

# SERENAGROUP NEWSLETTER

Building the Nation's Leading Wound Care Team

## Wound Treatment vs. Advanced Wound Care



**THOMAS SERENA, MD, CEO**

A patient was seen who had received 6 weeks of intravenous antibiotics for green drainage from a large venous leg ulcer on her right leg. When the physician treating her wound insisted on placing a central line for 6 more weeks of antibiotics, she made an appointment with our advanced wound care clinic for a second opinion.

Her history and a physical examination fit the classic presentation for venous insufficiency with multiple venous leg ulcers. An unpleasant sweet odor, characteristic of pseudomonas, filled the exam room when the nurse removed the drenched dressing. A fluorescence image confirmed the presence of extensive pseudomonas in the wound bed and on the surrounding skin. We started a regimen of debridement, antiseptics, a topical antibiofilm agent, low frequency ultrasound and compression wrapping.

Copious drainage from the wound necessitated frequent visits to the center during the first week of treatment.

After one week the drainage decreased, the odor resolved, and her wounds began to heal. She was able to avoid the risks associated with an invasive procedure and systemic antibiotics as well as the significant expense associated with her former physician's plan.

There is a stark contrast between wound treatment and advanced wound care.

Unlike most medical specialties, the care provided to patients with chronic wounds varies greatly between regions of the country, hospitals in the same city and even physicians in the same center. In one study, physicians followed evidence-based guidelines less than 35% of the time. The SerenaGroup strives to standardize care across all its centers. Not only do we follow evidence based guidelines, we track our metrics on our Quality Dashboard by measuring what matters. Standardization is key.

SerenaGroup will not rest until the care of the patients with chronic wounds is consistent across the globe.



## Quality Report



### MATT SCHWEYER, CCO



#### What and why should we attempt to compress a venous leg ulcer (VLU) on day one?

Recently, we received a question from a Program Director, asking for help related to a low QUALITY score for Compression of Venous Leg Ulcers. The reasoning, all patients are sent externally to the Vascular Lab or elsewhere for Testing and Assessment. While, this is not BAD practice, the issue, that patient, VLU or other may wait days to weeks for said testing. And, during that delay, the VLU, becoming greater in size as well as the associated edema and pain continue to be problematic for the patient. So, what to do? First, lets look at the evidence as it relates to compression.

Regardless of what school of thought we come from the evidence is clear; Compression therapy is the mainstay of treatment of venous leg ulcers (VLU). And, good wound care and compression therapy will heal most small venous ulcers of short duration. The goals of compression therapy are; ulcer healing, reduction of pain and edema, and prevention of recurrence. And, Compression is used for VLU and narrows veins and restores valve competence and reduces ambulatory venous pressure, thus reducing venous reflux (VR). It also helps decrease inflammatory cytokines, accelerates capillary flow, and lowers capillary fluid leakage thereby alleviating limb edema.

For, the above reasons, it is SerenaGroup's rationale that all patients require a

Vascular Assessment and patients that present with VLU's and placed in compression ASAP, unless contraindicated. The sooner we intervene, with the GOLD standard, the better the outcome is. Great in theory, however, the push back, we can't compress the patient, without a Vascular Assessment! True statement! And it is for this reason, we encourage, recommend and support the literature for all Compression dressings, garments, etc. And, what is said language? A review of a multitude of the manufactures recommend; a bedside Ankle Brachial Index (ABI) to determine if the patient is compressible and which type to utilize. The bedside ABI will allow for the provider to decide and create the Plan of Care (POC) for VLU and include COMPRESSION DAY ONE.

Performing he ABI, does not negate the decision to send the patient to the Vascular Lab for a more definitive diagnostic testing, in fact it supports it! And, it also allows for the evidence to dictate the Plan of Care compress the patient day one. And on follow up, once the results have been received from the Vascular Lab the ability for the provider to modify and or change the POC based on what the testing shows. And, the decision to perform an ABI at bedside, allows for you to achieve the appropriate score for Vascular Assessment on Consultation for New Patients.

In conclusion, I would be remised if I did not remind all, there is a table of acceptable Compression Dressings on our website; [www.serenagroupinc.com](http://www.serenagroupinc.com), it is located under the Members Portal. If your center, has questions or concerns related to Compression of the VLU patient or other Quality initiatives please reach out to me at [mschwyer@serenagroups.com](mailto:mschwyer@serenagroups.com).



## Radiation Cystitis & Hyperbaric Treatment

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### Ally George HBO Educator

With SerenaGroup being a wound care company, we don't often think about patients with conditions outside our "normal" wounds: diabetes, vascular disease, infections, immobility. We regularly document comorbid conditions like heart disease, hypertension, cerebrovascular disease, or respiratory disease upon intake, but in our hyperbaric oxygen units, the "normal" diagnoses are completely different.

For example, radiation cystitis as it is a very common indication for hyperbaric oxygen therapy (HBOT). Radiation cystitis is defined as inflammation to the lining of the bladder caused by radiation therapy to the pelvic region. Symptoms can manifest in a range from minor or temporary voiding problems and painless, microscopic hematuria to more severe complications, such as gross hematuria, contracted and/or nonfunctional bladder, incontinence, fistula formation, necrosis, and even death. Yes, radiation cystitis is a life-threatening disease! And unfortunately, the frequency of developing radiation cystitis 1 year after treatment of bladder cancer is 9-21%. Although this statistic relates to bladder cancer, any pelvic cancer can result in this condition including cancers of the prostate, reproductive organs, colon, and rectum.

Research on the effectiveness of hyperbaric oxygen therapy in the treatment of radiation cystitis has proven itself to be a worthwhile and promising modality. Many studies have been published, including a stunning article in The Lancet in 2019.



Obstacles that we have found in the treatment of radiation cystitis patients with HBOT include getting approval for continuation of care. SerenaGroup® has developed a survey that is completed by the patient initially and every 10 treatments to assess the state of their symptoms over the past 2 weeks. This helps us to monitor the efficacy of treatment as it correlates to the patient's symptoms to support continuation.

HBOT in the treatment of radiation cystitis is well-researched, supported by conventional medicine, and significantly benefits severely ill patients. I hope this provides a little insight to those outside of our wound world!



## 2022 SerenaGroup Educational Courses

40hr Intro to HBO  
 May 9-12 | Abu Dhabi UAE  
 June 2-5 | Omaha NE  
 November 18-19 | West Palm Beach FL

Tri-Certification  
 June 17-18 | Minneapolis MN  
 October 14-15 | TBD  
 November 18-19 | TBD

Leaders in Wound Care  
 September 16-18 | New Orleans LA

SerenaGroup Leadership Meeting  
 October 5-8 | New Orleans LA

**Education is one of many key benefits  
 to partnering with SerenaGroup.**

SerenaGroup recognizes that the key to continued success with positive clinical outcomes is education. Education is provided through different platforms to ensure the tools are available to our centers.

## SerenaGroup Blue Star Winner



**Megan Kennedy**  
 RN - Program Director

**"As our leader, Megan is outstanding, dependable and compassionate with her staff and patients. Megan works hard every day to ensure all the work is done and patients get the right treatment for proper healing."**

# SerenaGroup

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