

Abstract:

Bacterial contamination does not necessarily mean infection", was presented at the 17th World Meeting of the International Union of Phlebology American College of Phlebology, in 2013, Boston (USA). A common mistake made by physicians, when there is an unfavorable clinical course of the wound, is to confuse contamination with wound infection, then, they ask for a bacteriological swab and there are three possibilities such as: A/ Prescribe antibiotics before knowing the test result. B/ Prescribe antibiotics after knowing the test result, C/ Prescribe no antibiotics and healing the ulcer. This is a clinical experience in more of 150 patients with vascular leg ulcers, which were healed by means of using a compression bandaging technique, called "Double focal compression bandaging", without using any kind of antimicrobial agent, only physiological saline solution. This technique based on physiological concepts such as arteriogenesis and angiogenesis. Method: It consists of using two bandages. The first bandage is used for the focal compression of the wound bed and another bandage covers the first, to achieve a gradual external compression from the toes to the knee, each turn of the band covers the preceding tour by 50-70%. The area of the ulcer receives the pressure of 3 layers (that of the pressure over the wound bed, and the double effect of the external gradual compression) (3). This hypothesis, based on the physiological effect of compression on the legs, could explain why it is not necessary to use any antimicrobial agent: "When we apply local pressure on the wound bed, there is an increase in tissue perfusion, which prevents infection and leads to healing of the ulcer. Results: As an example, significant clinical cases healed by this technique is shown, using only compression therapy. Conclusions: According to the results in this clinical experience, applying local pressure on the wound bed, with a gradual external compression bandaging from toes to below the knee, we generate pressure gradients in wound bed, that stimulate the arteriogenesis /angiogenesis. The reason why there is no infection, could be in the arteriogenesis stimulated around the wound bed, with blood rich in monocytes (monocytes fight off bacteria, viruses, and fungi).

Biography:

Carlos Sánchez Fernández de la Vega, male, 65 years old, titled by University Santiago de Compostela in 1978. His grade thesis is "Aspectos anatómico-clínicos de los retinoblastomas" in Hospital's Ophthalmology Service in Santiago de Compostela. He is specialist in communitarian medical practice. His diploma is in Health Sciences. He worked in primary care in rural area for 9 years. Since 1990 he works in urban health center (Lugo). Since 1999 till 2003, he was chief of service in FINGOI CENTER. He has an exclusive dedication to the Public National Health System. He has developed three methodologies about cardiovascular risk factors, adapted to the daily practice of General Practitioner. They were presented in international congress and published. He also works in the treatment of venous leg ulcers, using only compression therapy. He has published "Venous leg ulcers. Double focal compression bandaging". It was presented in 15th World Congress Union International of Phlebology (2005).

References:

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