Ruben Shearer

Submission to the Senate Inquiry: Medicare funding for Hyperbaric Oxygen Treatment

To Whom It May Concern;

I received Hyperbaric Oxygen Therapy Treatment to heal a peri-anal fistula (non-diabetic chronic wound) throughout 2012 until the funding ceased.

My peri anal fistulae developed around September of 2011 due to Crohn's disease. I had three operations to aid with the healing of this wound, the first to drain this wound and during the final two operations two Seton stiches were placed through the infectious wound. The procedure involves running a surgical-grade cord through the fistula tract so that the cord creates a loop that joins up outside the fistula. The cord provides a path which allows the fistula to drain continuously while it is healing, rather than allowing the exterior of the wound to close over. Keeping the fistula tract open can help keep from trapping pus or other infectious material in the wound.

Over several months and up until I began Hyperbaric Oxygen Treatment in August 2012, I'd had minimal healing, possibly 10%. After roughly seven treatments I began to a notice considerable reduction in the pain radiating from this area and the amount of pus and other infectious material passing through the Seton tracts. After 20 treatments I was able to confidently have the Seton stiches removed and I watched over the following period a continued healing of the wound.

In total I received 54 sessions of treatment and had great success – I estimate my wound has healed up to 90%, but due to the funding issues my treatment was cut short and my fistula hasn't fully healed, which is unfortunate.

This treatment has great potential for many people with different types or chronic wounds and can turn a wound that isn't healing by itself into a great healing success, as you can see from my experience.

Without funding for this treatment, much suffering will continue.

Kind Regards,

Ruben Shearer.