

BURN CARE COMMENTARY®

SUMMER 2021



BURN AND RECONSTRUCTIVE
CENTERS OF AMERICA

FROM THE BURN CENTER

Healing wounds: *Experience matters in treatment process*

THIS EDITION OF BURN CARE COMMENTARY looks at the different types of wounds and our approach to healing our patients. Our treatment options range from topical to complex reconstructive procedures. We hope the information here, along with our online education modules, will help practitioners develop clear, concise responses to wounds.

The team at Burn and Reconstructive Centers of America sees thousands of wound patients – both on an inpatient and outpatient basis – each year.

From a baseline perspective, we know most wounds heal. The human body has a very effective healing process, even if we have to help that process along. However, there are those stubborn, persistent, prolonged wounds that become a treatment process unto themselves and can severely alter the quality of life of a patient.

The wound spectrum includes diabetic wounds, burns, ulcers, abscesses, carbuncles, and countless other

maladies. Each type of wound presents its own set of characteristics, with treatment paths varying depending on severity, patient details, and various factors.

As Americans become more and more susceptible to wounds, especially those associated with rising rates of obesity and diabetes, our commitment to these patients remains strong. Our goal is help you provide focused treatment and raise awareness of patients at risk for developing chronic wounds. Wound patients make up a large percentage of the patients treated by the Burn and Reconstructive Centers of America network, which has provided us the opportunity to develop unparalleled experience in wound, burn and reconstructive care. ♦

HEALING WOUNDS: EXPERIENCE MATTERS IN TREATMENT PROCESS
by Tony Quinton, D.P.M, FACFAS, CWSP

TONY QUINTON, D.P.M, FACFAS, CWSP

Dr. Tony Quinton is a podiatrist and wound specialist who has been with Burn and Reconstructive Centers of America at Eastern Idaho Regional Medical Center in Idaho Falls, ID, since 2019. He graduated from the California College of Podiatric Medicine and completed a surgical residency at the VAMC San Francisco and Kaiser San Diego. He has been in practice for more than 20 years. Dr. Quinton specializes in comprehensive care of the foot and ankle with an emphasis on wound care of the lower extremities. He is board certified in foot surgery and a certified wound care specialist physician.



Physician Profiles



John Rumbaugh, M.D., MBA
Dr. John Rumbaugh, director of HBO, is a wound specialist who has been with the JMS Burn Center at Doctors

Hospital in Augusta, GA, since 2018. He is a board-certified family physician and wound specialist that has worked with traumatic and chronic wounds for more than 20 years. Dr. Rumbaugh's years in the Army on deployment in Iraq and training at Fort Bragg, NC, as well as his experience here in the Augusta community for nearly 15 years, have prepared him for this unique population.



Kirsten L. Smith, M.D.
Dr. Kirsten Smith is a San Antonio native and the hyperbaric and wound director of Burn and Reconstructive Centers of America

at Methodist Hospital in San Antonio, TX. After graduating high school, she headed to Lexington, VA to attend Washington and Lee University. She returned to San Antonio for medical school at The University of Texas Health & Science Center San Antonio. In 2007, she completed her general surgery residency at Oregon Health & Science University in Portland, OR. Though she is board certified in general surgery, wound care is her passion. She returned to San Antonio and entered a private practice at Methodist Hospital, specializing in wound care before joining the BRCA team in 2020.



A history of healing: *Long-term wound care follows burn injury*

CHARLES POTTER has to be careful.

The scar tissue that wraps his lower legs, his anterior trunk from the waist up and half his back, isn't as pliable as uninjured skin. It doesn't heal as easily. A simple scratch can become a tear that can progress into an infected, chronic wound.

It's a battle the former Air Force lieutenant has waged since he was burned in a roadside accident more than four decades ago.

"The wounds are a result of that accident," Potter said. "If it gets hit or something, it goes crazy. It just gets bigger, and we try to catch it. Doctors are being good; they try to catch it. It just doesn't seem to want to respond like it should."

"Charles is one of those patients we are referring to when we talk about having patients for life," said Dr. Bounthavy Homsombath, the medical director of the JMS Burn Center at Doctors Hospital in Augusta, GA. Dr.

Homsombath has treated Potter at both the Augusta center and the JMS Burn Center at Trident Medical Center in Charleston, S.C. "Their scarred skin reacts differently to our treatment techniques. Each patient is different, and each injury is different."

THE WAR ON WOUNDS

Potter is currently being treated by BRCA's medical staff for chronic wounds on his lower extremities. The wound on his right ankle started as a small scratch suffered during a 2020 Memorial Day celebration with family and friends. As he says, the initial scratch "just went crazy," and doctors have been working to get the resulting wound healed ever since. His left leg is more complicated: Five years of varying treatments to get enough healing traction to start wound closure bit-by-bit.

"They are actually getting better," Potter said during a visit to the outpatient clinic in Augusta recently. "The area is really reducing in size.

There's only like four spots on my left leg. On my right ankle, this is only my second surgery."

That's not surprising in previously burned patients, because their scar tissue is the issue, said Beretta Craft-Coffman, Chief Clinical Officer for BRCA. Scar tissue is more susceptible to tears and the development of complications such as a Marjolin's ulcer, which is an aggressive ulcerating squamous cell carcinoma. Scar tissue is also less apt to heal.

"You have to be patient with these kind of injuries," she said. "You also have to be creative and persistent. Wounds present their own set of challenges, especially when complicated by chronic diseases, such as vascular disease, and malnutrition. That's why our experience with these chronic wounds matters so much."

Read more about Charles Potter's story at burncenters.com. ♦

Time is tissue

Specialty wound care helps heal patients

AS AMERICA BECOMES GENERALLY OLDER AND MORE OBESE, while seeing an upturn in the cases of diabetes, more and more people suffer from chronic wounds. Coupled with challenges created by the increase in antibiotic resistant bacteria, specialized wound care is now more important than ever.

ASSESSMENT AND IDENTIFICATION

Proper care begins with understanding the wound, its possible sources and the proper initial response. First and foremost, remember wound healing is directly affected by the constantly changing environment of the wound itself and the overall health status of the patient. The body's normal healing process starts with the hemostasis and inflammation phases at the moment of injury and continues through the stages of proliferation and remodeling.

In the case of many chronic wounds, such as non-healing pressure ulcers, disease-related trauma, and venous stasis ulcers, the healing process can stall or outright fail; hence, the need to consult specialized care. The results of these disruptions, beyond the obvious non-healing wound, can include fibrosis, strictures, adhesions, and contractures.

Proper assessment of both the patient and the wound is vital to building a proper and effective treatment path. Other than the standard patient history and assessment questions, consider if they suffer from diabetes or peripheral artery disease. Addressing these disorders may be the initial steps of healing a complicated wound.

Remember, due to both neurologic and vascular complications, diabetics are

particularly prone to foot ulcerations. Because peripheral neuropathy commonly associated with the disease can cause altered or complete loss of sensation in the foot or leg, any cut or trauma to the foot can go completely unnoticed for days or weeks. It is not uncommon for a patient with neuropathy to describe the onset of their wound as “just appearing out of nowhere” when in fact the ulcer may have been present for quite some time. Charcot foot is another condition found in diabetics suffering from nerve damage. The patient's decreased ability to sense stimuli (including pain, as mentioned) also decreases the natural muscular reflexes that control movement. As a result, the joints in the feet are subjected to repeated trauma and injury causing progressive damage to the ligaments, cartilage, and bones. This type of damage typically affects the metatarsal, tarsometatarsal, and tarsal joints located in the fore and middle foot. Chacot foot brings the potential for “collapsing of arch,” a high risk of amputation, and the need for rapid identification/intervention. Microvascular disease is also a significant problem for diabetics and can lead to ulcerations.

Like many medical issues, time is often of the essence when evaluating a wound. We always say: “Time is tissue.” That's why time saved by expedient consults with vascular and radiological teams often pays great dividends in terms of decreased healing times and quality of patient experience. Once you begin surveying the wound, the depth, stability and mechanism are all important. Does it involve underlying bone or contain a foreign body? Is the chronic ulcer a part of an unstable, thin scar that repeatedly breaks down with contact?



The answers to these questions may necessitate surgical removal of all involved tissue and repair of the site by surgical techniques which can include layered closures, skin grafts, skin substitutes, local flaps, and microsurgical flaps. If so, you may consider a consultation with the wound specialists at a burn center. The products, procedures, surgical expertise, and refined techniques that are in place to effectively manage burn patients translate directly to the care of wounds. This specialized care improves outcomes, healing time and, often, the patient's overall experience.

Quality specialized wound care should focus on enhancing perfusion, the complex and aggressive debridement of wounds, and the regular use of cutting-edge technology in the areas of surgical procedures, including flaps, grafting, skin substitutes, and debridement techniques. This quality care should be based on a multidisciplinary approach to the patient. Comprised of a team of certified professionals that includes surgeons, wound specialists, skilled nurses, physical and occupational therapists, nutrition counselors, and social services coordinators, this collaborative, patient-centered approach concentrates on the whole patient. The goal is to address the underlying physical factors while developing a realistic wound management plan for each patient using the latest and most advanced equipment and resources.

In general, specialized wound centers have often developed proven, meticulously planned treatments for patients that regularly go against traditional wound care practices. For example, in recent years, wound care has shifted to focus on the healing benefits of wounds in moist conditions, which has been in place for decades at burn centers.

The benefits of healing in a moist environment include decreased dehydration and cell death, increased angiogenesis and autolytic debridement, improved re-epithelialization, and reduced pain.

In some patients, age and debility preclude aggressive surgical treatment. A wound clinic can provide palliative care including debridements and topical treatments. Such care can reduce pain and odor, contributing greatly to the comfort of the patient and family.

One of the most important tools in a moist healing environment is effective dressings. Bacteria has been shown to pass through 64 layers of moist gauze. In an effort to combat this, the ideal dressing should remove excess seepage and toxins, allow high humidity at the dressing/wound interface, allow for gaseous exchange, protect against secondary infection, and cause no trauma upon removal. One of the leading dressings used today is silver-infused. These dressings are effective against a broad range of germs in small concentrations over a long period of time, non-toxic, and highly skin-friendly. Keep in mind, there are several factors practitioners must consider when choosing the correct dressing. Is the dressing appropriate to the phase of healing? Does it properly address the characteristics of the wound? Will it be too cumbersome or complicated for the patient to manage upon discharge?

As an aside, in the case of diabetic foot lesions, one of the most important factors related to healing may be off-loading, or minimizing the amount of weight supported by the injured extremity. Typical methods of off-loading include: wheelchairs and crutches, specialized dressing (such as football-wrap dressings), positioning devices, casts (both removable and structured), and many other alternatives.

However, before a dressing can be applied, there's a treatment process that should be followed. This often begins with debridement of the wound, where infected or necrotizing tissue is removed to allow viable tissue to begin healing. While this is often done surgically, modern advancements allow for a range of debridement options, including autolysis (the body uses its own enzymes and moisture to re-hydrate, soften, and finally liquefy and slough hard eschar), and enzymatic debridement—fast acting chemical enzyme products that are typically administered on wounds where there is a large amount of necrotic debris.

Once the wound has been debrided, it's time to focus on closure. Temporary and permanent skin substitutes have become a standard part of wound treatment protocols. These products—often constructed of intact human skin, animal skin, or a combination of biologic and man-made materials—are designed to advance wound healing, either using inherent healing properties or added biologically-active substances. This can involve consulting with a plastic surgeon to ensure quality outcomes and, if necessary, establishing a clear path to successful long-term reconstruction.

In summary, the need for all aspects of wound care is on the rise. Recent advances in acute burn care treatments and an increased understanding of chronic wound biology has led to the development of several new treatments and technologies that offer renewed hope to patients with ulcers and other chronic wounds. As such, it is imperative that frontline health care professionals and first-line physicians recognize chronic wounds and refer patients to specialized facilities with the expertise to diagnose, treat, and manage these conditions. ♦



Through the flames

Patricia Perkins gets back to living after significant burn injury

“I GUESS, WHEN YOU’RE GOING THROUGH SOMETHING THAT HORRIFIC, you aren’t thinking clearly, because I just wanted to run through and make sure everyone was out. I thought I was Super Woman, going to save everything and everybody,” said Patricia.

Oct. 24, 2013 was a routine morning for Patricia Perkins. The 44-year-old beautician from Little River, SC, was getting ready for work when she noticed it was a bit cold in her townhome. After letting one of her cats out onto the back porch, she plugged in a space heater, unaware the extension cord she was using had been caught under the couch and damaged.

“As soon as I plugged it in, the extension cord sparked and caught the sofa skirt on fire. Within seconds, the whole back end of the sofa started going up in these major flames,” said Patricia.

She called 911 and attempted to put out the fire herself, but it was too late. The fire was already out of control, and she wasn’t the only one in danger. Patricia’s mother, who was visiting at the time, was asleep in the spare bedroom.

“I ran in there, and she was sound asleep, so I started screaming, ‘Get up! Get up!’ I grabbed her by her arm, pulled her out of the bed, and pushed her all the way out of the house,” she said.

With her mom safely out of harm’s way, Patricia went back into the inferno to rescue her four cats. But she was unprepared for the thick, dark smoke that had filled the house. Disoriented and struggling to breathe, she passed out only a few feet from the back door.

When firefighters found her, Patricia was severely burned, but alive. They pulled her from the burning building

and managed to save one of her cats, as well. In fact, it was the same cat she had let out onto the screened in porch earlier that morning.

Patricia was life flighted to the Joseph M. Still Burn Center at Doctors Hospital in Augusta, GA, where she was admitted under the care of Dr. Fred Mullins. However, her injuries were so severe, the burn team didn’t think she would live to see the end of the week.

“I had third-degree burns on 30% of my body. All of my face, neck, both of my arms from my shoulders all the way down to the tips of my fingers had been burned. They gave me about three days to live,” she said.

But Patricia beat the odds. The three days passed, and she continued to progress, eventually waking up from her medically-induced coma.

Although her health improved by the day, it was still an uphill battle for Patricia, who was having a hard time adjusting to the changes to her body and her life now that she was awake.

“You don’t really know how weak your legs are from laying in the bed that long. It was a struggle learning how to do everything over again. Learning how to feed myself again. How to write. I couldn’t even open my mouth to take a bite of a hamburger or anything. It was really hard,” she said. “And around the same time, my husband ended up leaving me. And he never did come back.”

After months of treatment and healing, Patricia was released from the burn center to further recover back in South Carolina with the help of her mother and grandmother. It would take years of therapy and reconstruction to get Patricia back to living her life due to the stiffness, pain, and loss of

function associated with her severe hypertrophic scarring. Physical and occupational therapy helped in some degree to restore flexibility to her arms and hands, but she required laser therapy to supplement her rehabilitation.

“I couldn’t use my hands and my arms used to be like bricks. The skin on them was just so hard. Laser therapy helped flatten the scars, make them less red, and soften them,” she said.

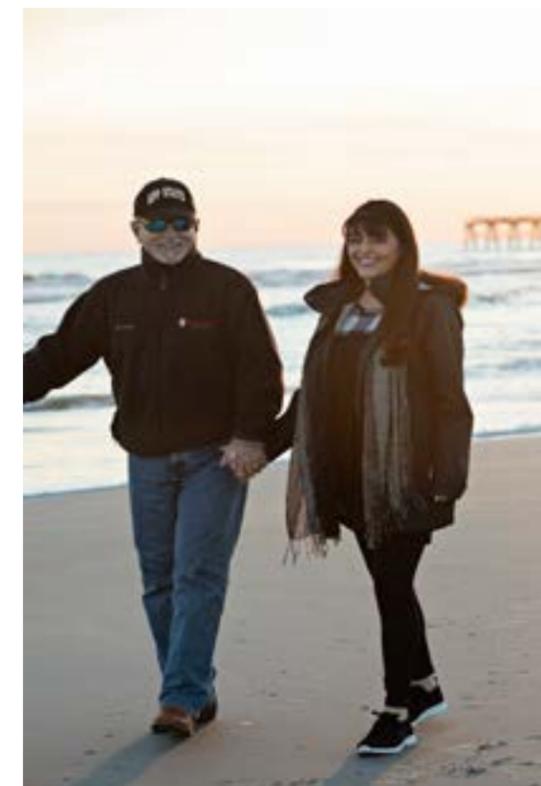
Today, Patricia has everything she didn’t think she would be able to have after the accident: her salon, her cat (Trevor) who survived the fire, and a loving husband.

“I’m able to run my salon again. I got my house built back. I was able to get Trevor back after two years. And the love of my life came into my life. I cut his hair for 20 years. Come to find out, he had been in love with me for

the whole 20 years. He asked me out on a date and, on the first date, he proposed to me,” said Patricia. “It’s so amazing how life can still be wonderful and grand even after you’ve been through a horrific accident.”

As hard as life was and as great as it is now, there is one person she wishes was still around to celebrate with her—one person she wishes she could thank just one more time: her surgeon and founder of Burn and Reconstructive Centers of America, Dr. Mullins.

“Every time I would see him, I would say, ‘Thank you, Dr. Mullins. Thank you for saving my life.’ Because it was such a big ordeal for me. I know I couldn’t have lived if it wasn’t for him,” she said. “And he would always say, ‘That’s just what we do, Patricia.’ And I know it is. I just wanted him to know what a hero he was in my eyes.” ♦





THIRTY-THREE YEARS AGO, Dr. Joseph M. Still knew families mattered: They had proven to be a vital part of the healing process of burn patients. He wanted to make sure the families of the burn patients he treated had a resource for help, so the burn foundation was established.

Then called the Southeastern Firefighters' Burn Foundation, the organization was dedicated to meeting the needs of the families brought to the burn center in Augusta by tragedy. Through the years, the foundation's services have evolved, as has its name and sphere of support. Today, the Burn Foundation of America continues to play a vital role in the lives of patients across the Burn & Reconstructive Centers of America network.

In 2020 alone, the foundation helped thousands of patients and their families with lodging, meals and transportation, anti-scarring garments, and, in some cases, medication.

We are proud to support these patients and families in need, and we

are honored when others support us through contributions of their time, money, and services. Whether they help prepare and serve meals, just talk with one of our families or patients, or write a check, they make a difference.

For the family of Jeffrey Vaden Chavis, that difference made them want to leave a lasting memorial for their son. The firefighter was transported to the JMS Burn Center at Doctors Hospital in Augusta in 2001, after being trapped in a burning home while battling the flames. After nearly a month at the center, the 22-year-old passed away. His family, with assistance from the burn foundation, stayed by his side. In his memory, the Chavis family led the effort to renovate the burn foundation's facility where family members may stay near their loved ones as they recuperate from their burn injuries. Today, the Jeffrey Vaden Chavis House sleeps 40 guests and serves as a comfortable home-away-from-home for family members.

The Chavis House is a part of the Shirley Badke Retreat. Shirley survived amazing odds after receiving burns on more than 85 percent of her body when a twin-engine airplane crashed into her workplace. In recognition of Shirley's amazing story of survival, her incredibly positive attitude, and her family's steadfast support throughout her

recovery, the Shirley Badke Retreat was established adjacent to the campus of Doctors Hospital in Augusta in 1998. In addition to the Chavis House, the Badke Retreat is home to the Burn Foundation of America's administrative offices and the Orlet Garden of Hope.

The Orlet Garden of Hope is named after Hermann Orlet, a pioneering surgeon who treated patients alongside Dr. Still. Dr. Orlet still works with patients to this day, and his garden provides a place where our guests can get away from the hospital environment, pray, meditate, or simply enjoy the natural beauty of the garden.

Since the foundation began more than three decades ago, we have cultivated many wonderful partnerships, forged life-long relationships, and affected thousands of lives.

Together, we heal. Together, we serve.

If you have a question about the Burn Foundation of America or want to find out ways to support our services, please give us a call at **1-800-650-BURN (2876)** or visit www.burnfoundation.net. ♦

LINDA MCKNIGHT is the President/CEO of the Burn Foundation of America.



The Fred Mullins M.D. Tower at the Joseph M. Still Burn Center is open

THE NATION'S LARGEST BURN CENTER has gotten a little larger.

After nearly two years of construction, the new burn tower at the Joseph M. Still Burn Center at Doctors Hospital in Augusta, GA, is officially open.

The building is named the Fred Mullins M.D. Tower at the Joseph M. Still Burn Center in memory of the center's long-time medical director and founder of Burn and Reconstructive Centers of America. Dr. Mullins passed away in June 2020.

Nicknamed "The Fred" and encompassing more than 100,000 square feet, the tower's improved capacity for patient care includes 20 additional burn ICU rooms, 28 dedicated medical/surgical beds for burn and wound patients, four additional burn operating rooms, a 15-bay burn PACU, and an additional helicopter pad only yards away from the tower's three debridement rooms. As a show of appreciation, there is a designated room for EMS and flight crews to take a moment of respite after delivering a patient to the burn center. ♦

For more information on The Fred Mullins M.D. Tower, visit www.burncenters.com.

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ON THE BRCA FOUNDATION'S WEB-BASED EDUCATION PLATFORM providers have the opportunity to learn more about caring for burn patients and, in some cases, earn CE, CNE or CME credits on a variety of topics. The healing and helping of patients goes far beyond the walls of our burn centers, and we want to help healthcare providers enhance their knowledge, competence and performance to improve patient outcomes. To register, visit BurnCenters.Cloud-CME.com.

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*Burn Care Radio Podcast

BRCA Foundation's Phoenix Powers[®]

uses super powers to keeps kids safe from burns

“THE BRCA FOUNDATION ENVISIONS a world where every person knows how to avoid burn injuries and every relevant practitioner knows the best techniques to treat them.”

The BRCA Foundation is a 501(c)(3) non-profit organization dedicated to advancing the specialized care of burn patients by improving access to burn education programs for first responders, firefighters, EMTs, paramedics, nurses, physicians and other medical personnel. In addition, the Foundation helps foster the future generation of burn care providers through burn fellowships and education scholarships.

The Foundation is working to put its best face forward. Its website, www.burnfdn.org, has been redesigned to improve both the information available and user experience. At the forefront of these changes will

be a focus on Phoenix Powers, the superhero face of the foundation's burn prevention efforts. She was burned as a child, and her doctors helped her gain superpowers as she healed. Today, she teaches children how to participate in their own safety. She also helps them understand the potential dangers that can come with various household and recreational activities, while working with parents and others to make safety a collaborative effort.

Every day more than 300¹ children are seen in emergency rooms for burn injuries. With an overwhelming 85%² of scald burns occurring in the home, the need for educational, preventative measures is essential. On the foundation's website, educators, parents, and medical professionals can access burn prevention curricula custom developed for the BRCA Foundation. These learning modules

are designed for use with both older and younger kids in educational and community settings. Kids also have access to free virtual burn prevention courses featuring Phoenix Powers, as well as coloring pages and other resources on the website.

In addition, educators, parents, and medical professionals can request appearances by Phoenix Powers at their schools and community events to teach kids about burn safety. Or they can request in-person or virtual education from BRCA experts.

For more information about Phoenix Powers, scan the QR code below or visit: burnfdn.org/phoenix-powers. ♦



¹ The American Burn Association "Scald Statistics and Data Resources" updated Aug. 13, 2018 (http://ameriburn.org/wp-content/uploads/2018/12/nbaw2019_statsdataresources_120618-1.pdf)

² See above

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- + Necrotizing soft tissue diseases
- + Skin sloughing disorders
- + Staphylococcal scalded skin syndrome
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- + Pediatric

Services vary by location