



# Blood Flow Really DOES Matter

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This case report shows the critical importance of maintaining blood flow and revascularization in diabetic wound healing.

This 68yo male patient is a confirmed smoker who developed gangrene on his left hallux. Amputation was performed on 5/8/14 with a balloon angioplasty 12 days later. Patient still went on to dehisce. He refused additional revascularization and continued smoking. His wound wouldn't heal. We were able to prevent infection and further tissue loss over the next 17 months. During this time the patient continued to smoke and refused more vascular intervention.

Patient finally agreed to further revascularization [fem-pop bypass] which occurred on 10/27/15. Within 2 months time his wound was completely healed [1/5/2016], with all else remaining the same.

## Results:

Chronic wound dehiscence after hallux amputation due to critical limb ischemia and continued smoking. While the patient refuses revascularization the wound does not heal.

Shortly after patient has revascularization the wound heals.

## Conclusion:

Revascularization is critical for wound healing in avascular diabetic patients.



Bypass on 10/27/15



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