February 2022 Education

Clinical Practice Disease-Specific Guidelines
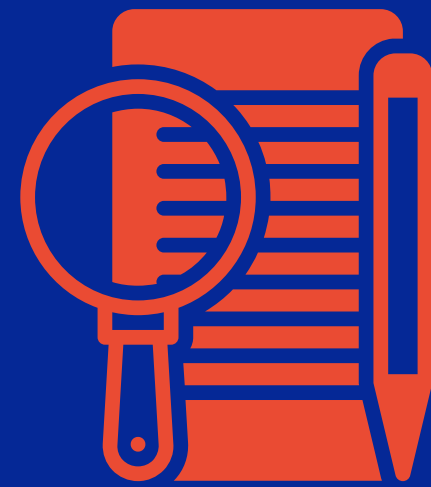Arterial or Ischemic Ulcers (AUs)

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Agenda

**SerenaGroup Clinical Guidelines
Arterial or Ischemic Ulcers (AUs)**

- Definition
- Cause
- Treatment
- Risk Factors
- Complications
- Dressing Options
- Ordering Tests
- Appropriate Follow-Up
- Codes Related
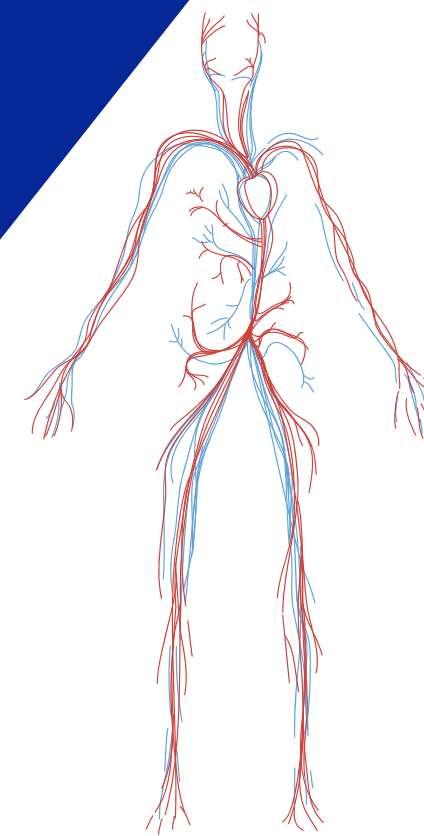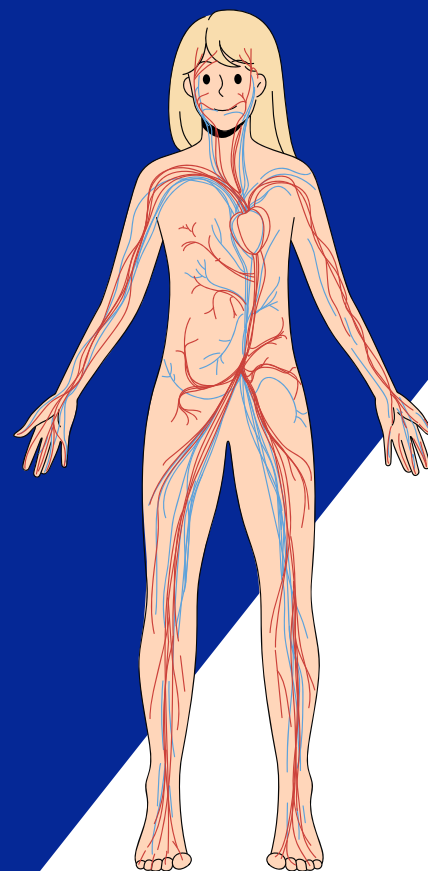- Quiz

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Definition

Ulceration of the skin and soft tissue that fails to heal secondary to poor perfusion.

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Cause

AUs are caused by poor perfusion (delivery of nutrient-rich blood) to the skin and soft tissues.

Treatment

The preferred treatment is arterial revascularization by either endovascular or open surgical technique. If revascularization is not possible, the wound should be kept clean and dry. Consider HBOT in patients with indirect angiosome revascularization or patients with unreconstructable critical limb ischemia. HBOT maybe combined with cilostazole 100mg BID.

Remember: Critical Limb Ischemia is an acute condition. So getting them into HBOT has to be immediate for limb salvage. This is unlike our standard chronic conditions receiving 30+ treatments.

Risk Factors

- Hypercholesterolemia
- Cigarette smoking
- Hypertension
- Diabetes mellitus
- Advanced age
- Male gender
- Hypertriglyceridemia
- Sedentary lifestyle
- Family history of vascular disease
- Berger's Disease

Complications

Left untreated, arterial ulcers can lead to serious complications, including infection, gangrene and amputation of the affected limb.

Dressing Options

- Post revascularization: maintain proper moisture balance (refer to www.woundsource.com for dressing selection).
- Prior to revascularization of non-surgical candidates, maintain a dry wound bed. Avoid the use of betadine.
- Debride only after revascularization.

Order Tests

- Vascular screening to quantify perfusion and oxygenation on patient's initial visit to the clinic and following any change in vascular status.
- Tests that measure perfusion:
  - Ankle brachial index
  - Toe brachial index
  - Pulse volume recording
  - Skin perfusion pressure
- Tests that measure oxygenation:
  - Transcutaneous oxygen measurement (TCOM)
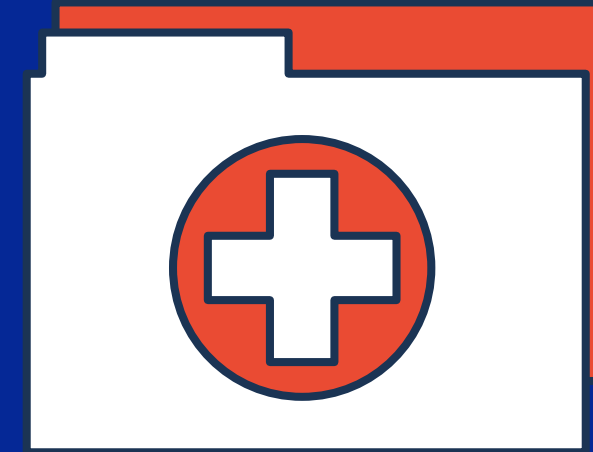 - Near infrared reflective spectroscopy (NIRS)

Follow-up

Weekly follow-up visits until ulcer is healed

Codes Related

- I70.231
- I70.678

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QUIZ TIME

ARTERIAL OR ISCHEMIC ULCERS (AUs)

Question 1

Arterial or Ischemic Ulcers (AUs)

AUs are caused by poor perfusion (delivery of nutrient-rich blood) to the skin and soft tissues.

FALSE

TRUE

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Answer 1

Arterial or Ischemic Ulcers (AUs)

AUs are caused by poor perfusion (delivery of nutrient-rich blood) to the skin and soft tissues.

TRUE

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Question 2

Arterial or Ischemic Ulcers (AUs)

The preferred treatment is arterial revascularization by either endovascular or open surgical technique.

FALSE   TRUE

The preferred treatment is arterial revascularization by either endovascular or open surgical technique.

TRUE

Question 3

Arterial or Ischemic Ulcers (AUs)

During treatment, arterial ulcers can lead to serious complications, including infection, gangrene and amputation of the affected limb.

FALSE **TRUE**

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Answer 3

Arterial or Ischemic Ulcers (AUs)

During treatment, arterial ulcers can lead to serious complications, including infection, gangrene and amputation of the affected limb.

If left untreated

FALSE

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Question 4

Arterial or Ischemic Ulcers (AUs)

Follow-up should be monthly visits until the ulcer is healed.

FALSE   **TRUE**

Answer 4

Arterial or Ischemic Ulcers (AUs)

Follow-up should be **monthly** visits until the ulcer is healed.

FALSE

Weekly

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Reference

To view the SerenaGroup Clinical Practice Disease-Specific Guildelines -- go to www.serenagroupinc.com in the Member's Portal

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Evidence-Based Wound Care Practice Guidelines

2nd Edition

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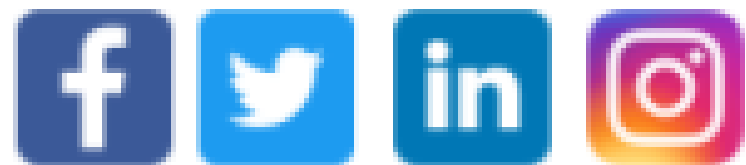
Thank you!

Nick, Nancy, Ally, Blair and Jill

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SerenaGroup

Building the Nation's Leading Wound Care Team