessions per week to start to see changes in blood pressure and blood sugar. A physical therapist or a trainer at a gym may be able to help you to design a strength training program within your abilities.

## One final tip: Nutrition

After you have done your workout for the day, do not forget a vital part of exercise - nutrition. Good eating habits will help you to rebound from a workout and give your wound the nutrients it needs to heal. Protein, fruits, veggies, and at least 16 ounces of water should be part of any meal after you work out.



## References

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2. Pence BD and Woods JA. Exercise, Obesity, and Cutaneous Wound Healing: Evidence from Rodent and Human Studies. *Adv Wound Care (New Rochelle)*. 2014; 3: 71-9.

**About the Author:** Maria L. Urso, PhD - AAWC Blog Author and WIN Taskforce Member

## Thoughts from a Caregiver

As a Nurse Practitioner I recently had the privilege of taking care of a very special gentleman, who was diabetic and also had poor blood flow to his legs. He had to have his toes amputated on one foot, and underwent a number of surgeries on both of his feet because of diabetes and diabetic foot ulcers, with infection in the bones in his foot. Although it was a long and difficult road over almost a year, he is now able to wear shoes on both feet and is working on walking. Not only did early medical care at a wound center save his leg, but it also saved his life! His wife was his primary caregiver throughout the process: here are some of her thoughts!

### What were some of the good things that came out of you and your husband's struggle with diabetic foot ulcers?

I got to see some really neat ways to treat foot ulcers, like hyperbaric oxygen therapy. I got to know and work with a wound care staff that was respectful toward us all the time. I got better at time management. I also developed faith not only in the

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## Thoughts

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professionals treating him, but in friends, and God. The best thing is that my husband is still with us!

### What were some of the things you had to learn how to do?

I had to learn how to change dressings. I thought this would be very hard, but with help from home health nurses and the clinic staff, I got very good at it! I also had to learn how to help transfer my husband from the bed to a chair, into the car, and in the shower. It was a challenge, but I learned to ask for help when I needed it. Some of our friends helped build a ramp to our house, cut our grass, helped with meals, and were there for support and to talk.

### What's one thing that helped you get through this?

I learned to make light of the situation. We named his left foot amputated toe site "stubby" and his right foot, where he still has all of his toes, "big foot." When we learned to laugh and look at the positive, things got better. We also met people who had worse situations than we did and they were still alive and able to laugh. This inspired us.

My family, especially my sister, was a huge help. Just

her coming to sit through some of his surgeries with me was the best thing ever.



Here to help

We were also recently blessed with a beautiful granddaughter. She is the apple of grandpa's eye! If we hadn't come in to see the doctor and NP when we did, Papa might not have been alive to see her. She reminds us that sometimes we have to sacrifice small things (like toes) to get to see the big things (like grandbabies)!

### What was a typical day like for you?

We would have home health care at our house usually at about 9 AM. Physical therapy might come at 10. We would eat quickly, following the diabetic diet of course, and then head to the hospital. He would be in the hyperbaric treatment from about 12:30-3:00, so I would go read or run errands. Sometimes he had wound care, dietician, or other doctor appointments before or after that. Our days were busy,

but we got to see a lot of different people. The hospital became like home for a while!

### How did this impact your work schedule?

I had to take 2 months off of work during one point in his care so that he could get to hyperbaric oxygen therapy treatment appointments. I also had to take other days off frequently or leave early to be at appointments with him. I would encourage other caregivers to look into what benefits their employers have for caregivers, like family medical leave time.

### What emotions did you feel throughout your husband's struggle?

All of them! I got sad when things seemed to get worse, then happy when they started getting better again. There were a lot of obstacles and setbacks, so we had to look at the big picture and hope for the future. I felt depressed, scared, and even angry sometimes. I didn't take much time for myself, which felt bad. But in the



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## Thoughts

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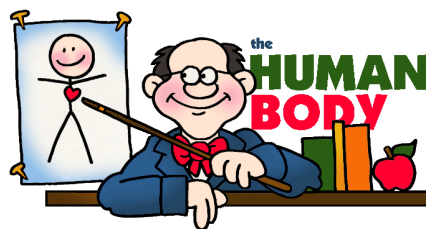
end, it made it all worth it - now I don't just have me time, I have WE time with my husband, too!

### What was one of the hardest things you experienced?

My husband's kids blamed me for what happened and didn't see that while he lost a few toes, he still would be able to walk and was still alive. They felt like I should have seen it sooner, but it was hard for me to get him to go to the doctor. I didn't know how bad it was, because it didn't look that bad or hurt him. I was thankful that I had his healthcare team to support me and talk to his kids when needed, to help them see that this was no one's fault.

### What advice do you have for caregivers who are taking care of loved ones with wounds?

Ask questions- don't be afraid! It is scary and as someone with no medical background, I often didn't understand what was going on. When I asked, I found a lot of people who were willing to sit down with me and explain things to me.



Ask! Make lists of questions that you have and take it with you to appointments.

Also don't be afraid to ask for help from other loved ones. You can't do it all, all the time! Needing help is OK. You might find new friends and get closer to old ones through the process.

Lastly, laugh! Even though things are tough, laughing makes it much easier. It is good to find the good things and hold on to them!

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

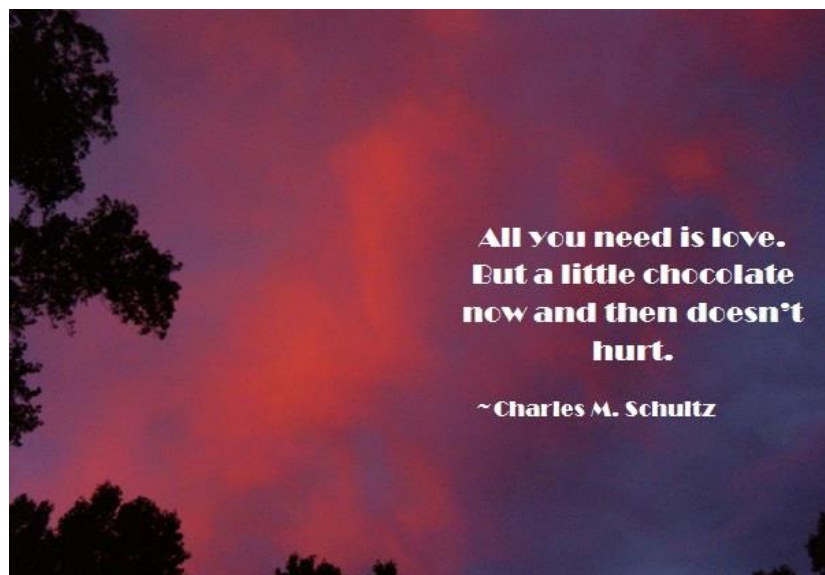
Valentine's Day can be difficult for some people. You can either try to ignore the day, which is very hard or know that there are people out there who care about you.

As an AAWC member, we are here for you. If you are lonely or looking for an easy way to connect with people, consider joining our WIN Task Force (TF) phone calls\*.

As a volunteer on the TF you can help set the goals for 2017 and support other patient & caregiver members.

This TF has members who are patients, like you. All are encouraged to share their point of view.

Join the AAWC WIN TF and find support from a caring group of people. Contact Karen at [kstrauss@aawconline.org](mailto:kstrauss@aawconline.org).



\*AAWC doesn't have toll-free conference # for members outside of the US.