

# Wound Care... Is It for You?

This sub-specialty can be both challenging and rewarding.

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*Tips from the Trenches is a new every-issue column featuring practice management issues, and is written exclusively for PM by members of the Institute for Podiatric Excellence and Development (IPED). IPED's mission is to motivate, inspire, and synergistically bridge the gap between students, residents, new practitioners, and seasoned veterans in the field of podiatric medicine. They are committed to the idea that mentors with passion to share and mentees eager to learn make a powerful combination that allows IPED to bring and renew a full life to podiatric physicians, their practices, and their well-being throughout the U.S. and beyond. Visit [www.podiatricexcellence.org](http://www.podiatricexcellence.org).*

Perhaps one of the greatest challenges in one's professional career is setting your path, and "following your compass." Some podiatrists choose sports medicine, others forefoot surgery, some biomechanics, and then of course there are those who prefer rearfoot surgery. Whatever the path that is chosen, it is imperative that it "makes you tick", energizes you every day, excites you when you wake in the morning, and allows you to sleep soundly at night. The reality is that your path will oftentimes last 25-30 years. Sometimes you start on one path and then migrate to another.

The clinical options for the contemporary podiatric physician are expansive today. With an increased aged population, expanding interest in fitness and good health, and appreciation

of injury prevention the clinical landscape is an oyster to be had. The key is to understand what fits you best.

Mind you, this is not an easy choice for a career pathway. The patients who are at risk for loss of limb are sick patients. The disease processes are multifactorial. No one treatment design works for all patients. So you, the practitioner, must be ready for those situations that arise which require dedication of time, clinical management, and emotional challenge.

immediate incision and drainage in the operating room, usually late at night? Consultation with a hospitalist, endocrinologist, nephrologist, and infectious disease specialist all occur with lightning speed.

That early Friday afternoon that you are hoping to get home to and enjoy time with your family has suddenly changed. You will find yourself in the operating room performing an immediate incision and drainage with the ensuing manage-

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There are many instances where a complicated diabetic patient presents to the hospital in crisis. The patient has blood sugars sky-high, fever, malaise, sepsis on the horizon from a neglected foot wound, compromised vascular status with a challenged renal situation. As would be expected, these patients tend to appear on a late Friday afternoon to the emergency room because "they didn't want to wait until Monday!" That is the sad reality.

So, you and your team become urgently activated, with the first decision being: who begins the process of managing the patient? Is it a vascular surgeon who is concerned about blood flow to this compromised limb, or is the podiatric surgeon who will initiate treatment of the complicated infection with

ment of this complex patient.

The challenges will be many; this initial meeting would be just the first phase of many months of patient interaction. Following the initial incision and drainage, stabilization of the infection process, initiation of antibiotic intravenous therapy in coordination with infectious disease will occur. Blood sugar management and overall metabolic stabilization will be performed by the medical team, and decisions will be made regarding the need for potential revascularization or interventional radiology with possible stenting.

Following the above medical challenges, a treatment plan will be designed and agreed upon by the team. Vascular status will be stabilized, renal conditions will improve,

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## TIPS FROM THE TRENCHES

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and blood sugars will be regulated. You have now become “married” to this patient.

In the following weeks, you will get to know this patient, his/her family, the socio-economic barriers that may exist that prevent management in the outpatient setting. A significant component of the management will be appreciation of this patient’s psychological status, as well as the ability of your patient to comprehend the complexity of the disease processes involving the situation.

With advanced wound therapies, you will have many tools in your toolbox to help with limb preservation. Hyperbaric oxygen treatment may be initiated, living skin equivalents, creative offloading approaches, visiting nurses, will all be activated through this process. One concern that you will have is whether the services are covered or

not by the patient’s insurance. The management of the situation can oftentimes be challenging by those restrictions.

It is not unusual for these situations to take months to resolve. The potential for recurrence at the original site of injury or a new site are very real. The ability to biomechanically manage this patient following healing is as important as the healing process. Unfortunately, the biomechanical management is oftentimes the greatest challenge. Your team must be comprised of talented orthotists/prosthetists who can achieve appropriate off-loading and help prevent re-occurrence. This situation must be monitored on a regular schedule and continued for years to come.

Some of these patients will be so sick that they will die. You must be ready for that emotional challenge, for yourself as well as the patient’s family members.

Wound management, wound care, and limb salvage are uniquely challenging in clinical practice. The rewards are enormous. The day that you witness your patient walking independently and returning back to a modified lifestyle cannot be described in words. Likewise appreciating the fact that perhaps that patient was now able to walk down the aisle with daughter in hand at her wedding. Receiving a picture and a note from a patient holding a recently born grandchild brings tears to your eyes. For this author, the choice of wound care as a component of professional lifestyle was a perfect fit. The question is, is it a career for you? **PM**

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