A wound can be an invitation for infection that, if left untreated, can quickly pose significant health risks to people with conditions such as diabetes, circulatory issues and those who have loss of nerve function and the ability to sense pain.

“The vast majority of our patients have lower extremity wounds that have become chronic because of conditions like venous insufficiency, diabetes or neuropathy,” says Janet George, R.N., team leader of Salina Regional Health Center’s Wound Care Clinic. “We treat all kinds of wounds, including postsurgical wounds, wounds from other traumas and pressure ulcers, but most of our patients have underlying conditions that make healing more of a challenge.”

Minor Bumps Become Major Hassles

Many chronic wounds begin as simple bumps, scrapes or cuts that seem inconsequential. This was the case when Howard Braden, a retired marketing manager, scraped his foot while swimming with his grandchildren a couple of years ago. Braden, who had neuropathy and was newly diagnosed with diabetes at the time of the injury, didn’t give it much thought.

“It never really seemed that bad and I guess I just did the guy thing and tried to tough it out,” Braden says. “I ended up waiting too long and when I went to my regular doctor, he recommended I start coming to the Wound Care Clinic right away.”

The minor scrape had become a major sore that extended across the ball of Braden’s left foot and even infected his toes. At the clinic, his doctor, David Peterson, M.D., a Salina orthopedic surgeon, first worried that Braden might lose his lower leg as a result, and began seeking aggressive treatments. Braden lost two toes as a result of the infection and was referred to a specialist who placed vascular stents in his lower leg to improve blood flow to his foot and strengthen his natural healing abilities.

Those procedures and once- or twice-weekly visits to the clinic, where nurses closely evaluated his progress and doctors aggressively debrided his wounds to remove dead skin and promote growth of new skin, have paid off.

“The entire staff has been very professional and have taken good care of me,” Braden says.
Meet the Physicians
Six physicians representing an array of specialties lead the care team at Salina Regional Health Center’s Wound Care Clinic:

- Charles Allred, M.D.
  Family Medicine
- Dwane Beckenhauer, M.D.
  General Surgery
- James Bogener, M.D.
  Orthopedic Surgery
- David Peterson, M.D.
  Orthopedic Surgery
- Jon Richards, M.D.
  Internal Medicine
- David Smith, M.D.
  General Surgery, Clinic Medical Director

Howard Braden has a sore on his foot evaluated by Beverly Fisher, R.N., at Salina Regional Health Center’s Wound Care Clinic.

“They’ve always been available if I had questions.”

His progress allowed him to spend seven days in the field deer hunting this winter and enjoy many other activities, such as golf, with the use of a special prosthetic shoe that compensates for his lost toes while protecting his foot as a small remaining sore continues to heal.

Multidisciplinary Approach
Patients at the Wound Care Clinic will find a team approach led by physicians who directly manage the treatment process. Nurses, physical therapists and other specialists may all be involved at one point or another as part of the care team. Easy access to services such as diagnostics like imaging and lab, infusion therapy and other services available at Salina Regional provide added convenience for patients.

Specialized care may involve advanced wound dressings, bandaging procedures, skin substitutes, negative pressure wound therapy, electrical stimulation, ultrasound modalities, and various debridement techniques to remove unhealthy tissue so that new tissue can grow.

“As physicians, we work well together as a team and commonly consult each other on issues that arise,” says David Smith, M.D., a Salina general surgeon and medical director for the clinic. “Our level of direct patient involvement often allows us to be more aggressive in our treatment approach.”

‘Miraculous’ Results
An aggressive approach brought impressive results to William Horting, Salina, who had severe leg ulcers that extended from his ankles to halfway up his calves from poor circulation. Horting had put up with the sores for nearly three years before seeking treatment at the Wound Care Clinic with Dwane Beckenhauer, M.D., a Salina general surgeon.

“I started out going to the clinic twice a week where they would clean my legs with a brush and remove the dead skin,” Horting says. “Then they’d put a special salve on and wrap them tightly with a dressing.”

Horting wore special compression boots and stockings to increase circulation in his lower legs to promote healing. After about six months of treatment, his wounds had nearly disappeared.

“I’ve been very pleased with the care of the nurses and Dr. Beckenhauer at the clinic,” Horting says. “The results have been miraculous. That’s the only way to describe it.”

Doctors say those with known circulatory conditions—diabetes or neuropathy—should seek medical attention soon after acquiring an injury that leaves an open sore.

“People with diabetes especially have a decreased response to infection and their wounds can become seriously infected in just 24 to 48 hours,” Beckenhauer says. “They need to remain vigilant and try to prevent injury as much as possible.”