

For immediate release
March 30, 2017

Yukon physician and WGH pharmacist develop frostbite treatment that's a Canadian first

Yukon is well known for its cold climate, and now a local physician and pharmacist from Whitehorse General Hospital are garnering national attention for a new way to more effectively treat frostbite.

Dr. Alex Poole teamed up with hospital pharmacist Josianne Gauthier to introduce to Canada a frostbite treatment that's regularly used in Europe – a unique approach for the most severe cases that involves the traditional method of rapid rewarming of skin in combination with a medication called iloprost in hopes of reducing the chance of amputation.

“At the time, this approach was not well-known here and the drug was not available for use in North America,” says Dr. Poole. “We decided to work together to see what we could do to adopt this treatment method in the Yukon – and this started a series of discussions with Health Canada.”

The pair was granted special access by the federal agency to use the drug in the Yukon – the first and only Canadian jurisdiction known to receive such permission. Iloprost is used mainly to treat pulmonary arterial hypertension by dilating blood vessels – something which helps cold injury patients by moving blood to frostbite-affected areas of the body.

Over the course of several months, two patients with severe frostbite were treated at WGH, using rapid rewarming and medication. This led to positive outcomes for both – no amputation was required and minimal long-term effect from the cold injury. The results were published as a case study in last December's Canadian Medical Association Journal.

“This development has really put Yukon and WGH on the map,” says Gauthier. “Having this treatment method available close to home really benefits our hospital and patients, especially considering the cold climate we live in.” She adds that other facilities from across the country are contacting

the pair to learn more about this improved treatment.

Since the case study was published, Yellowknife's Stanton Territorial Hospital has also applied to Health Canada to use iloprost for its frostbite-related cases. However, Dr. Poole cautions that the drug alone is not a cure-all and that effective frostbite treatment involves a comprehensive approach using established evidence. In more severe cases, additional medication may be required to prevent blood clots from forming.

"It is critically important to seek care for frostbite within the first 24 hours of exposure," he says. "Unfortunately, many cases of the injury still go unchecked or people wait too long to seek medical assistance."

Dr. Poole and Gauthier are now developing on a new treatment protocol for hypothermia, designed to work with the frostbite treatment method on patients suffering from extreme cold exposure. He is scheduled to speak at the Canadian Association for Emergency Physician's national conference this June in the hopes of creating a new nationwide standard of cold injury treatment.

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