

Wound Care at Memorial: Healing Wounds and Changing Lives

Written by Han Pham Hulen, MD
Wednesday, 17 March 2010 13:39

Most patients are unaware that around the corner from the main hospital building and across from the inpatient rehabilitation center sits a well-established center dedicated to treatment of acute and chronic wounds and hyperbaric medicine. Wound Care at Memorial, established in 2006, is run by Dr. Han Pham Hulen, MD and her medical staff through Diversified Clinical Services, a national consulting company dedicated strictly to the advances in wound healing including hyperbaric oxygen therapy. High-pressurized oxygen chambers have been used for many years in the practice of wound healing and the concept of limb salvage (or the prevention of amputation) has been a fairly new concept in the medical community over the last five to ten years.

Many patients either have a personal story and / or are aware of friends or family members who have experienced the devastating effects of limb loss. Most patients who come to Wound Care at Memorial have already had either an amputation or multiple amputations of one leg and are in hopes that they can prevent amputation of the other limb. The staff at Wound Care at Memorial sees many types of candidates who may qualify for wound care and possibly hyperbaric oxygen therapy including:

a) Diabetic foot ulcers: infected sores deep to the skin which may involve muscle, tendon, or bone in diabetic patients.

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- b) Acute arterial emboli: “blue toe syndrome” where patients may suddenly notice black spots on the tips of their toes indicating sudden loss of blood flow

- c) Chronic osteomyelitis: chronic and non-healing wounds with underlying bone infection that have failed to heal despite multiple antibiotic courses

- d) Radiation injury: non-healing wounds resulting from damage of tissue from prior radiation for cancer treatment

- e) Compromised flap or graft: non-healing wounds due to lack of blood flow of a post-surgical flap or graft leading to the threatened loss of further tissue

- f) Crush injury: wound resulting from sudden crushing blow to the underlying tissue leading to acute loss of oxygenation to the wound

- g) Necrotizing fasciitis: severe bacterial infection (mostly seen in diabetic patients) which rapidly spread in the layer of tissue surrounding the muscles leading to rapid tissue loss

In the last four years since its inception, Wound Care at Memorial, has since won two national awards including:

- a) 2009 Robert A. Warriner Award for Center of Excellence in Wound Care (awarded to only

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3 out of approximately 300 wound care centers in the nation)

b) 2010 Center of Distinction Award (awarded to only 15 out of approximately 300 wound care centers nationwide)

However, despite the fact that the center has been in existence offering advanced treatments in wound care, it still appears that the community of Sulphur Springs and surrounding towns are oftentimes unaware that the treatment is available. Dr. Hulen feels that the lack of awareness is due to the lack of education about where a patient may go when he or she has a non-healing wound. For patients in the community, Dr. Hulen emphasizes the following:

a) A wound or sore which has not healed over four weeks should be seen by a wound care specialist. The lack of response to complicated wounds may lead quickly to amputation or severe infection.

b) IF YOU HAVE DIABETES, a chronic, non-healing foot wound DOES NOT necessarily mean that your only option is amputation. The alternative is aggressive wound care and possibly hyperbaric oxygen therapy to prevent amputation.

c) Making an appointment at the wound care center may be done directly and generally does not require a physician referral.

d) Although not ALL patients may qualify for hyperbaric oxygen treatments, those who do (after initial consultation at the wound care center) may benefit greatly from the additional wound healing effects of oxygen therapy.

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e) Presentation EARLY to the wound care center will allow for maximal results, especially when wounds require oxygen therapy. Presentation LATE may lead to amputation.

f) Not ALL patients are good candidates for oxygen therapy. The wound care center staff will discuss with the patient and their families about the risks and benefits of oxygen therapy. Therapy is adjuvant (meaning helpful to wound healing) and not necessarily curative. Thus, the plan of care will be explained thoroughly at the initial and follow-up visits on whether the patient will be a good candidate for such treatments.

For Dr. Hulen and her staff, the importance of educating the community about chronic problem wounds is of utmost priority. Many patients are not aware that even a small town like Sulphur Springs, TX, has a state-of-the-art facility to assess and treat chronic problem wounds. Patients do not have to drive to Tyler or Dallas for specialist care but may go right next door for quality care.

At Wound Care at Memorial, Dr. Hulen and her staff are here to answer your every question and need. Patients who walk in through the doors of the wound care center will be treated in all aspects of the chronic problem wound. The staff understands the psychological and physical impacts of having a non-healing wound and they are here to help heal the patient as a whole.

If you or a family member have a chronic and non-healing wound or sore, please contact Wound Care at Memorial at (903) 438 – 4670.

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