# Meet the team helping you live well with HS

Living with hidradenitis suppurativa (HS) can be challenging; sometimes even sitting down can feel like sitting on a thousand needles. But you don't have to face it alone. There are a variety of medical experts from different specialties – known as a multidisciplinary team – to support you every step of the way.

This guide will ensure that you understand the different types of people involved in your care, helping you to communicate effectively with them.

Inspired by patients. Driven by science. Meet the team helping you live well with HS

Your dermatologist, dermatology nurse, or general practitioner (GP)/family doctor is likely to be your main point of contact for HS.

The people that you meet may vary according to your healthcare system, treatment goals and individual needs but here are some that you may come across:<sup>1</sup>



#### GP/Family doctor

Often sees the first symptoms of HS and is available throughout your treatment to answer any questions

#### Dermatologist or skin doctor specialised in HS

Specialises in skin conditions and diagnoses HS if your GP/family doctor has not already done so. Starts appropriate treatment and holds regular appointments to check how you are doing





#### HS specialist\*

Confirms HS and starts appropriate treatment

#### Dermatology nurse

Holds regular appointments to check how you are doing, provides advice and support, and answers any questions that you may have about living with HS



#### Wound care nurse\*

Provides tips on how best to care for your skin, when your HS involves open sores or wounds

#### Surgeon

Performs surgery to help manage your skin symptoms; many patients have found surgery to be extremely helpful<sup>2</sup>





#### Mental health support

A psychologist or psychiatrist can support you in managing the psychological and emotional impact of HS, offering coping strategies and addressing any associated stress or anxiety

2 <sup>In</sup> some healthcare systems, there may be an overlap in certain roles. For example, HS specialists may be referred to as dermatologists, and the role of the nurse may involve providing advice, support, *as well as* wound care.





#### Top tips

1. It is always good to hear from others! In addition to the resources we have online, there are several HS patient support groups that will help guide you through your journey. [HS Ireland] is a great place to start for those living in [Ireland or the UK].

2. Making a note of your medical history and treatment plans will help you to share crucial information when talking to the different specialists involved in your care.



## Depending on your symptoms, you may also see:<sup>1</sup>

- Pain specialist<sup>2</sup> provides pain relief to help you better manage your HS on a daily basis
- Rheumatologist diagnoses and helps manage any joint issues that may occur with HS, such as arthritis
- **Cardiologist** measures and manages your risk of heart problems
- Gastroenterologist diagnoses and manages tummy issues that may occur alongside HS, i.e., inflammatory bowel disease
- **Proctologist** manages symptoms of HS around the anus
- Endocrinologist helps women who have polycystic ovary syndrome/ flares around periods, and to support people with diabetes

- Obstetrician/gynaecologist provides support through pregnancy and helps manage symptoms of HS around the genitals
- Physiotherapist<sup>3</sup> provides physical therapy to improve mobility. If needed, physiotherapists can also create an exercise plan that is appropriate for you
- Nutritionist/dietician helps you find a balanced diet to reduce skin inflammation and provides tips on weight loss (if necessary) to support your overall health
- Smoking specialist/nurse helps you stop smoking if this is something that you wish to pursue

We understand that your HS is unique to you, and that your conversations should be too! Take a look at our <u>HS conversation kit</u>, which aims to help you confidently communicate the information that you want to, to your family, friends *and* healthcare team.



### References

- 1. Chiricozzi A, et al. J Eur Acad Dermatol Venereol. 2019;33(Suppl 6):15–20.
- 2. Horváth B, et al. J Am Acad Dermatol. 2015;73(5 Suppl 1):S47–51.
- 3. Collier E, et al. Int J Womens Dermatol. 2020;6:85–88.

Learn more at [UCBCares url/HS]