



Associates in Vascular Care  
Improving Circulation, Restoring Lives

# Wound Care at Associates in Vascular Care

FROM LORI BOYLE, APN, CWS



## Q. Tell me more about your background and what brought you to Wound Care as a specialty.

I am a Jersey girl, born and bred! I earned my RN in 1997 from an old-fashioned hospital-based nursing program at Christ Hospital School of Nursing in Jersey City. In 2001, I moved to the Bayshore area and soon started working on a regular nursing floor at Bayshore Hospital. One day, the staffing office asked if I would mind floating to the Wound Care Center that was located off the main campus of the hospital. I said sure! And since I seemed to be the only one in the float pool willing to go there, I soon became the regular coverage for when one of the wound care nurses needed a day off. And that was it, I fell in love with wound care. Once the Wound Center moved back on premises, I became part of the regular staff and eventually a case manager, and wound care became my primary focus as a nurse.

## Q. What brought you to Dr. Pennycooke and the Associates in Vascular Care Team?

I first met Dr. Pennycooke at Bayshore Wound Care Center. He was the new kid on the block in vascular surgery, fresh out of fellowship and a new panel physician at the Wound Center. Around that time, I had just gone back to school to work on my bachelor's degree and eventually master's degree in nursing to become a nurse practitioner. After graduating, I moved on to practicing wound care in Essex and Somerset counties. Little did I know, Dr. Pennycooke had recently opened his own practice with an Ambulatory Vascular Center and was looking for someone to join the practice with exactly my skill set, as wound care and vascular medicine really do go hand in hand. When I called him, it was like reaching out to an old friend. The best part is that when we met in person, and it had been about two years since we had seen each other, we were both in sync about our vision for the future and what we hope to do for this Monmouth County community as health care providers. We really have a common vision

focused on providing comprehensive care focusing on the whole person, hoping to improve quality of life for the patients we see. In the 5 years that I have been with Associates in Vascular Care I have enjoyed a true collaborative relationship with Dr. Pennycooke that results in the best outcomes for our patients.

## Q. What are some common misconceptions about wound care?

There are a few. I think one of the biggest misconceptions I encounter is the old wives' tale about "letting the air get to it". Wounds do not need air. Evidence based practice for wound care tells us that a moist environment and keeping wounds covered leads to faster healing and reduced scarring. Another misconception is that all wounds need antibiotics. Most do not. Antibiotics do not heal wounds. If a wound is infected, of course antibiotics will treat the infection. But continuous use of antibiotics, even over the counter antibiotic ointments can not only be unnecessary but also lead to delayed wound healing. A third misconception is that bandages should be changed frequently, even multiple times a day. In an outpatient setting, most wounds need a daily dressing change or less. Depending on the wound and the product I prescribe, some wounds only need the dressing changed every two to three days, and in the case of venous leg ulcers weekly is most often recommended.

## Q. What do you hope to achieve by bringing attention to Wound Care Awareness Month?

My goal in promoting Wound Care Awareness month is to let people know that wound care exists as a unique specialty with specific skills and knowledge. Many people do not realize that wound care specialists exist. Chronic wounds in particular, require specialized care from qualified clinicians, trained in the most up to date, evidence based treatment modalities in order to obtain the best outcomes.

## Q. What is the most rewarding part of your job?

The most rewarding thing about my job is seeing patients get better and regain a piece of their life that they had been missing. This is true for both the wound care work I do and for the vascular medicine part of my job. I cannot tell you how fulfilling it is to see patients able to wear two matching shoes for the first time in months because their wound is healed. Or fit into shoes at all because we helped them get their leg swelling under control. Or walk pain free because we treated their peripheral arterial disease. Most of the patients we see, follow up with us regularly, especially the wound care patients, most of whom come in weekly until their wound is healed. They become like family, not just to me but to the whole staff. We get to know about them and their lives. We celebrate their triumphs with them, and we hold their hands during difficult times. We truly have the best health care team with whom I have ever worked. When our patients are here, we want them to feel like they are home.

