

# Global Wound Care Congress

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## COMPRESSION THERAPY AND ADVANCED DRESSINGS

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The compression therapy should be always adopted in the presence of edema of lower limbs. The health personnel take care of patients with skin ulcer must appraise the presence of oedema in lower limbs. In this case they will have to reduce it, independently of skin ulcers etiology. It's very difficult to reach the tissue repair without the reduction oedema. The compression therapy is the gold standard in the treatment of venous skin ulcers. It is able to use it also in patients with flow deficit inner peripheral arterial with range Winsor Index not less than 0,6.

In the process of caring for the skin ulcers we need to control the exudate level. We can manage the exudate level, putting on skin ulcers advanced dressings underneath bandages.

We will have to assess the compatibility criteria between compression therapy and dressing for its correct use. Exactly:

- 1) changing time dressing
- 2) possibility to manage the exudate
- 3) possibility to manage infected lesions

All these criteria must not be affected under compression. These characteristics depend on the technical qualities of dressing. At last I want to emphasize as the exudate condition the changing of the dressing. The exudate is classified into:

- 1) exudate high viscosity
- 2) exudate low viscosity

In presence of skin ulcers with exudate high viscosity we have to reduce the time of changing of the dressings, because the advanced dressings don't manage to control high levels of exudate high viscosity for long time. Dressing and exudate condition the time changing bandages.

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## EFFECT OF HYPERBARIC OXYGEN TREATMENT ON HUMAN BLOOD PRESSURE, HEART RATE AND BLOOD GLUCOSE

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Data was obtained from the Advanced Wound Care Center Corona regional Medical Center from 08/01/2014 to 07/31/2015. There were total of 41 patients underwent 1589 sessions of Hyperbaric Oxygen Treatment(HBOT). Blood pressure, heart rate and blood sugar levels are measured by licensed nursing staff before patient enter the HBOT chamber and immediately after patient completed the treatment. The Paired T-Test was used to examine the significance of the difference between the pre- and post-treatment data sets. The mean values are, before and after respectively, 136 mmHg and 142 mmHg for SBP, 67 mmHg and 71 mmHg for DBP, 89 mmHg and 95 mmHg for MBP, 80 bpm and 72 bpm for HR, and 204 mg/dL and 168 mg/dL for BS. The corresponding T-values were 11.3991 for SBP, 7.08 for DBP, 9.5394 for MBP, 26.1723 for HR, and 17.399 for BS. The p values of all the T-tests are less than 0.001. These results show that there are significant before and after HBOT changes of patient's BP, HR and blood sugar. Of this study group, there was a 7 mmHg increase in SBP, 5 mmHg increase of diastolic blood pressure, 5mmHg increase of MBP, 8 bpm decrease of HR, and 36 mg/dl decrease of BS.

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