

VENICE PLASTIC SURGERY

A.E. HAAS, M.D.

Cosmetic, Reconstructive, Face, Breast, and Hand Surgery

Wounds - Multi-disciplinary approach

Why have wound centers developed? As time goes on there is more and more information in the medical field. No one doctor can know it all. This is true now for the care of wounds. Several types of doctors are involved with wound care. They come together for the patients who need our revolutionary techniques.

Reconstructive plastic surgeons are among the founders. One of my professors, Dr. Earl Peacock, actually wrote one of the early comprehensive books on wound care as did another professor, Thomas Lawrence. Plastic surgeons treat the worst of wounds to begin with, the burn wound. During the second World War we had to care for and reconstruct many war injuries from facial wounds to foot wounds. Our duties include wound dressings and cleaning, skin grafts, moving muscle and tendons for repair along with research in finding new methods to help the wounded.

The general and vascular surgeons help get new blood supply to the area, usually the legs where most wound problems occur. They also run the various laboratories as the vascular studies lab. Here many of the tests to access circulation are performed.

The podiatric surgeon specialized in foot and leg disorders and is involved with the specialized bones of the foot and ankle. They, like general surgeons may do skin grafts and tissue flaps as well.

Infectious disease doctors are specialists involving the use of antibiotics. Many wounds become infected. When the integrity of the skin is broken then bacteria have a way to get inside and infect fat, bone and the muscles. One of the purposes of wound care is to get the wound healed and covered to help keep the bacteria out.

Nurses and therapists are intimately involved. There is so much that still needs to be done after the doctor leaves the room. Maybe whirlpool treatment is needed. Specialized support stocking may need to be fitted. Patient education is in part the doctors responsibility but the nurse is one of the main educators. The education of diabetics is becoming important in wound centers.

The center tries to have available tests like X-Rays, blood tests and circulation evaluations. Surgery is sometimes needed and outpatient surgery centers are nearby. Thanks to modern medicine, few people need to be hospitalized any more.

We try to work with the family doctor as well. If we find that the patient is taking on fluid they may need to increase their fluid pill or heart medicine. Their regular family or heart doctor will need to get involved.

The wound center has evolved and is becoming increasingly more important. Wound care is becoming a specialty in itself. The individual needs of these complex patients is now being met.

**The above represents the opinion of A. E. Haas, M.D.
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Just call us directly. No referral needed unless required by your insurance company

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