

# Re-Defining Wound Healing in Chronic Diabetic Foot Ulcers Utilizing Near-Infrared Spectroscopy

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5.5 Month

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#### BACKGROUND

- A standardized definition for what a healed wound is does not exist, but total re-epithelialization is a primary study end point in wound care.
- While a healed wound signifies both successful clinical and study endpoints, failure to maintain a healed wound (i.e., DFU recurrence) remains high.
- Recurrence rates range from 25% (1 year) to 80% (5 years).
- Most patients with a history of a DFU will experience recurrence within 10 years<sup>5</sup> and amputation will be the end point for 71-85% of recurrent DFU patients.
- Objective, point-of-care measurements indicating fullthickness healing could potentially decrease ulcer recurrence rates

## OBJECTIVE

To evaluate if point-of-care nearinfrared spectroscopy (NIRS) can be used as an objective measure of wound healing while also minimizing recurrence rates.

#### RESULTS

The average time to resolution of inflammation below the re-epithelialized area averaged 25 days [range: 8-84 days].



Handheld NIRS device used for assessment of DFUs.











# SAWC Fall

### **RESULTS & DISCUSSION**

- The average time to resolution of inflammation below the re-epithelialized area averaged 25 days [range: 8-84 days].
- Complete re-epithelialization of a DFU did not indicate that it was safe to transition patients back to protective shoe gear use and increased activities.
- After full re-epithelialization, time is needed to allow for deep dermal healing and for skin tensile strength to return.
- Deep dermal healing is associated with inflammation which is reflected with a localized hyperemia that increases localized tissue oxygen saturation levels.

#### CONCLUSION

NIRS provides visualization and an objective measure of deep dermal microvascular oxygenation to assist the clinician in knowing when deep dermal healing has occurred.