

HBOT heals Sores, Injuries and Non-healing Wounds

Our clinic has healed hundreds of patients with problem or non-healing wounds that have been referred by our physician partners.



How Hyperbarics Helps



Reduces pain and swelling



Regrows healthy tissue,
skin and bones



Kills bacteria, infections and
supercharges antibiotics making
them more effective



heals ulcers, wounds and
injuries faster



Increases stem cell
mobilization and reproduction

What Research Says

Numerous studies have documented the benefits of hyperbaric oxygen therapy (HBOT) for healing diabetic wounds and delayed radiation injuries.

HBOT supports healing by increasing neovascularization by angiogenesis (growth of new blood vessels from endothelial cells) and vasculogenesis (recruitment and differentiation of the wound bed of circulating stem and progenitor cells). HBOT is also bacteriostatic and bactericidal,

improves post-ischemic tissue survival, and improves chronic osteonecrosis.

HBOT has also been shown to help heal a wide range of additional injuries that are also characterized by low oxygen and low blood flow, such as compromised flaps and grafts, osteomyelitis and burns.

 (408) 356-7438

 <https://qrco.de/non-healing-wounds>

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When oxygen tensions are elevated, the initial effects of increased production of reactive oxygen species (ROS) and reactive nitrogen species (RNS) result in:

Improved neovascularization with Increased wound growth factor synthesis SPCs mobilization from bone marrow Improved post-ischemic tissue survival - Neutrophil B-actin s-nitrosylation Lower

monocyte chemokine synthesis Ischemic preconditioning changes HO-1, HSPs, HIF-1 Ischemic preconditioning changes HO-1, HSPs, HIF-1

We have worked with hundreds of physician-referred patients with non-healing wounds that are a result of diabetes or delayed radiation injury.

Research Studies

Undersea and Hyperbaric Medical Society

Delayed Radiation Injury (Soft Tissue and Bony Necrosis)

Hyperbaric oxygen is among the most studied and frequently reported applications in the treatment of delayed radiation injuries. This application of hyperbaric oxygen to the treatment and prevention of delayed radiation injury will be the topic of this chapter. The management of delayed radiation injury, especially when bone necrosis is present, requires multi-disciplinary management. The nature of delayed radiation injury, the mechanisms whereby hyperbaric oxygen is effective, clinical results, the effects of hyperbaric oxygen on cancer growth and future areas for research will be discussed.

National Library of Medicine

Clinical Effectiveness of Hyperbaric Oxygen Therapy in Complex Wounds

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Hyperbaric oxygen therapy for the management of chronic wounds: patient selection and perspectives.

The Undersea and Hyperbaric Medical Society includes “select problem wounds” as an accepted indication for the use of hyperbaric oxygen (HBO₂), however, the treatment of diabetic foot ulcers (DFUs) has dominated any discussions of problem wounds because of the prevalence of DFUs in today’s patient population and the reimbursement available for their treatment. Other wound types (eg, calciphylaxis ulcers, sickle cell ulcers, and pyoderma gangrenosum) that have well-deserved reputations as problem wounds have been infrequently treated with HBO₂. While there are sound fundamental reasons why additional oxygen may have benefits in the treatment of these wounds, the challenge is finding enough high quality evidence to support routine use of HBO₂.

Patient Experiences

Bay Area Hyperbarics has healed hundreds of patients with stubborn and non-healing wounds over the last 20 years.



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David, a retired software project manager, had a 100% arterial occlusion for which he received an arterial stint. When a 2 1/2 inch diameter wound on his right leg with a graft wouldn’t heal, he came to HBOT. After receiving his prescribed HBOT sessions, the wound closed, and he was able to resume his typical activities.

David, 64

A wound on his leg, with a skin graft, would not heal. After HBOT, the wound closed.

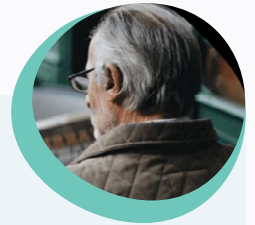


”

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.



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John had compartment syndrome and infections after having received multiple surgeries over 6 months. He also had a failed graft. John's doctor sent him to HBOT to prepare him for a new graft, which was successful. After applying the new graft, John's doctor sent him back to HBOT to help the new (threatened) graft heal. In the end, John's grafts all healed.

John, 72

Had skin grafts that had trouble healing. HBOT helped the threatened grafts heal.

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

 **Call Us: (408) 356-7438**