

Patient Perspective: Empowerment, and Living with a Diabetic Foot Ulcer

An Interview with Robert S. Meyer by Janet L. Kuhnke

Robert Meyer lives with diabetes and a foot ulcer. He has attended multiple Wounds Canada events as both a speaker and to learn more about how he can manage his condition, heal his wound and prevent further foot complications. He is interviewed here by wound care clinician and educator Janet Kuhnke.

Janet L. Kuhnke: Robert, you attended the fall 2017 Wounds Canada conference in Mississauga, Ontario. Can you tell me what this was like for you as a patient?

Robert S. Meyer: I was there as a patient and a speaker, but it was not until I got back home that the depth of my message sank in. First, I wanted to do my talk as a tribute to my mother, who had a nasty death due to the complications of diabetes. Second, if my message could help someone, it would be worth it all. Not just for other patients but for other service

providers who need to find their own inner voice and become advocates for themselves or others, no matter the issue. Third, telling my story has a profound impact on my own healing journey. Now I know why victims of trauma need to tell their story as part of their healing. The important part is knowing that someone has listened and heard.

JLK: What does *empowerment* mean to you, and, in that context, how would you describe yourself, and why?

RSM: To me empowerment means to soar above the status

quo. If the statistics say that 80% of foot ulcers end up in amputation, I want to be in the 20% who keep their limbs. If diabetes is a progressive, slippery slope, I want to be where I can get off and climb back up the hill.

I describe myself as someone who asks why and expects to get the answer. It is not enough to get a superficial answer; I want to understand the breadth of the issue.

It seems all too common, especially in health care, to give poor information and have patients believe it. For example, my father was in acute care in

Edmonton. He needed to have an indwelling catheter. After insertion, the urine drainage bag was so bloody. Staff just told me this was normal. This happened for three days. I started to document and take pictures of it. Then I asked other people if this was normal. It was not normal. Health Link told me to be assertive and talk to the charge nurse and insist on some action.

This is just one of many problems that happened to my dad. I had to be an advocate for him, so he could survive and come home.

This is the same zeal and passion I had to channel for myself with my foot ulcer. Because you can only make decisions based on what you know, I decided to attend the Wounds Canada fall conference in Niagara Falls, Ontario, in 2016. I learned so much. Then I implemented my new knowledge and saw the results. So I am a Wounds Canada believer.

JLK: What would you recommend clinicians do to understand empowered patients more fully?

RSM: I would like clinicians to understand that we are a team solving problems together. No



one needs to be an authoritative glory hound. For example, if a patient asks about a total contact cast, there should a pathway to get one. If someone asks for a fasting insulin test, there should be appreciation that the patient is now starting to investigate his own health.

JLK: Are there resources on empowerment that you used as a patient? If so, what would you recommend patients living with diabetes read?

RSM: My favourite books are not

diabetes related. They are leadership books written by John. C. Maxwell.

In *Today Matters*, Maxwell writes, "Today Matters People create success in their lives by focusing on today. It may sound trite, but today is the only time you have. It is too late for yesterday. And you can't depend on tomorrow. That is why today matters."

For example, in wound care, the issue of biofilm is important. Yesterday is too late to affect the outcome of that wound. For me it is least preferred to wash the wound with simple saline. Therefore I look for products or dressings that can target this biofilm or prevent it. The products I choose must be supported by published research.

Currently my favourites usually contain polyhexamethylene biguanide. Remember, it only takes a few hours to start to develop biofilm. This brings me to my second point: Learn everything about biofilm in books, magazines, podcasts and research articles. Just become an expert on biofilm as well as diabetes.

In one of his other books, *Make Today Count*, Maxwell writes, "You will never change your life until you change something you do daily. Ultimately



our daily routine will have the biggest impact on whether we succeed or not. We are all creatures of habit." This is so key in food intake, exercise and prevention. For example, moisturize your feet twice per day. That will help keep your healing progressing.

JLK: Empowerment in diabetes is defined as "helping patients enhance and use their own innate ability to gain mastery over their diabetes." To date, how has the team assisted in your journey of empowerment?

RSM: Since I moved to Saanichton, BC, my experience has been incredible. Although I do not have a family physician there, I get a lot of data from Wounds Canada, followed by Doctor Google and Nurse YouTube.

What was critical for me is that I had a community nurse who listened to me. My podiatrist got me referred to the lower leg and ulcer clinic, because he listened. The wound-care nurse at the Royal Jubilee Hospital listened to me. She is a presenter sometimes with Wounds Canada. When I asked about a total contact cast (TCC), the doctor listened. They happened to be having a pilot program there. Quickly I was accepted into the program. The nurse gave me the same care as if I were her brother. The ulcer closed in 16 days or less. If I had never asked about TCCs or mentioned Wounds Canada, I might still have an open wound, fighting for closure.

JLK: When empowered, what self-care behaviours have you focused on changing?

RSM: My nutrient timing and absorption, because I suffer from the dawn effect. My blood

then wake up to drink a whey protein shake. This spikes my insulin and drives it back into normal levels. I take carbs only between noon and 4 p.m. This helps me sleep better, because then my body has less sugar to expel while sleeping.

Whatever I put into my body, I better know its effects on my insulin response, blood sugar and my wound. I get excited when something helps with blood sugar and helps the wound heal, such as L-glutamine, L-carnitine, proline and glycine. Take L-carnitine, for example. I have Googled L-carnitine to see what effect it has on blood sugar and on wound healing.

Currently I am researching topical insulin cream, which has evidence for increasing closure rates in diabetic wounds.

I always read several articles, both for and against. Then I seek out advice from doctors, phar-

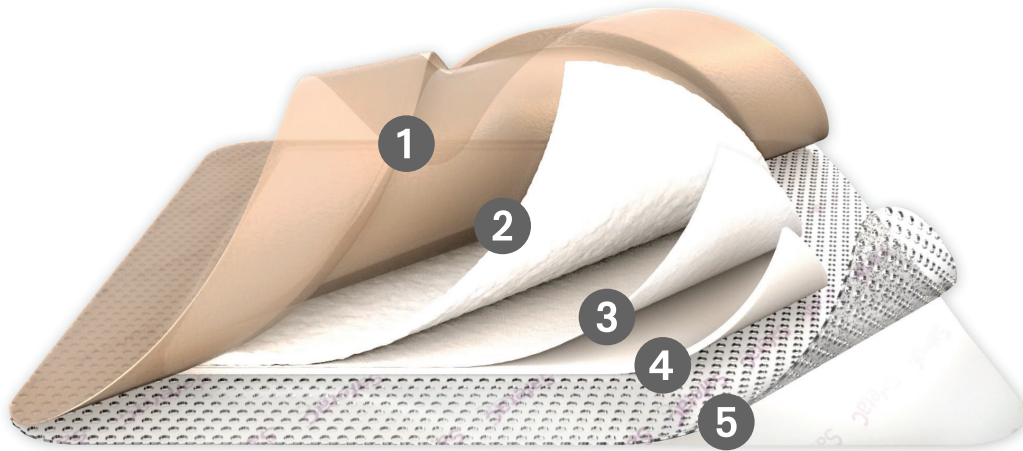
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sugar is lower before bed and higher upon waking. This happens between 3 a.m. and 8 a.m. Cortisol is released to wake you up, and that triggers your liver to dump, causing an increase in blood sugar. I take my metformin before bed, so it can help with the liver dump at 5 a.m. I

macists and dietitians. After that, I will make a decision whether to include this in my healing plan.

JLK: Robert, thank you for your time today. We look forward to hearing about your ongoing healing journey. 📌

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1. Santamaria N, Gertz M, Sage S, McCann J, Freeman A, Vassiliou T, De Vincentis S, Ng AW, Manias E, Liu W, Knott, J. A randomised controlled trial of the effectiveness of soft silicone multi-layered foam dressings in the prevention of sacral and heel pressure ulcers in trauma and critically ill patients: the border trial. International Wound Journal 2013; doi: 10.1111/iwj.12101. 2. Kalowes P, Messina V, Li, M. Five-layered soft silicone foam dressing to prevent pressure ulcers in the intensive care unit. American Journal of Critical Care 2016;25(6):e108-e119. 3. Aloweni F, Lim, ML, Chua TL, Tan SB, Lian, SB, Ang SY. A randomised controlled trial to evaluate the incremental effectiveness of a prophylactic dressing and fatty acids oil in the prevention of pressure injuries. Wound Practice and Research 2017;25(1):24-34. 4. Tsao W-Y, Lo S-F, Harmod T, Lee R-P. A comparison of the efficacy of different wound dressing management techniques in preventing pressure ulcers. Journal of Nursing [China] 2013;60(4):65-78. 5. Padula WV. Effectiveness and value of prophylactic 5-layer foam sacral dressings to prevent hospital-acquired pressure injuries in acute care hospitals. An observational cohort study. Journal of Wound Ostomy and Continence Nursing 2017. 44(5): 1-6.

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