Welcome to the NHS Wound Management Center. We are fortunate to have you as one of our patients. Please take a moment to read a quick note from the CENTER’S MEDICAL DIRECTOR and our CHIEF OF STAFF, DR. BRENT ROTTON.

YOU ARE AN IMPORTANT MEMBER OF YOUR WOUND CARE TEAM.

Dr. Rotton wants you to know that he and his team will do their best to help your wound heal quickly and completely. However, they need you to take an active role in caring for your wound. “The healing process involves many factors. Our team will teach each patient what it takes to promote wound healing. It’s much more than changing a bandage. The success of wound healing depends on the patient’s level of commitment and environment.”

DR. BRENT ROTTON
MEDICAL DIRECTOR
Hyperbaric Oxygen Therapy is a medical treatment in which the patient breathes 100% oxygen while inside a chamber under pressure. This environment increases the oxygen content in the body by 10-20 times. HBOT is used as one part of an overall treatment plan, including surgery, antibiotics, and other therapies.

**WHAT IS HYPERBARIC OXYGEN THERAPY**

Hyperbaric Oxygen Therapy is a medical treatment in which the patient breathes 100% oxygen while inside a chamber under pressure. This environment increases the oxygen content in the body by 10-20 times. HBOT is used as one part of an overall treatment plan, including surgery, antibiotics, and other therapies.

**COMPLETE WOUND MANAGEMENT**

Northeastern Wound Management Center offers **COMPLETE WOUND MANAGEMENT** of:

- Arterial Ulcers
- Diabetic Ulcers
- Neuropathic Ulcers
- Pressure Injury
- Problematic Surgical Wounds
- Traumatic Wounds
- Venous Stasis Ulcers

Along with traditional treatment options, the center offers **ADJUNCTIVE THERAPIES** including:

- Bioengineered Skin Substitutes
- Compression Wraps
- Debridement
- Hyperbaric Oxygen Therapy
- Skin Grafting
- Specialized Dressings
- Wound Vacuum Systems

**HYPERBARIC OXYGEN THERAPY**

**HYPERBARIC OXYGEN THERAPY IS INDICATED FOR THE FOLLOWING CONDITIONS:**

- Actinomycosis
- Acute peripheral arterial insufficiency
- Acute Traumatic peripheral Ischemia
- Air or gas embolism
- Carbon Monoxide poisoning
- Chronic Refractory Osteomyelitis
- Crush injuries
- Cyanide poisoning
- Decompression Illness
- Failed Diabetic wounds > or = to Wagner Grade 3
- Gas Gangrene
- Necrotizing fasciitis
- Osteoradionecrosis
- Preparation of compromised skin grafts
- Preservation of compromised skin graft
- Soft tissue radionecrosis