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BEYOND THE INCISION

Minimally Invasive Management of Hidradenitis Suppurativa (HS) in the DPC Setting

TRACEE SHORT, MD
Burn & Complex Skin Reconstruction Surgeon

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- Navigate to https://aafp1.cnf.io/ and tap the session titled "Beyond the Incision: Minimally Invasive Management of Hidradenitis Suppurativa (HS) in the DPC Setting"
- OR just point your phone's camera at the QR code to join directly

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Learning Objectives

1. Recognize the multifactorial etiology, clinical staging, and psychosocial impact of **hidradenitis suppurativa (HS)** in primary care populations.
2. Identify evidence-based, minimally invasive management options—including **laser therapy, biologics, hormonal therapies, and anti-inflammatory protocols**—that may be safely incorporated into a Direct Primary Care (DPC) setting.
3. Develop a stepwise HS management approach that improves patient outcomes, **expands in-practice treatment capabilities**, and supports continuity of care within the DPC model.

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Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: What is HS?

6

What is HS?

7

The Story You'll Recognize

The patient hiding in your practice.

> ***I've had boils for years —***
> ***I didn't know it had a name.***

THE LOOP THAT REPLACES A DIAGNOSIS

HS is common. HS is painful. HS is often missed.

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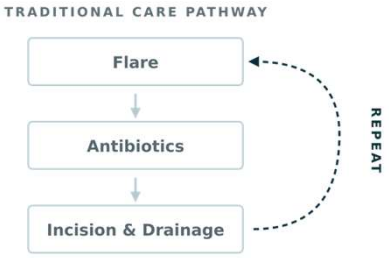
A Philosophical Reset

We have been solving the wrong problem.

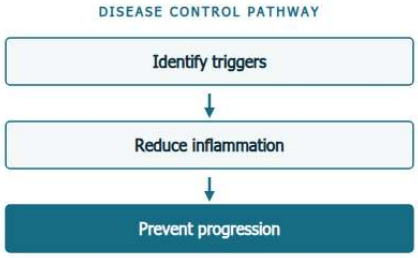
Old question

How do we treat the abscess?



Better question

Why does the inflammatory cycle keep restarting?



We spent decades chasing the consequence instead of controlling the disease.

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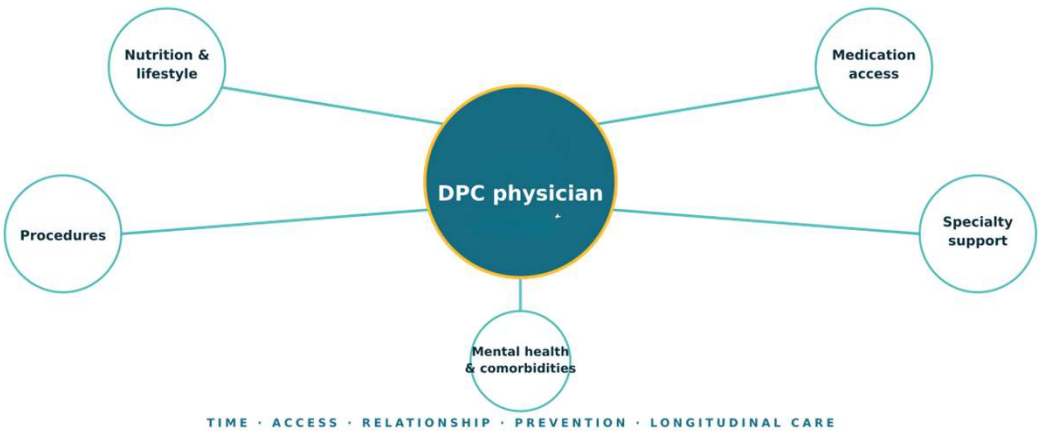
The Front Door for HS

Why DPC is built for HS.



Chronic diseases require chronic relationships.

2

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What percent of the population is affected with HS?

11

The Language We Use Changes the Care We Provide

HS is not "just boils."

How HS Gets Labeled

- Recurrent abscesses
- "Bad hygiene"
- Just infection

What HS Actually Is

- **Chronic inflammatory skin disease**
- **Follicular dysfunction**
- **Systemic contributors**

Change the diagnosis — change the care plan.

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Live Content Slide

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Poll: What diseases do you treat that may also have HS?

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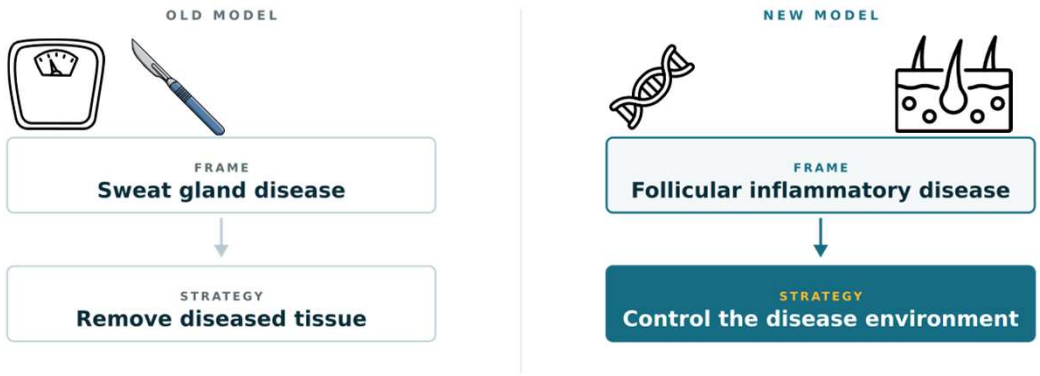
Location Problem → Disease Problem

The evolution of HS thinking.



The target changed. The treatment strategy must change too.

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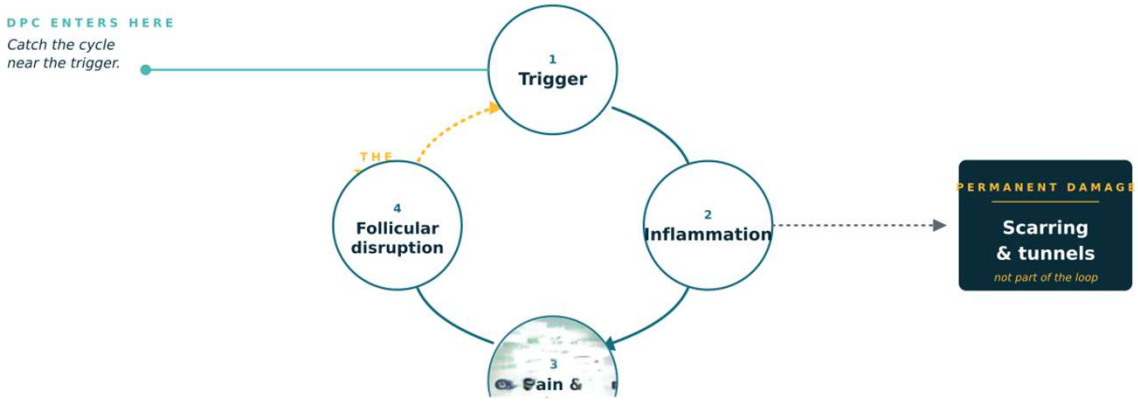
The Mechanism Behind the Disease

The HS cascade.



The earlier we interrupt the cycle, the less destruction occurs.

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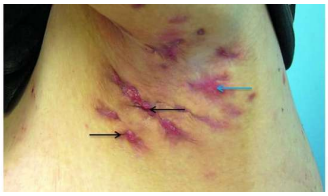
Think Action, Not Labels

Every stage has something we can do.

isolated nodule, no tunnels

Stage I

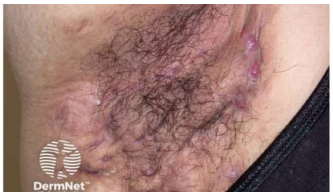
Recognize
+ prevent progression



recurrent · early tunnels

Stage II

Control inflammation
+ intervene



interconnected · advanced

Stage III

Stabilize
+ specialty partnership

Every stage has something we can do.

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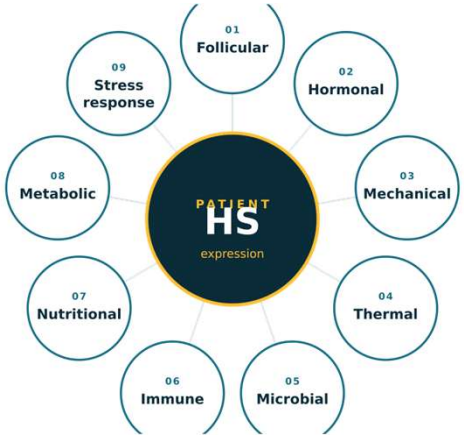
Why One Treatment Doesn't Work

The 9 Trigger Pathways

HS Is Not

a single-trigger disease.

Successful management requires understanding which pathways are driving *this patient.*



The Framework

Nine pathways converge into one disease — with one patient expression.

Different patients. Different triggers. Different plans.

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The Treatment System Often Fails HS Patients

The HS care gap.

HS patients don't fail treatment.
The treatment system often fails HS patients.

CURRENT PATHWAY — FRAGMENTED

DPC RELATIONSHIP — CONTINUOUS

The missing ingredient: continuity.

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The DPC HS Toolkit

What HS patients need is already in your office.

The missing piece is the HS roadmap.

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Timing Changes Options

Early access changes the disease course.

Your advantage is not a different medication. It's seeing the patient sooner.

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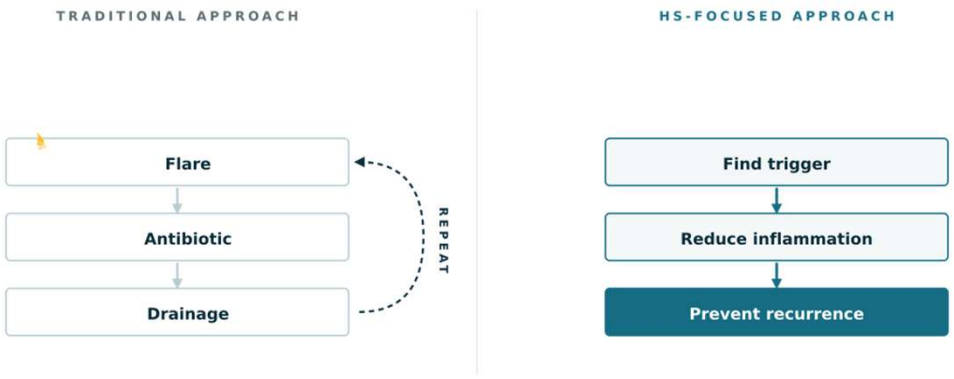
Treat Differently, Not Just Faster

Stop chasing flares.



The goal is not better flare treatment. The goal is fewer flares.

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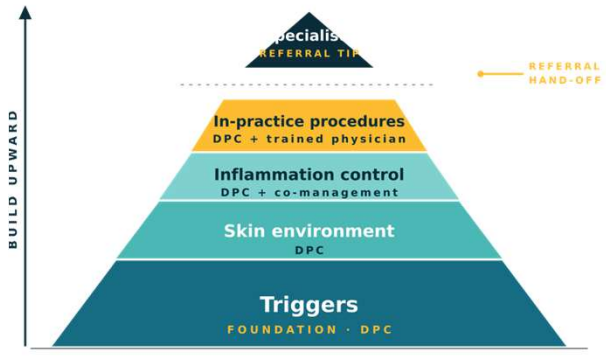
Disease Control Requires a System

The new HS care model.



Disease Control Requires

- Hair management
+
- Inflammation control
+
- Trigger reduction
+
- Targeted treatment

HS management is a system — not a prescription.

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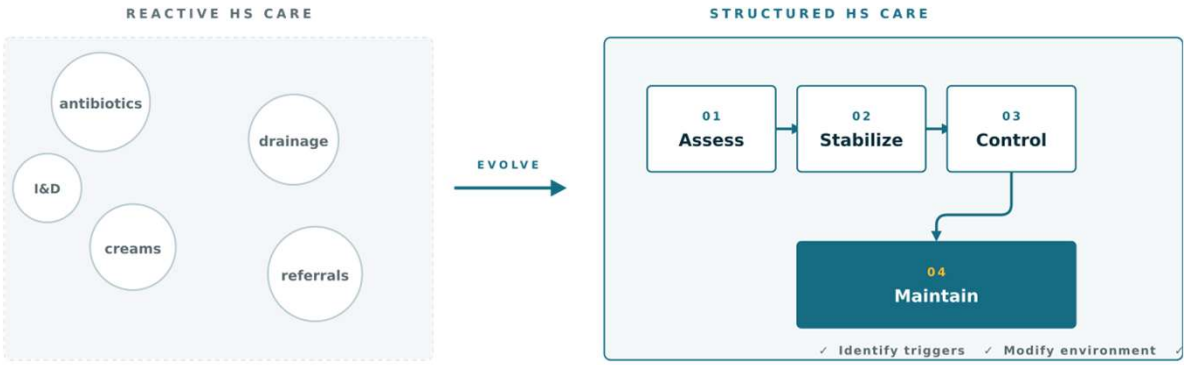
Treat the Ecosystem, Not the Episode

From random treatments to a reproducible system.



Treat the ecosystem — not just the episode.

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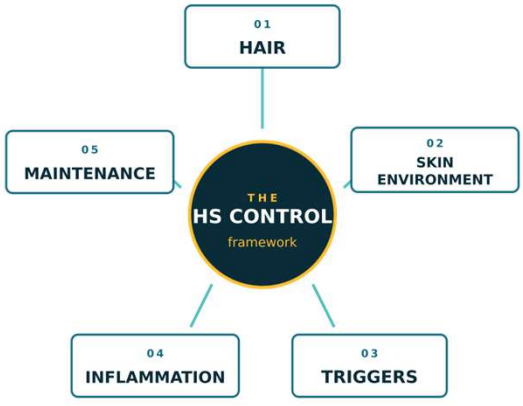
A Comprehensive Approach

The HS Control Framework.

A Comprehensive Approach Targeting

01 Follicular environment
02 Skin conditions
03 Inflammatory load
04 Trigger profile
05 Long-term control



The Principle

The same pillars apply to every patient — but each patient leans on different ones.

Different drivers require different solutions.

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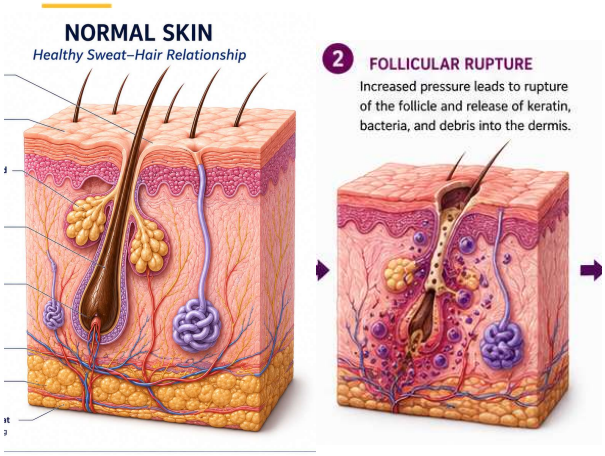
The Follicle Matters

Hair management — targeting where HS starts.



Management Goals

- **Reduce** follicular trauma
- **Improve** skin environment
- **Interrupt** recurrence pathways

Hair management ≠ cosmetic care.

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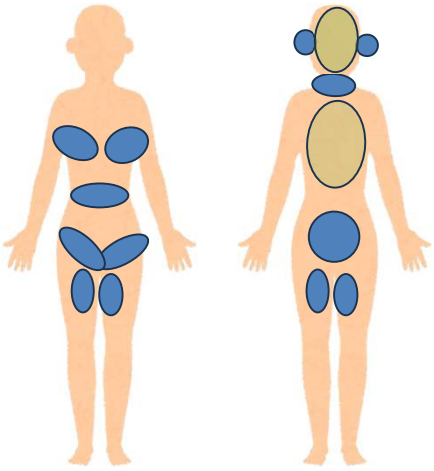
The Microenvironment Matters

The environment around the disease matters.



HS-Prone Areas Share Common Challenges

01
Heat
trapped warmth in folds

02
Moisture
sweat · occlusion

03
Friction
clothing · skin-on-skin

04
Barrier disruption
products · pH shifts

Small environmental changes can create large clinical shifts.

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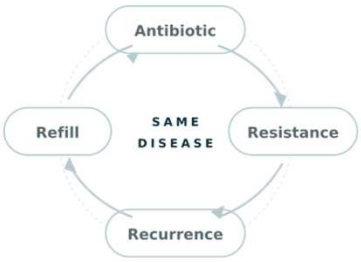
Drainage ≠ Always Infection

Decolonization — changing the conversation.

ENDLESS ANTIBIOTIC CYCLE



MICROBIOME BALANCE STRATEGY

01 **Reduce bacterial burden**

02 **Support skin balance**

03 **Reserve antibiotics strategically**

Antibiotics are a tool — not the foundation.

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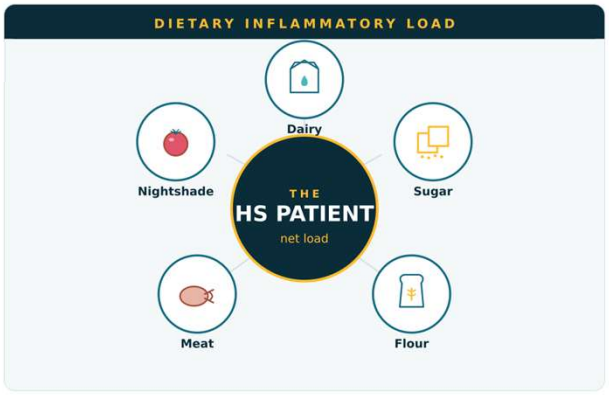
Identification, Not Restriction

Food is not the cause — but inflammation matters.

HS Is Not

caused by diet.

But the inflammatory load *around* the disease shapes it.



Triggers May Influence

- ✓ flare frequency
- ✓ severity
- ✓ patient control

The goal is identification — not restriction.

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Ask a Better Question

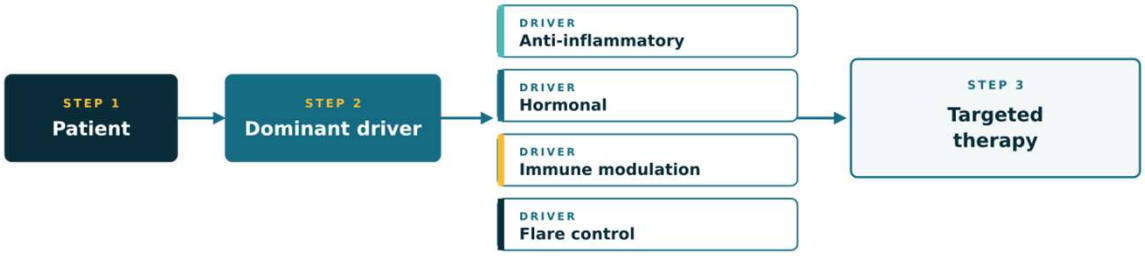
Redefining the role of medications.

Not this question

"What medication treats HS?"

This question

"What driver are we targeting?"



The patient picks the path. The driver picks the therapy.

2

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Inflammation Control Creates Opportunity

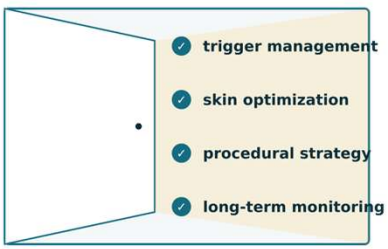
Biologics changed HS care — but they are not the whole answer.

INFLAMMATION DIAL

Biologics turn the dial down.

but they don't change what was burning

THE OPPORTUNITY WINDOW



The dial down opens the door.

other interventions now succeed

Inflammation control creates opportunity.

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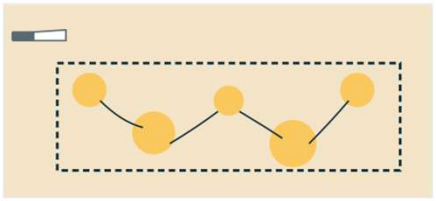
From Destruction to Precision

Laser therapy — changing the target.

OLD APPROACH

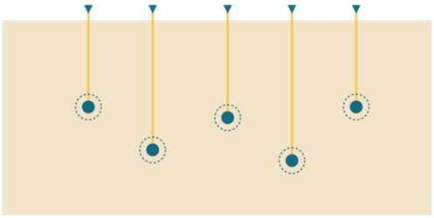
Remove diseased tissue



wide margins · healthy tissue removed · scar burden

NEW APPROACH

Modify the disease environment



tissue preserved · disease targeted · skin remains intact

Laser Strategies Target

✓ follicular component · ✓ inflammation · ✓ recurrence patterns

How much disease can we reverse before we ever pick up a scalpel?

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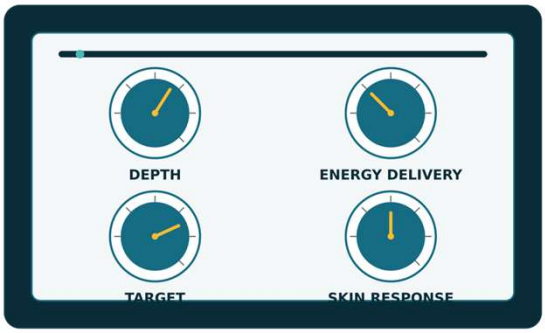
Settings Are Strategy

The device is only part of the equation.

THE DEVICE



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THE PATIENT-SPECIFIC PLAN

01 Patient selection

02 Disease stage

03 Treatment goals

04 Tissue response understanding

Small adjustments can create big clinical differences.

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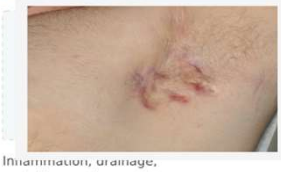
Prepare The Tissue. Prepare The Patient.

When control comes before cutting.

Advanced disease does *not* always mean immediate excision. The surgery a patient needs after disease control is a different surgery than the one she would have needed on day one.

STAGE 1

Active disease



Inflammation, drainage, unstable margins.

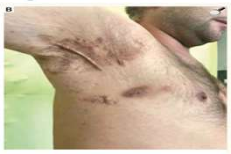
STAGE 2 — DPC LANE

Disease control phase

Inflammation ↓ · Drainage ↓
Tissue stable · Margins clear.

STAGE 3

Targeted intervention



Smaller scope. Smaller scar.
Faster recovery.

Better preparation creates better options.

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Ask The Patient What Winning Looks Like

Success does not always mean perfect skin.

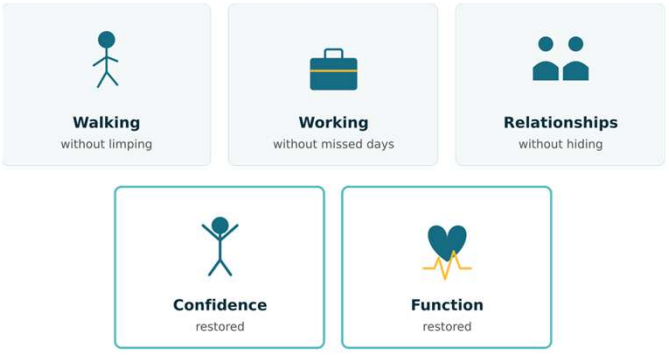
We Look At

the scars and ask if we failed.

They Look At

a life without daily drainage and know they won.

FOR MANY PATIENTS, SUCCESS MEANS



Control is the first victory.

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No Laser. No OR. Real Progress.

What can you do Monday morning?

Your DPC Starting Point

DPC HS

MONDAY MORNING PLAN

☑	STEP 01 Recognize the patterns	3 questions · 60 seconds
☑	STEP 02 Stage the disease	Hurley I–III, every visit
☑	STEP 03 Stop the flare cycle	Skin environment first
☑	STEP 04 Identify the triggers	Flare log · pattern map
☑	STEP 05 Build the care team	Know when to escalate

You don't need a laser, an OR, or specialty training to start changing outcomes.

But you do need to recognize when the disease needs escalation.

You do not have to wait until HS is severe.

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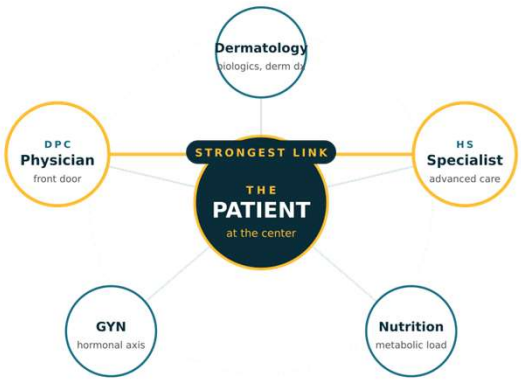
Collaboration, Not Referral-Off

You don't have to manage HS alone.



The Future Of HS Care Is

Collaboration.

DPC Physician

The continuity lane.

- ✓ early recognition
- ✓ prevention
- ✓ continuity

HS Specialist

The intervention lane.

- ✓ advanced protocols
- ✓ procedures
- ✓ complex disease

Partnership expands what is possible.

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HS = DELAYED

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Live Content Slide

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Poll: What is the average duration of disease before diagnosis?

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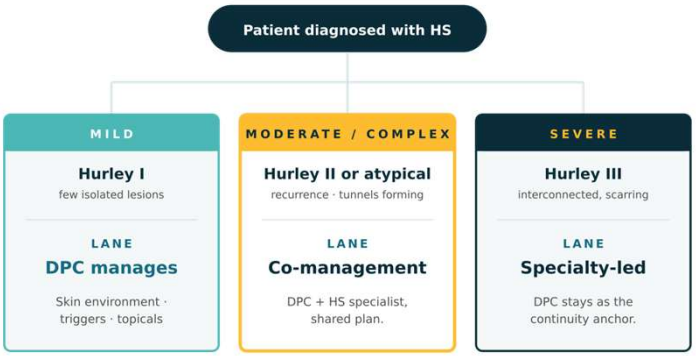
A Defined Lane Prevents Both Mistakes

When to bring in an HS specialist.

REFERRAL PATHWAY



Consider Consultation For

- ✓ recurrent same-site disease
- ✓ sinus tracts & tunnels
- ✓ progression despite treatment
- ✓ biologic decisions
- ✓ procedural options

Earlier collaboration prevents later reconstruction.

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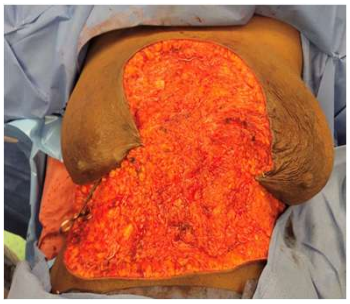
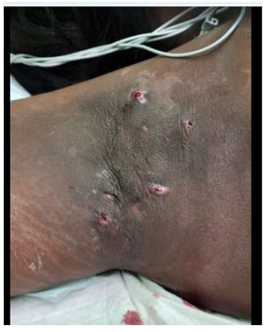
A Defined Lane

A Difference between

Traditional



Minimally Invasive Way



Earlier collaboration prevents later reconstruction.

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From Living With It To Living Beyond It

The future of HS care.

YESTERDAY'S HS CARE	TOMORROW'S HS CARE
Less **reaction.**	More **prevention.**
Less **excision.**	More **precision.**
Less **suffering.**	More **control**

This is where DPC changes the story.

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Beyond the Incision

Resources

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The Final Word

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Live Content Slide

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Social Q&A for Beyond the Incision: Minimally Invasive Management of Hidradenitis Suppurativa (HS) in the DPC Setting

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HS is not hopeless.
HS is not just surgical.

HS is manageable.

See the person.
Treat the disease.
Change the trajectory.

Want a curbside to talk about your DPC?

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