

# The Mexican Challenge



Dr. Lira writes about his clinic and the obstacles he and his colleagues face in the prevention and treatment of wounds.

BY  
Luis Fernando Lira

## About the Clinic

The HELP clinic is located in the City of Monterrey, in the State of New León, with a population of five million inhabitants. Approximately 450,000 are diabetic. Nine thousand new cases of diabetic foot ulcers are diagnosed every year.

HELP is five years old. It receives ambulatory patients with acute and chronic wounds. Therapy is done on an out-patient basis.

Between May 1999 and May 2003 the health-care professionals of the clinic treated 2,250 patients, primarily for venous ulcers (55%) and diabetic foot ulcers (40%). Other wounds accounted for about 5% of the patients treated.

Patients entering the clinic require a range of treatments, from preventative consultation for lesions to treatment of serious problems that require tertiary resolutions including the surgical procedures of debridement and amputation. In cases of ulcers due to diabetic neuropathy, the average rate for the salvage of extremities is 93%. The cases of ischemic ulcers are variable, from lesions smaller than 2 cm to wounds larger than 15 cm. Digital amputation (one or more digits) is required in 40% of the cases, and partial amputation of the foot in 8% of the cases. In relation to the cases of venous ulcers, the rate of healing of lesions is approximately 96% in less than 12 weeks; the remaining 4% heal within six months of treatment.

Because the number of patients requiring amputations has been reduced at our facilities, the impact of

this program in our local population has been very favorable. However, at the state, regional and national levels improvement is needed as there continues to be unnecessary amputations of extremities.

## Obstacles

- In Mexico, the culture of the prevention of illness doesn't exist as it does in developed countries; there is no national program of education on the prevention of chronic wounds.
- A significant problem is the lack of reliable statistical data on prevalence; usable patient data are not collected upon registration in hospital and records of treatment and follow-up are not accessible.
- No more than 20 specialized clinics exist in all of Mexico. The HELP clinic was the first one in the country.

## The CAWC-Mexico Connection

The CAWC can support Mexican health-care workers in the following ways:

- Provide training for medical personnel; offer a wide range of specific educational programs from basic wound-care practices to diverse specialties.
- Provide a model for the treatment of chronic wounds that could be adapted to the Mexican environment.
- Share established guidelines and protocols for use by health-care professionals diagnosing and treating chronic wounds. ☺

## Dr. Luis Fernando

**Lira** is General Surgeon, Plastic Surgeon, and Director of HELP (Wounded Free of Problems INC) of CV, Monterrey, Mexico



For background information on the state of diabetes in Mexico, visit the CAWC Web site at [www.cawc.net](http://www.cawc.net) and click on *Wound Care Canada*.





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**References:** 1. Harding KG, Price P, Robinson B, Thomas S, Hofman D. Cost and dressing evaluation of hydrofiber and alginate dressings in the management of community-based patients with chronic leg ulceration. *Wounds*. 2001;13:229-236.  
2. Data on file: MA068, ConvaTec.

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