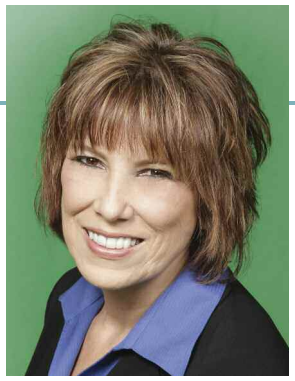
From the EDITOR



"We don't have a Doppler"

Venous leg ulcers are the most common cause of lower extremity ulcers, affecting 1% of the U.S. population (approximately 3 million people). Annual treatment costs for venous disease in this country range from $1.9 to $3.5 billion.

The gold standard for venous ulcer treatment includes moist wound healing and compression therapy. But before compression wraps are applied, we must determine if adequate arterial blood flow exists—or consequences could be life-threatening.

Raise your hand if you know what ABI is. Now raise your hand if you routinely obtain ABIs for patients. I've been asking these questions at wound care seminars around the country for the last 10 years, and the answers are always the same: Between 50% and 95% of the audience know what an ABI is, but only 1% to 2% say they perform the ABI test. My next question is "Why not?"

The **ABI** (ankle brachial index) is a non-invasive screening test performed with a handheld vascular Doppler and a blood pressure cuff. This simple test helps determine if you can safely apply compression therapy, aids diagnosis of peripheral arterial disease, and even helps monitor the efficacy of therapeutic interventions.

Numerous standard practice guidelines from various organizations recommend obtaining ABIs to determine arterial blood flow. These organizations include the American College of Cardiology, American Heart Association, American Diabetes Association, Society for Vascular Nursing, Wound Ostomy Continence Nurses, Society for Vascular Medicine, U.S. Preventive Services Task Force, and World Union of Wound Healing Societies.

Instructions for most compression therapy products include indications for Doppler ABI readings above 0.8. So if you don't get an ABI reading, how can you safely apply these products? A report by Allie and colleagues found that more than 50% of lower extremity amputations occur without previous vascular testing of any type, including ABI.

So why aren't more practitioners obtaining ABIs? The leading answer: "We don't have a Doppler." I understand the dilemma of not having equipment or the funds to get the equipment. But do we want to tell a patient who has just lost her leg, "Oh, sorry. We didn't have a Doppler"?

> Do we want to tell a patient who has just lost her leg, "Oh, sorry. We didn't have a Doppler"?

It's our responsibility and duty as WCCs, wound care experts, and health care clinicians to ensure we provide the highest standard of care for patients with venous leg ulcers. So communicate with

Explain to management what you need and why you need it.

management, explaining what you need and why you need it. Work with your medical supply company for an extended payment plan. Hold a fundraiser. Consider using the alternative **Lanarkshire Oximetry Index** procedure. Or send the patient to a wound clinic or other healthcare provider who can perform the test.

It's time to step it up and take greater accountability—and to no longer use the excuse "We don't have a Doppler."

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