

Medicare Approves Hyperbarics to Treat Diabetic Wounds and Foot Ulcers

Studies show that hyperbaric oxygen therapy decreases the requirement for amputations by over 50% and decreases morbidity.



How Hyperbarics Helps



Stimulates angiogenesis



Salvages and revitalizes
damaged tissue



Stimulates stem cell
reproduction and mobilization



Stimulates up-regulation
of growth hormones



Enhances delivery
of antibiotics



Down-regulates
inflammatory genes

What Research Says

The experimentally demonstrated effects of hyperbaric oxygen therapy on:

- Improving wound tissue hypoxia
- Enhancing perfusion
- Reducing edema
- Downregulating inflammatory cytokines

- Promoting fibroblast proliferation, collagen production, and angiogenesis
- make it a useful adjunct in treating problem wounds such as diabetic foot ulcers.

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Is Hyperbaric Oxygen Therapy Approved?

Complications associated with diabetes are the leading cause of non-traumatic lower-extremity amputations. Hyperbaric oxygen therapy, as a medical treatment for diabetic wounds of the extremities, is approved by Medicare and the FDA, and is reimbursed by most private insurance companies. Fortunately, hyperbarics delivers oxygen directly to hypoxic tissues where vascularization

has been diminished by complications from diabetes. When patients breathe pure oxygen under pressure, the body absorbs measurably more oxygen than it otherwise can. This increased oxygenation in areas with hypoxic tissue promotes healing and tissue regeneration, making it an essential tool in the treatment of diabetic wounds and ulcers of the extremities.

How Does HBOT Help Diabetic Wounds and Foot Ulcers?

HBOT has been proven effective in the treatment of diabetic wounds and foot ulcers for several reasons:

1. Increased Oxygenation:

Diabetes can cause damage to blood vessels, leading to decreased blood flow to the extremities. This can make it difficult for the body to get the oxygen and nutrients it needs to heal wounds. HBOT increases the amount of oxygen in the body, allowing it to bypass damaged blood vessels and reach the affected areas more easily.

2. Improved Tissue Regeneration:

HBOT has been shown to stimulate the growth of

new blood vessels and promote the production of collagen, which is essential for the healing of wounds.

3. Reduced Inflammation:

Diabetes can cause chronic inflammation in the body, which can slow the healing process. HBOT has been shown to reduce inflammation and improve immune function, which can help speed up the healing process.

4. Antibacterial Properties:

HBOT has been shown to have antibacterial properties, which can help reduce the risk of infection in diabetic wounds and foot ulcers.

What Does the Research Say?

Numerous studies have investigated the use of HBOT in the treatment of diabetic wounds and foot ulcers, with promising results. A systematic review published in the journal *Diabetes Care* found that HBOT was associated with a significantly higher rate of wound healing compared to standard care. In another review of 763 patients across seven studies, amputation rates decreased from 43% in patients who did not receive hyperbarics to 21% in patients who received hyperbaric oxygen therapy.

In addition, a randomized controlled trial published in the *Journal of Diabetes and its Complications* found that HBOT was effective in reducing the risk

of amputation by over 50% in patients with diabetic foot ulcers. In another study published in *Diabetes Care*, patients who received HBOT had a significantly lower risk of amputation than those who received standard wound care. After one year, only 6.5% of patients who received HBOT had undergone amputation, compared to 24% of patients who received standard wound care.

In another randomized, controlled trial published in the *New England Journal of Medicine*, patients with diabetic foot ulcers who received HBOT had a significantly higher rate of healing than those who received standard wound care treatments alone.

The study found that after 12 weeks, 56% of patients who received HBOT had complete healing of their foot ulcers, compared to only 39% of patients who received standard wound care. Another study published in the Journal of Wound

Care found that HBOT was effective in reducing the size of diabetic foot ulcers. The study included 28 patients with diabetic foot ulcers who received 40 sessions of HBOT. After 40 sessions, the average size of the foot ulcers had decreased by 92%.

Our Physician Partners Have Referred Thousands of Patients

Our physician partners have referred thousands of patients with non-healing diabetic foot wounds. Of those patients, over 75% have seen near complete healing, while over 90% have seen a significant decrease in the size of their wounds.

Our medical director and nurse practitioners work closely with your care team. Have your office call our practitioners today to discuss how we might help you heal your patients.

Research Studies

[Mary E. Hanley; Biagio Manna, July 18, 2022](#)

Hyperbaric Treatment of Diabetic Foot Ulcers

Diabetic foot ulcers (DFU) occur in approximately 15% of patients with diabetes mellitus (DM) and are commonly located on the plantar weight-bearing surfaces of the foot. Of those patients who develop a diabetic foot ulcer, 6% will be hospitalized for infection or other ulcer-related complications, and 1% of these will require amputation. Complications in patients with diabetes are the leading cause of nontraumatic lower-extremity amputations. This activity discusses hyperbaric oxygen therapy as an effective treatment option.

[Kranke P, Bennett MH, Martyn-St James M, Schnabel A, Debus SE, Weibel S. The Cochrane Library 2015, Issue 6](#)

Hyperbaric oxygen therapy for chronic wounds (Review)

Chronic wounds are common and present a health problem with significant effect on quality of life. Various pathologies may cause tissue breakdown, including poor blood supply resulting in inadequate oxygenation of the wound bed. Hyperbaric oxygen therapy (HBOT) has been suggested to improve oxygen supply to wounds and therefore improve their healing.

Löndahl M, Katzman P, Hammarlund C., *Diabetes Care*. 2010;33(5):998-1003

Hyperbaric oxygen therapy facilitates healing of chronic foot ulcers in patients with diabetes

Chronic diabetic foot ulcers are a source of major concern for both patients and health care systems. The aim of this study was to evaluate the effect of hyperbaric oxygen therapy (HBOT) in the management of chronic diabetic foot ulcers.

Benjamin A. Lipsky, *Diabetes Care* 2010;33(5):1143-1145

Hyperbaric Oxygen Therapy for Diabetic Foot Wounds: Has Hope Hurdled Hype?

Hyperbaric oxygen therapy (HBOT) has been promoted as an effective treatment for diabetic foot wounds, and the first controlled trial for this indication was reported (in *Diabetes Care*) over 20 years ago (1). Advocates have suggested that the experimentally demonstrated effects of HBOT on improving wound tissue hypoxia, enhancing perfusion, reducing edema, downregulating inflammatory cytokines, promoting fibroblast proliferation, collagen production, and angiogenesis make it a useful adjunct in clinical practice for “problem wounds,” such as diabetic foot ulcers.

Patient Experiences

Bay Area Hyperbarics has healed hundreds of patients with diabetic wounds of the extremities over the last 24+ years.



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Ankur is a software engineer in Silicon Valley with diabetes. Prior to coming to hyperbarics his podiatrist accidentally cut his toe while clipping his right big toe. The toe became swollen and infected, and no matter how much the podiatrist cleaned it and antibiotics did not help. The color of his toe went from red, to purple to a little dot of black on the bottom. When his physicians started to talk about amputation, his vascular surgeon prescribed hyperbarics. He was hobbling with a cane by that time and was quite scared. Hyperbarics stimulated his body to send out new growth factors, new blood vessels grew, and new nerves developed until his toe was healed. When he left us after 52 treatments he was walking without a cane and without pain.

Ankur, 54

Hyperbarics was the last option for Aryan's toe before amputation. Fortunately, hyperbarics healed the wound.



Amita was an active hiker, but because of gangrene, lost all the toes on her right foot. Unfortunately, the surgical wound from the amputation would not heal, and her doctors were planning to amputate her foot. After a series of HBOT sessions, her wound healed up. A year later when we checked in with Amita, the wound was still healed.

Amita, 22

Gangrene on her foot would not heal. HBOT prevented amputation.

Refer a Patient

Refer a patient in three easy steps.

1 You submit patient's information

As a provider, your office fills out and faxes back the Patient Referral Form. Have questions? Call us!

2 We get authorizations

We make sure the patient understands treatment and then follow the prescribed protocol to get the patient on the road to recovery!

3 Patient starts HBOT

Our medical staff meets with the patient to ensure that HBOT is appropriate, and contacts Medicare or private insurance to receive authorization.



Scan for Patient Referral Form



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