

## PF133 - Non Healing-Ulcers: Domiciliary Assistance Including Electrical Neurostimulation. Clinical Outcome and Cost Reduction

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### Objectives and Purpose

To improve the chances of complex ulcerative chronic lesions healing, we used the traditional approach (toileting, nutritional support, advanced medications) in combination with electric stimulation (FREMS) to verify if, increasing peripheral perfusion and metabolic exchange with this type of treatment, may significantly reduce ulcer area and improve pain control.

### Methods

Forty two patients were enrolled: 21 treated with conventional therapy (CT) and 21 with the conventional therapy plus FREMS (CT+F). Both groups had similar characteristics.

### Results

Among the 42 patients enrolled, 56 lesions were present for more than 6 months. Clinical results (% reduction to baseline) showed the healing efficacy of the group treated with CT+F.

Months	1	2	3	5	8	11	14
CCD%	-22±18	-56±27	-79±24	-87±22	-94±15	-97±9	-100±0
LLD%	-21±28	-54±34	-73±29	-90±19	-95±15	-97±10	-100±0
D%	-69±39	-86±21	-100±0	-100±0	-100±0	-100±0	-100±0
Area%	-35±33	-73±22	-90±15	-95±11	-98±7	-99±3	-100±0

Craneo-caudal-diameter (CCD), latero-lateral-diameter (LLD), deepness (D), area ( p<0.0001 ANOVA test).

almost all patients at baseline was absent at the end of treatment ( p<0.0001 ANOVA test).

Weeks	0	1	4	END OF TREATMENT
VAS[0-100]	56±24	39±18	26±14	0±0
VAS%	-	-29±15	-51±18	-100±0

Direct cost analyses demonstrated a significant reduction of expenses for the group treated with CT+F, due mainly to a clinical improvement with a 50% reduction in time of assistance.

(CT+F)vs.CT%	COSTS	TIME OF ASSISTANCE
	-30%	-50%

### Conclusion

Our results showing a clear advantage in healing efficacy (time of assistance -50%) and especially in costs (direct management cost -30%) with the addition of FREMS to conventional treatment suggest that FREMS may be a valid tool for the healing of complex wounds.