

## **Grand Round Presentation: Wound Healing with Acupuncture**

**Presented by Mona Lee**

**Date: 7/24/06**

**Initial Intake:** 5/11/06

**Patient:** Female

**Age:** 67 years

### **Chief Complaint:**

Patient c/o severe stomach distention type pain with a painful pulling sensation over surgical site since the surgery on 1/3/06.

### **Present Hx:**

Patient stated that on 1/2/06, she had some abdominal pain that was diffuse in nature centering in the lower part of her abdomen. She did not think anything of this pain because she has diverticulosis, which was diagnosed about 10 years ago. The pain was dull in nature, she also complained of mild nausea as well. She went to bed on 1/2/06 and woke up in the early morning with severe pain of her entire abdomen starting from her pubic region to under her ribs. She also noticed that her entire stomach was extremely swollen and felt very hard to the touch. She went to the hospital emergency room and the doctors performed an exam on her. She stated that before they finished the examination, she started to lose consciousness but understood that the doctors were telling her that she needed emergency surgery because she had the signs of peritonitis. The patient stated that when she woke up from the surgery, she was told that she had peritonitis with purulent pus in all four quadrants of her abdomen because one of the diverticula had ruptured and that she was lucky to have survived the ordeal. Because of the ruptured diverticula, she had a colostomy bag put in to allow for waste removal. The patient was hospitalized for 10 days on IV antibiotics. The patient stated that there was a problem on two spots of the surgical scar in which it was not healing properly. She had the VAC therapy several times and was in and out of the hospital following discharge because of poor healing of the surgical site.

Patient is here today with complaints of a distending pain over her abdomen, she also c/o excessive gas in the abdominal region as well. Patient stated that she also has a tight pulling pain over the scar that worsens with activity (especially walking) or sitting for prolonged periods of time (when driving in a car). Patient also states that she has no appetite and that she cannot eat because of the bloated feeling in her stomach. Patient states that she tries to eat frequent small meals and because she is not eating very much food, she feels very, very weak and very, very tired. Patient has been on a soft puréed diet and has just recently begun to eat small amounts of solid food. Patient also c/o diarrhea, especially when she over eats. Patient stated that today, she would like to have the pain in her abdominal region worked on since that is her major complaint.

### **Observation of Patient:**

Patient appeared to be very thin, walked slowly and cautiously D/T pain. Her face was pale, slight sweating was noted on her face and her voice was very low and slow.

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### **Ten Questions:**

Only positive finding was that she c/o distending pain in her abdomen with a pulling pain over the surgical site. Patient also c/o a lot of gas in her abdominal region that felt distending in nature. Tongue: Red/purple color, thin, dry, body with no coating in the front of the tongue and slight yellow coating at the root. Also have a crack down the middle of the tongue.

**Pulse:** Sinking, Soft and weak – all positions  
Barely palpable in the third level

### **Palpation and Examination:**

Patient's abdomen appeared to be quite distended. During palpation, patient c/o pain in the right upper and lower quadrant of the abdominal region, pressure on certain points were very painful to the patient. Abdominal region rebounded when pressed, feeling like a balloon filled with air. Scar was very red and raised and appeared to be adhered to the underlying tissue. There were two small areas (one on scar above level of umbilicus and one below level of umbilicus) in which does not appear to be fully healed with clear bloody drainage oozing from the wound. Size of the wound was less than 1/2 cm. Colostomy bag was in place and appeared to be unremarkable. Though patient did not c/o spontaneous sweating, it was noted that her skin was damp to the touch.

### **Analysis of Information:**

1. Patient has distending abdominal pain that worsens with activity or prolonged sitting – indicating Qi stagnation with underlying Qi deficiency.
2. Patient complaints of excess gas in her stomach/abdominal region – indicating Qi stagnation
3. Poor appetite with diarrhea when she over eats – indicating spleen is not performing its T/T function.
4. Pale face with slight sweating – indicating Qi deficiency.
5. Pulling pain over surgical site – surgical scar being stretched due to Qi distention.
6. Tongue – Red / purple color indication heat with underlying stagnation.
7. Thin tongue body with no coat in the front of the tongue and slight yellow root indicating deficient heat.
8. Dry tongue- indicating drying of the body fluids
9. Pulse - sinking, soft and weak in all positions that are barely palpable – indicating Qi Stagnation with Qi and blood deficiency.
10. Damp skin – indicating spontaneous sweat indicating Qi deficiency
11. Poor wound healing – indicating Qi and blood deficiency

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## TCM Differentiation:

1. According to Eight Principles – Internal Deficiency syndrome with underlying yin deficiency.
2. According to etiology – Internal damp accumulation D/T spleen T/T dysfunction.
3. According to Qi, Blood and Body Fluid- Qi Stagnation and Qi/blood deficiency with malnourishment of the body.
4. According to Organ Theory – Spleen Qi deficiency

## TCM Diagnosis:

1. Abdominal Distention with diarrhea D/T Qi Stagnation with underlying Spleen Qi deficiency.
2. Poor Wound Healing D/T Qi and blood deficiency.

## Treatment Plan:

Tonify blood and activate Qi to relieve abdominal distention and promote wound healing.

Because the patient was so very weak, initial treatments concentrated on healing her wound and subsequent treatments will address her deficiencies.

## Point Selection:

1. Surround the Dragon Technique using 1 cun needles
2. Yang Puncture encompassing the painful area of her right abdomen.

- **NOTE: VERY CAREFUL PALPATION WAS PERFORMED OVER ABDOMINAL SITE AND SURGICAL SCAR SITE TO EVALUATE HOW THIN HER SKIN WAS AND HOW SUPERFICIAL HER INTESTINES WERE TO PREVENT PUNCTURING HER INTESTINES – PERFORMED PRIOR TO EACH TREATMENT EVERY TIME.**

## Results of Treatment:

After 4 treatments, scar above the umbilicus became pink, and flattened and wound was healed completely. By the eighth treatment, wound below the umbilicus was 95 percent healed and no longer draining fluid. Scar below the umbilicus was also more flattened but still darker than the scar above the umbilicus because needles could not be placed to the left of the scar because of the colostomy bag.

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### **Conclusion:**

I feel quite excited with the results of the treatments for this particular patient because this patient was back and forth in the hospital with VAC therapy but still, her surgical wounds were not completely healed. I would like to point out that wounds like the ones this particular patient had is very dangerous despite the very small size. Because the diameter of the wound is insignificant, it is the **depth** of the wound that is critical. A pin hole size wound can be deep like a tunnel or fissure and cannot be detected from the outside, therefore, infection is a very high risk for patients like this. As a physical therapist schooled in western medicine, I had the opportunity to work with wounds in varying stages of non – healing. I feel that acupuncture gives amazing results in a shorter frame of time for wound healing when compared to western medicine.