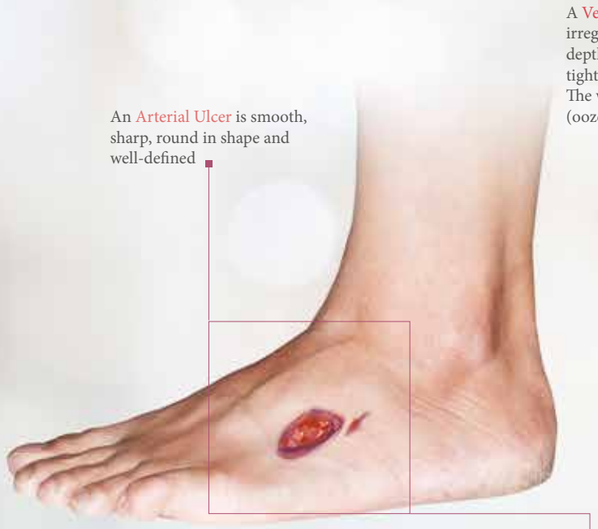
All About
Vascular Wounds

We have arteries and we have veins. So there are also arterial ulcers and venous ulcers.

These are not just your everyday simple wounds that will heal with a little plaster or bandage.

Vascular wounds can be dangerous, and if not attended to properly, can lead to further life and limb-threatening infections. They are chronic or long-term breaches in the skin caused by problems in the vascular system resulting from poor blood circulation, ischemia or inflammation.



Arterial Ulcers present as red, yellow or black sores on the lower leg or foot. The most common cause of these ulcers is atherosclerosis that blocks the blood supply to the affected area. Diabetes or infection can also cause these ulcers.

It is vital to improve blood circulation to the affected area, and arterial ulcers have to be treated surgically with an angioplasty, stenting or bypass grafting. Worst-case scenarios would see limb amputation if gangrene sets in due to prolonged lack of blood flow. Medication is prescribed for pain, relief or to manage ischemic pain while antibiotics would be required if the ulcer becomes infected.

Arterial wounds are usually dressed with an occlusive (air and watertight) dressing to reduce bacterial proliferation. If left open, chronic wounds can become heavily colonised and infected. Do not use compression bandages.

Venous Ulcers are caused by problems with blood flow in the leg veins and are commonly seen in the lower leg and ankles. They occur because of malfunctioning venous valves and appear as reddish sores covered with a yellow tissue.

Dead tissue and debris need to be cleaned from these ulcers, and an occlusive or special dressing is applied. Venous Ulcers heal better when covered and protected.

Compression bandages or stockings are also sometimes prescribed to improve circulation in the leg and to encourage blood flow upward towards the heart. These should be worn as instructed by your doctor.

Wounds that do not heal well may require a skin graft or hyperbaric oxygen treatment.

As for medication, pain killers and oral antibiotics may be necessary. Venous Ulcers also appear to heal faster with mineral and vitamin supplements, especially if the patient suffers from a deficiency. Zinc, iron and Vitamin C are recommended supplements.

Other things you can do is to keep active with regular walking and exercise to encourage blood circulation. The affected leg should also be kept elevated when sitting or lying down. Naturally, maintaining a healthy lifestyle-weight management, no smoking, reduced alcohol intake, eating a healthy and balanced diet - all play a vital role.

Caring for Your Lifeline
Your Dialysis Access

If you are a patient on haemodialysis, you would have an access point to facilitate your dialysis treatment. It will be either a Central Venous Catheter (CVC), an Arteriovenous Fistula (AV Fistula) or an Arteriovenous Graft (AV Graft), all for blood access.

Whatever access you have, whether permanent or temporary, they are your lifeline for dialysis. Strict sterile protocol is vital as the port directly access to your blood stream, especially if you have a dialysis catheter. You do not want any problems with your dialysis access or catheter which can hinder your dialysis treatments and lead to further problems.

For haemodialysis, an AV Fistula is the more common access port.

Here is a quick rundown on the daily care of your AV Fistula:

AV Fistula or AV Graft

- Maintain overall good personal hygiene.
- Keep the area of the fistula puncture site clean always - wash with soap and water everyday, and especially before each dialysis treatment.
- Do not scratch the area or pick at any scab around it.
- Check daily for any sign of infection, redness, excessive warmth, or rash.
- Check daily for the vibration or “thrill” of the AV fistula. Seek medical attention if you do not hear or feel it or if there is any change.
- Do not stress or traumatise the access arm.
- Never draw blood or take blood pressure from the access arm.
- Do not carry heavy items with this arm or sleep resting on it. Too much pressure can stop the blood flow through the access.
- Avoid wearing tight clothes or jewellery on the access arm.
- If there is bleeding after your dialysis, apply gentle pressure to the puncture with a clean gauze. Seek medical attention if bleeding does not stop within 30 minutes.