

# CAWC Annual Conference: What's the Value for Family Physicians?

By Robyn Evans MD, CCFP, IIWCC

**T**oronto is hosting the 20<sup>th</sup> Canadian Association of Wound Care (CAWC) conference October 30 through November 2, 2014. I am excited to be the co-chair for this conference along with Catherine Harley, who represents the Canadian Association for Enterostomal Therapy (CAET). This year is the first joint educational event for these two national organizations.

Family physicians are responsible for knowing “everything.” The management of chronic wounds is one of those topics that falls between the cracks in undergraduate teaching and residency. In all fairness to family physicians they are not the only ones to have missed this lecture! As the director of the wound clinic at Women’s College Hospital I teach many residents from different specialties, and it is surprising how little exposure most have had to the principles of wound care. This conference will provide family physicians with educational sessions directed toward practical core topics such as diabetes, venous/

arterial disease and pressure ulcers. Speakers will provide some basics, but the focus is on what’s new and how it applies to our most challenging patients.

## Sobering Statistics

People with diabetes visit physicians 1.5 times more often than people without diabetes.<sup>1</sup> The complications of diabetes are well known. Neuropathy is the most important risk factor for the development of diabetic foot ulcers, closely followed by peripheral vascular disease. Persons with diabetes have a 25% lifetime risk of developing a foot ulcer, with non-healing diabetic foot ulcers accounting for 85% of diabetes-related limb amputations.<sup>2</sup> Unfortunately the five-year mortality rate of amputees is 45%.<sup>3</sup>

## The Role of the Family Physician

The management of diabetic foot ulcers requires the activities of many health-care professionals, but family physicians are key in the early identification of those at high risk of developing diabetic foot complications. It is

also true that family physicians are often in a position to investigate and manage these complicated ulcers until an appropriate referral can be arranged.

## Diabetic Foot Sessions

Topics related to diabetic foot at this conference are clustered on one day to allow the busy clinician the opportunity to optimize his or her time. Dr. Giuseppe Papia from Sunnybrook Hospital will explain the vascular assessment and what can be done to improve blood flow to the lower extremity. Orthopedics plays a major role in treating osteomyelitis and foot deformity such as Charcot Foot in people with diabetes. Dr. Johnny Lau from Toronto Western Hospital will tackle this problem, with Dr. John Embil discussing the use of antibiotics and the role of glycemic control in wound healing. To round out the discussion with a patient-centred focus, there will be talks on improving diabetic foot care in Canada, the burden of this disease in Aboriginal communities and the quality of life of adults living with diabetic foot diseases.



## Wound Prevention and Management

One of the most challenging issues faced by clinicians is the diagnosis of infection in any chronic wound. Dr. Madhuri Reddy, a geriatrician and wound expert from Boston, will outline the current evidence regarding the diagnosis of infection in a chronic wound.

The cornerstone for management of venous insufficiency is the use of compression. Doctors Kevin Woo and Afsaneh Alavi will update this topic, while Dr. Andrew Dueck will review the surgical options for venous insufficiency.

Pressure ulcers can be one of the most difficult types of ulcers to manage due to the complex etiology and to patient-specific factors. The majority of pressure ulcers are preventable—however there are some that may not be. The talks on pressure ulcers will address the issue of unavoidable pressure ulcers as well as when to refer to plastic surgery for closure.

Hyperbaric oxygen therapy is often requested by our patients for the treatment of their chronic wounds, as it is often touted as being the “best” treatment. Dr. David Margolis will speak to the role of this adjuvant therapy.

These topics are designed to cover the core issues in wound care that physicians would see regularly in their office. There are many more educational sessions on ostomy-related skin issues, burn care and lymphedema that would be of interest as well.

## Learning and Networking

The conference will be an excellent opportunity to learn about the most common ulcers encountered by family physicians. It will also serve as an opportunity to meet colleagues interested in these complicated issues and key leaders to refer patients to for more urgent consultations. Having been involved in organizing the topics as well as choosing the speakers, I can assure you that all the faculty are passionate about the care of the patient with a chronic wound and are eager to answer your questions. As in previous years, it is anticipated that study credits will be granted through the College of Family Physicians. 🍷

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## Good to Know . . .

It's important for family physicians to know that:

- Wounds can be intimidating due to the lack of exposure to the approach and management of these ulcers.
- Diabetic foot ulcers are serious—and family physicians are well positioned to identify those at risk.
- Understanding vascular assessment and options for surgery is important in the management of many leg and foot ulcers.
- Hyperbaric oxygen treatment sounds good but it may not be right for everyone.



## References

1. National Diabetes Fact Sheets Canada 2011, Public Health Agency of Canada. 2011, Chapter 3.
2. National Diabetes Fact Sheets Canada 2008, Public Health Agency of Canada, 2008.
3. Armstrong DG, Wrobel J, Robbins JM. Guest editorial: Are diabetes-related wounds and amputations worse than cancer? *Int Wound J*. 2007;4:286–7.