

## PILLARS OF HEALING FOR TRAUMATIC WOUNDS – SEVEN YEARS OF EXPERIENCE

Carmen Elena Ruiz Henao

*Fremap, Madrid, Spain, Practice Private, Madrid, Spain, Hospital Pablo Tobón Uribe, Medellín, Colombia*

**Objective:** To show that the healing pillars, which were initially defined for dealing with chronic wounds, is applicable to any kind of wound, even the traumatic ones (accidents, gun shot wounds, burns, and wounds from anti-personel mines). However, this model is not complete because it is continuously affected by progress on the biomolecular knowledge of wounds.

**Methods:** As a result of my surgical and clinical experience, I have been able to observe that the application of the several simple treatment principles, with a defined protocol, that were begun at the the end of the 90s took shape as the "Preparation of the Bed of the Wound". I applied it to all the wounds I treated daily. It is called The Pillars of Healing (later known as TIME). Initially there were 4 Pillars, (Desbridement, Bacterial equilibrium, Exudate management, Edema managementy) but today I would add a 5th pillar, which is Support. With this treatment, I was able to carry out the preparation of the bed of the wound for its definitive closure either of the forms: closure by 2<sup>a</sup> or 3<sup>a</sup> intention, late primary closure, and the use of grafts or flaps. The method was applied to all the patients who were treated in Accident and Emergency, in the surgery, in office or in the intra-hospital consulting rooms. A register with clinical and photographic records was established. I am presenting 50 of the cases, I have seen, with different types of traumas, from the simplest like cuts to wounds made by anti-personel mines.

**Results:** The evolution of the patients was satisfactory, if however in the traditional way of healing wounds, (cleaning with iodine solutions and the use of gauzes and bandages) finally enables the bed the wound to be covered. This treatment, not being standardized, means that the subjective opinion of each person dealing with the wound becomes the habitual treatment. It is possible that the result would be the same as in traditional healing, but what we see in this way of handling the wound is: the rational treatment of the wound may be applied in places with few resources, reduces the number of treatments, shortens the time in hospital, improves the quality and is cost effective.

**Discussion:** The treatment of acute or chronic wounds can be standardized, taking the holistic treatment of the patient as a basis. When treating wounds is this way, the bed of the wound is prepared, so that the persons responsible for the treatment do not feel frustrated with the often disappointing results.