LENGTH OF STAY & PHYSICAL THERAPY REQUIREMENTS FOR BARIATRIC PATIENTS FOLLOWING A TRAUMATIC LOWER LEG FRACTURE

Authors: Slayton, Stephanie; Williams, DS Blaise; Newman, Glen R
Pitt County Memorial Hospital & East Carolina University

- **Purpose:** To determine if obesity is a factor in the utilization of health care services following a traumatic lower leg fracture as measured by length of stay and quantity of physical therapy services

- **Design:** Retrospective study of patients admitted in 2005 and 2006 with a primary discharge diagnosis of lower leg or ankle fracture that meet inclusion and exclusion criteria.

- **Subject Description:** Inclusion criteria were: patient was 18 years or older, had only one involved lower extremity, and non-weight bearing per physician orders. Patients were excluded from the study based on the chart review if they had fibula fracture only, pathological fractures, multiple trauma, severe cardiac or vascular co-morbidities, or cognitive impairments.

- **Analytical Procedures:** Information collected included: patients age, sex, BMI, Length of Stay (days), surgical intervention, Physical Therapy consultation and utilization, discharge destination, and utilization of assistive device at discharge. Data was then compiled in to three subcategories based on BMI and analyzed.

- **Summary:** The initial results express that there is a statistically significant increase in utilization of health care services by patients with a BMI greater than 35 following a single leg injury evident by increased LOS and amount of Physical Therapy Service.

- **Importance of Results:** Previous studies have shown there is an increase in healthcare utilization with the bariatric population, and this study demonstrates that the same holds true for physical therapy services.
Successful Treatment of Necrotizing Fasciitis (NF) Cases in Rural Eastern North Carolina

Authors: Stephanie A Slayton, PT, DPT, CWS; Monica Carrion-Jones, MD
Pitt County Memorial Hospital/East Carolina University Body School of Medicine, Greenville, NC

Introduction: NF is a rare disease that requires extensive surgical debridement, resulting in a large wound with functional and cosmetic deficits.

Objective: Describe treatment of NF using innovative dressing applications instead of gold standard, hyperbaric oxygen therapy, not available at our institution.

Method/Results:
- Patient A: 52yo BM. After serial surgical debridement, P.T. treatment consisted of pulsatile lavage with suction (PLWS) and silver dressing (SD)* every 48 hours. Negative pressure wound therapy (NPWT)1 was applied for 48 hours prior to first of many split-thickness skin grafts (STSG). 90% of the wound was ultimately grafted, which had a 95% total take. Patient underwent inpatient rehabilitation for functional training.
- Patient B: 62yo WM. After initial surgical debridement, P.T. treatment consisted of PLWS, with SD* every 48 hours. At week two NPWT 1 was applied with SD* underneath. After six weeks, patient was discharged home with outpatient wound care. Patients wound showed a 50% reduction in wound size after 8 weeks of treatment.
- Patient C: 45yo WM. After serial surgical debridement, P.T. treatment included PLWS and Dakin’s solution moistened gauze daily. After multiple dressing options, patient was placed on MPWT and discharge home with outpatient follow up.

Conclusion: Successful functional and cosmetic outcomes can be achieved for patients with NF with innovative dressing applications.

*Acticoat, 1KCL Wound VAC