



## Oxygenate yourselves! -The Hyperbaric Centre Magazine

No. 30 – November-December 2016



In 2010 the Hyperbaric Centre of Ravenna directed by Dr. Pasquale Longobardi started a new experience with the blog [www.iperbaricoravennablog.it](http://www.iperbaricoravennablog.it). The aim of the blog was to share the stories of the patients because we believe that the solution to one's problem is often the solution to the problem of so many others.

This experience led to "Oxygenate yourselves!", the blog magazine of the Ravenna Hyperbaric Centre. The magazine is a new tool to read and preserve the most widely read stories. This number contains the most-read articles in November and December 2016.

### Rosita Romor, President of ANFISC and her battle against Fibromyalgia



Rosita Romor is the Founder and President of the ANFISC non-profit Italian association, dealing with Fibromyalgia, Myalgic encephalomyelitis and Multiple Chemical Sensitivity. She also took part to the 22<sup>nd</sup> SIMSI Congress in October 2016. We would like to tell you about her story, the work she does and carries forward each day and the prospects waiting for her and her association.

Last spring at the Hyperbaric Centre of Ravenna we created a high-level multidisciplinary approach to help patients suffering from fibromyalgia improve their situation. We are working together closely with Rosy and with other territory associations to safeguard the victims from this debilitating disease.

#### Dear Rosy, can you introduce us your Association and your work path?

I started dealing with fibromyalgia in 2003 and in 2007 I founded the Association, of which I am still the President, to raise awareness regarding fibromyalgia chronic pain and many related disorders, but also about Benign Myalgic encephalomyelitis and Multiple Chemical Sensitivity, because the three diseases, although different from each other, can often be present in the same person.

The Association has its registered office in the Province of Belluno and is formed by patients from all over Italy and provincial and regional representatives from many regions operating on the territory to provide correct information on the pathologies and the activities we carry out.

For the scientific part, a group of multispecialist and multicentric doctors has been formed to

understand and handle all the patients' needs and study their pathologies in the best possible way.

Our Association was founded with the aim to:

- make a correct information/training on the pathologies;
- carry out all the established goals, by creating a Centre of Reference with all the necessary specialist medical figures to make correct diagnosis, study and research and to offer patients the possible therapies and necessary treatments for a better life quality;
- activate and develop the scientific projects of research to find the main cause of these diseases;
- reach, through the Ministry of Health, the official recognition of the pathologies and their addition in the Essential Levels of Assistance (LEA); establish the disability decree and attract the interest of the selected Institutions to establish a healthy collaboration, thus creating a set of coordinated ANFISC outpatients' clinics.

### **Which goals did you reach in these 13 years of work of the Association?**

In 2009, thanks to Professor Silvano Adami, we opened the first university ANFISC outpatients' clinic in the rheumatology department of the Borgo Trento Hospital to study these pathologies, control the patients, make correct diagnosis and search for the most appropriate treatments. In 2013, the outpatients' clinic ended its study path highlighting symptoms, alterations and possible treatments available nowadays.

In 2013, thanks to the availability of Professor Enrico Polati, the first ANFISC outpatients' clinic was created in the Therapy and Pain Department of the Borgo Roma University, to make a correct diagnosis on fibromyalgia and to continue the studies and research to find the most appropriate treatments in order to alleviate the pain of those who suffer.

As regards the path of dialogue with the various institutions of the national territory and the creation of contacts and collaboration with the Health political institutions, in 2009 there was the first roundtable on fibromyalgia and benign myalgic encephalomyelitis with the Vice-minister and then Minister Ferruccio Fazio.

Fazio agreed with the Official Recognition of the Pathologies, but his mandate was too short and we didn't manage to complete the works.

In 2012 we started again the path with the Minister Renato Balduzzi, but even his mandate was too short.

To my great satisfaction, today the works for the official recognition of fibromyalgia are continuing with the Health Minister Beatrice Lorenzin.

In the Veneto region we managed to have Multiple Chemical Sensitivity recognized in 2013 and in 2015 both Fibromyalgia and Benign Myalgic encephalomyelitis as well. All of them were recognized by Legislative Decree.

The ANFISC non-profit association is followed by more than 5000 people and we are present in almost all Italian regions with representatives, registered members and doctors who collaborate with us.

We constantly keep everybody updated through our website [www.anfisc.it](http://www.anfisc.it) and our Facebook page. You can also contact us at the following email address: [info@anfisc.it](mailto:info@anfisc.it)

### **Can you tell us what does it mean to live with fibromyalgia and what are the patients' needs?**

Speaking about pain is not easy: pain can't be seen, measured or listened. Pain can just be lived or believed.

My interest for pain derives from a very serious car accident I had when I was 17. It led me to know

every kind of pain: I survived by a miracle, but I paid dearly for it.

Speaking about fibromyalgia, its pain and all the inconveniences involved with a doctor can be really embarrassing and difficult. One hour of session is not enough and you don't just need a doctor who visits you to find the most suitable therapies, but also someone with a fine ability to listen, learn and believe.

This is necessary not only to find a correct diagnosis, but also to make a person feel considered and not an imaginary sick man left alone.

Living with fibromyalgia means living with loads of inconveniences that impede the daily life. It means to get out of bed more tired than the night early, to sleep bad and wake up more than once at night, to feel pain also when resting, to wake up rigid and to wait at least one hour before reactivating all your functions. It also means to tackle a day with a heavy body as if you constantly had a weight of 50 kilos on the shoulders, to have a pain that kills your muscles, to feel high temperature, to suffer from neuropathies, joints pain, headache, dizziness, lack of balance, pains, visceral colics and much more.

Living with fibromyalgia means dealing every day with your body and listen to its limitation messages. You don't live your body anymore as you want, but it's your disease that controls your it and keeps you imprisoned, controls how you live and move, what you eat, how much you sleep and you can concentrate. Both in study and work it keeps you away from your social life.

Fibromyalgia is defined by patients as "A Beast" that controls your body. It's not easy to live with it and sometimes it's even impossible; as a consequence depression is inevitable. Maybe it's because of this that the BEAST wants to appear and with the weakest people it plays at home.

Fibromyalgia is a painful reality that doesn't let you live; it changes your life radically and like a cancer it exhausts you without letting you die.

More practically, the patient's needs and for all of us taking care of them are:

1. Find doctors and specialists correctly prepared on these pathologies.
2. Find a doctor who listens to you: the patient must be believed and not be considered an imaginary sick man and left alone.
3. Have a correct diagnosis without having to wait for months or years.
4. Be correctly informed on the pathology.
5. Have all the best, most adequate and customized treatments (medication is not the same for everyone).
6. Raise awareness in the GP about the existence of this pathology, for many still unknown or fictitious.
7. Raise awareness in the various specialists about the various symptoms concerning this pathology, especially neurologists, so that they can deal with this great dilemma and undertake studies and research to find the main cause and as a consequence the best treatment, or better still, the prevention.
8. Evaluate how much debilitating is fibromyalgia in the daily life of the patient by monitoring him. This would be useful for our Association as a next step to submit the various petitions to the Ministry of Health, to protect the patients' interests, recognize the civil invalidity and require norms that protect the sick person on work with tasks adequate to his physical capacities, so that the Italian Social Security Service, the Italian government agency for the insurance against work-related injuries and the Legal Medicine, can take charge of it. We would like to remind you that all these people are invisible for the institutions.
9. Help our Association involve all the institutions designated by State and Regions, so that they can take charge of the patients and their

problems, but also to make people aware of this pathology.

10. People affected by fibromyalgia live a real ordeal; they desperately ask to be helped to stop this pain.

Being sick is not a privilege, but it's a condition that ties you down.

---

## Vasculitis, ulcer and thrombophlebitis: what shall we do?



Good morning, my mum has been diagnosed with ulcer vasculitis and thrombophlebitis. After the therapy with cortisone, blood vessels appeared to have improved in constriction.

I have been taking 30mg of Deltacortene each day for almost one month. The problem is that the wound is ulcerous because it hurts a lot.

Some inadine dressings have been applied. In the unfortunate case of a direct contact with water, it seems like she had touched acid in terms of burning and pain.

What can we do and how can we treat this symptomatology?

Thank you for your attention, Renato

***The Head of Nursing Klarida Hoxha answers:***



Dear Renato,

thank you for contacting us.

I'm so sorry for your mum.

Vasculitis are complicated ulcers and they are categorized as non-

healing wounds.

They are caused by an inflammation of the skin blood vessels usually with immunological genesis.

The immune system recognizes the body cells as "enemies" and attacks them, thus causing inflammation and vessels necrosis. They can occur in patients with rheumatic diseases; they are absolutely numerous and of different etiology.

The main concept is that wound is a disease symptom, not a disease, so healing the symptom doesn't solve the problem but it's necessary to understand which disease has caused it.

In your request I don't understand where the problem comes from.

What your mum needs is a multidisciplinary and multiprofessional approach to treat the ulcer cause.

To make a diagnosis of vasculitis I suppose you had a biopsy and specific blood exams. This helps you identify also the right therapy to improve the state of health from a systemic point of view.

From a local point of view it's necessary that the mum is followed by a nurse specialized in non-healing wound care. Vasculitis are really hard to treat and the pain is their main feature.

In addition to pain-specific therapies (it's better to rely on an antalgic specialist), it's possible to act locally through unaesthetic creams that have both a temporary action (in soothing background pain) and a procedural action (in changing the medication).

At our Centre we use Ortodermina (Lidocaine hydrochloride) together with non-adherent and non-aggressive medications, in order to facilitate its removal.

Vasculitis is an evolutive lesion, so it has its timing that needs to be respected. It's good to know and inform the patient that there are several phases to go through:

- Active phase: the lesion gets worse and wider, the perilesional skin is really suffering. There are also necrosis areas or fibrin, abundant exudation and marked inflammatory phenomena. For instance, in order to remove the necrotic tissue hydrogel might be used rather than other types of debridement that would cause pain.
- State phase: a neat reduction of the inflammatory factors, the wounds borders are similar to a burn, the lesion doesn't expand and the necrotic part is already removed.
- Remission phase: the lesion is granulating, the perilesional skin is pink and the exudation is contained. The analgesic therapy is in reduction and the medications don't present great difficulties.

At the Hyperbaric Centre we evaluate all these characteristics thanks to the work of our medical nurse team specialized in non-healing wounds.

Best regards,  
Klarida Hoxha

---

## Wound infection after the third Caesarean



Good evening,

I write you in desperation because I don't really know to whom should I turn and I hope you can help me in any way.

40 days ago I had the third Caesarean and since the beginning I started suffering from strong pains, so I understood that something didn't go well.

I was dismissed but after one week I was hospitalized again with very high fever and uterus infection. After 3 days of tarzocin in vein and always 40 degrees fever, two stitches came off from the wound and a lot of pus came out; immediately after that the fever started to decrease.

I had medications with oxygen water, rifocin and squeezing. After a few days I was dismissed but the pus went on coming out and I was given three different antibiotics: Augumentil, Ciproxin and Zitromax. I had 25 days of antibiotics in total but as soon as the hole seemed to close, it opened again.

The doctor cut the wound slightly and closed it with two stitches. After 5 days another hole opened again; a lot of serum mixed with pus came out again.

Yesterday my doctor decided to cut the wound again and close even that hole.

I start to believe that something more serious is occurring even though the blood tests are quite good (despite CRP of 1.4). I can't see anything from the ultrasound scanning and the doctors say that the uterus is back to its original size.

How come that once the situation looks better the stitches open again and the liquid keeps coming out?

I'm really terrified: they examined the pus as well and it resulted positive to Escherichia coli. Could you help me some way? Now that the doctor closed the wound again won't there be an internal collection of pus?

What can this be caused by?

Do you know somebody in Turin I can ask for?  
Thank you, Consuela

**Dr. Claudia Rastelli answers:**



Dear Consuela,

I'm so sorry for your condition, especially now that you should only celebrate for the baby's arrival and you find yourself handling an unpleasant infection.

My advice is to take an ultrasound scanning of the soft tissues to see if there is a collection of pus under the wound. If it is the case, it should be surgically debrided. Then, you need to start with an antibiotic and more focused treatment. This is the reason why I recommend a swab exam and an antibiogram that might provide more information for the doctor to find the most responsive drug.

In terms of medications, I would prefer to keep the wound open with an internal drainage to allow the purulent material to come out and, once the wound healed, to close the wound by secondary intention through the medications. It's important to take the blood tests to check the indicis of phlogosis.

In case the antibiotic and more focused treatment didn't give good response, I would combine a cycle of Hyperbaric Oxygen Therapy to check the soft tissues infection and facilitate the wound healing.

Unluckily, I don't know the situation in Turin, but if you want, we might treat you at the Hyperbaric Centre of Ravenna at our Wound Care Centre.

Best regards,

Dr. Claudia Rastelli

*Doctor in Medicine and Surgery at the University of Ferrara. Order of Physicians, Surgeons and Dentists of Rimini no. 2074*

---

## **Head necrosis of both femurs and collapse of the capitellum**



Good morning,

I write you on behalf of a patient affected by head necrosis of both femurs and collapse of the capitellum.

He is treated for acute lymphoid leukemia (ALL) and he already had a core decompression on his right femur.

He is about to have it on the other femur, while for the elbow they didn't provide us with a proper solution. Do you believe hyperbaric oxygen therapy can be useful?

Thank you, Marta

**Dr. Andrea Galvani answers:**



Dear Marta,

thank you for contacting us.

There are two different aspects to consider in your request:

- “acute lymphoid leukemia (ALL) treatment”: the description of the disease indicates that the patient is subjected to haematological treatments. This phase is obviously a priority with respect to osteonecrosis treatment;
- “collapse of the capitellum”: unfortunately there is no absolute indication for hyperbaric oxygen therapy when there has already been a collapse of the bone structure;
- “femur head necrosis”: the active path of the Hyperbaric Centre of Ravenna is the following: while having the visit to exclude possible contraindications to hyperbaric oxygen therapy, you also view the images of the magnetic

resonance through which you can obtain the “Steinberg degree”: there is indication for HBOT for 1 and 2 degrees (30 sessions at 2.5/2.2 ATA, 90 minutes daily session for 5-6 days per week).

At our Centre the patients are also visited by the physiatrist of the structure that, after the evaluation, will prescribe the possible physical therapy, magnetotherapy and, if necessary, a supporting pharmacological therapy.

I hope that I have answered your questions.

*Doctor in Medicine and Surgery at the University of Bologna. Order of Physicians, Surgeons and Dentists of Rimini no. 02337*

---

## Pressure therapy: how it works, when it is useful and how it acts



Today our physiotherapist Maddalena Vassura introduces us the pressure therapy and the care pathways where it is used. Pressure therapy is a therapeutic method employed in the medical field that helps exert a compression on the lower limbs and recalls the action of a lymph drainage massage.

It is used within a therapeutic process for the treatment of problems related to venous insufficiency, water retention (often together with cellulite) and problems of the lymphatic system such as lymphostasis and lymphedema. These pathologies cause accumulation of liquids and proteins in the interstitial spaces of the tissues, thus determining a deformity of the interested limbs.

The action mechanism is given by the characteristics of some special medical leggings that are used, made of pneumo compression bags that inflate and deflate in sequence.

The pressure exerted is set up by the competent medical staff according to the problems to be dealt with.

The pressure therapy's aim is to help the transport of fluids inside the body thus normalizing the venous circle and reducing the lymph stasis. The machine's goal is to support and incentivize the physiological movement of the flows in the veins and in the lymphatic vessels from the periphery of the limbs to the heart.



In the picture we can see how it works exactly: with a distal (distant) → proximal (close) trend.

Pressure therapy is used in particular when it comes to:

- lymphedema
- lymph stasis
- hematomas (e.g. postoperative)
- cellulite treatment in the initial stage
- heavy legs

Pressure therapy is an important therapeutic ally, but if not used correctly or in non-designated diseases, it can cause damages. This is the reason why it is important to consult the referring doctor or the specialist before taking it and to speak to competent medical staff.

Below we list the main use contraindications:

- Deep vein thrombosis
- Erysipelas
- Acute venous inflammations (phlebitis, thrombophlebitis)
- Arterial occlusions
- Renal/liver/heart failure

At the Hyperbaric Centre of Ravenna the specialist who deals with pressure therapy pathways is Dr. Fontana, physiatrist and coordinator of the rehabilitation staff.

Indeed, pressure therapy is often associated with other medical operations to increase its efficacy for example lymph drainage massages and/or bandages.

*Maddalena Vassura, physiotherapist*



## **Hyperbaric Centre of Ravenna**

via A. Torre, 3 - 48124 Ravenna (RA), Italy

Telephone +39 0544 500152 – Fax +39 0544 500148

Email [segreteria@iperbaricoravenna.it](mailto:segreteria@iperbaricoravenna.it)

[www.iperbaricoravenna.it](http://www.iperbaricoravenna.it) - [www.iperbaricoravennablog.it](http://www.iperbaricoravennablog.it)