

## Vaporox: Healing Wounds and Boosting Revenue

By **Dustin Kruse, DPM**

As a private practice podiatrist, I strive to provide the best possible care while maintaining a viable business.

In 2019, Vaporox, Inc. asked me to replicate a 2007 clinical study of the healing efficacy of their novel Vaporox Hyperoxia Therapy (VHT<sup>®</sup>). I was curious, so I agreed.

As the primary investigator, I coordinated a three-clinic study that allowed subjects to remain under the care of their existing doctors. The study variable was the addition of VHT to existing treatment protocols. All wounds were chronic and Wagner 2 and Wagner 3 (without signs of osteomyelitis).

My study's findings, which were published in the March 2023 issue of *JAPMA*<sup>1</sup>, were remarkable.

I was so impressed with the study results that I accepted the role of Vaporox's Medical Director. In both the clinical trials and commercial use, I have treated many patients whose wounds had failed to heal with standard wound care. With VHT, my practice has produced an 83% + healing rate, thus saving many limbs and lives.

One surprising finding has been VHT's inhibition of local infection, even in those few patients that failed to heal. I have seen very few wound-related infections, hospitalizations, and amputations in my VHT patients.

On the business side, VHT Medicare reimbursement is well established, it doesn't require prior-authorization, and it's renewable. Currently, about 50% of commercial payors reimburse VHT. To date, providers have successfully billed and collected on almost 10,000 VHT treatments.

Vaporox provides a reimbursement guide that explains how to successfully bill for VHT. It offers a "prior authorization" service if that's your preference. I like to know that I have coverage *before* I start to treat a patient.

As a doctor in private practice, I like that Vaporox's business model re-



quires no provider capital investment. Other advanced wound care options often require hefty up-front provider investments while providing underwhelming healing efficacy and questionable prospects for reimbursement or patient payment.

VHT is a 56-minute adjunct treatment that can be administered under physician supervision by any clinical staffer. VHT's commercial treatment protocol involves an aggressive sharp-tool debridement once per week and VHT twice per week, in conjunction with, as necessary, other standard and/or advanced wound care, including topical medication, off-loading, and compression.

VHT<sup>®</sup> is a patented, FDA-cleared technology for the treatment of 9 types of wounds: DFUs, VLU, post-amputation healing sites, post-surgical, decubitus, skin graft sites, gangrenous, burn, and frostbite. VHT is an adjunct to standard wound care, and it improves the health of wound tissue via the administration of a low frequency, non-contact, non-thermal, ultrasound generated vapor, alternating with concentrated oxygen.

VHT hyper-saturates tissue, reduces bioburden, and stimulates angiogenesis, thereby promoting health and vitality to otherwise chronically degraded tissue.

VHT is a breakthrough for private practice wound care providers. VHT brings effective, advanced wound care into the private practice and boosts per-patient revenues—with zero provider capital investment.

Visit [vaporox.com](http://vaporox.com) or click here for more information.

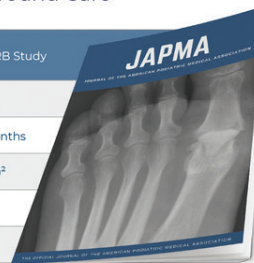
<sup>1</sup> *JAPMA*. 2023 March; 113, 2; 10.7547/20-259

**Dr. Kruse** is a private practice podiatrist board certified in foot and rearfoot and ankle surgery by the ABFAS. He lectures nationally and has multiple publications in peer-reviewed journals. Dr. Kruse is a consultant to many medical manufacturers and acts as the Medical Director for Vaporox. He is on the Board of Directors for the American Board of Foot and Ankle Surgery, Colorado Foot and Ankle Society, Highland's Foot and Ankle Institute, and is on the Residency Committee for Highland's/Presbyterian-St. Luke's Residency Program.

### RESULTS OF CLINICAL STUDIES

Treatment of Non-healing Diabetic Foot Wounds with Vaporox Hyperoxia Therapy in Conjunction with Standard Wound Care

DFUs (only)	2007 IRB Study	2019 IRB Study
Number of wounds	31	29
Average Wound Age	19.6 months	11.6 months
Average Wound Size	0.9 cm <sup>2</sup>	3.17 cm <sup>2</sup>
Resolved at 12 Weeks	77%	56%
Resolved at 20 Weeks	84%	83%



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