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The use of dynamic care pathways in complex wounds in a community setting

Introduction

Negative Pressure Wound Therapy (NPWT) has recently emerged as a management option for chronic and complex wounds having crept from its use in acute wounds. This case series was undertaken to assess the benefits of a dynamic care pathway to improve outcomes for patients with previous non healing wounds.

Method

Data has been collected on 10 patients, inclusion criteria were based on the patient's suitability to undergo hydrosurgical debridement in a clinic setting. Post debridement, if appropriate, patients commenced NPWT (Smith & Nephew) with a gauze filler for 2 weeks with twice weekly dressing changes. Once granulation tissue was established in the wound bed and looked healthy the patients stopped NPWT and commenced conventional dressings.

Results

Seven female and 3 male patients, with a mean age of 71 (range 61-96) underwent treatment. Wound aetiologies were as follows: 8 leg ulcers, 1 heel pressure ulcer and 1 below knee amputation stump. The average duration of the wounds prior to debridement was 27.5 weeks (range 8-104 weeks). Seven out of the 10 patients had a single hydrosurgical debridement, with 3 patients having 2 episodes. An hydrosurgical debridement episode on average took 30 minutes. Nine out of the 10 patients had NPWT commenced immediately post debridement, 5 out of the 8 leg ulcer patients with underlying venous disease had NPWT in combination with multilayer compression. To date, 3 out of the 10 wounds have healed, 1 patient died, and the others continue to make progress towards healing despite the fact that prior to treatment the wounds were chronic in nature and static.

Discussion

It is important when deciding on the optimum management of a wound to set a goal for the outcome of the treatment. Usually this would be healing. In some cases healing is unlikely and the goal was to reduce the distressing symptoms of the wound and the impact the wound had on daily living. In these complex cases the value of working within a MDT cannot be understated. It was important to address all aspects of care in order to achieve the best possible outcome.

Conclusion

The use of a dynamic pathway to manage complex wounds with the use of VERSAJET®, VISTA and the conventional dressings can provide the impetus and ideal conditions to promote healing. This case series has also shown that NPWT can be used successfully in conjunction with multi-layer compression bandages in venous ulceration if compression alone has failed.

Case study 1

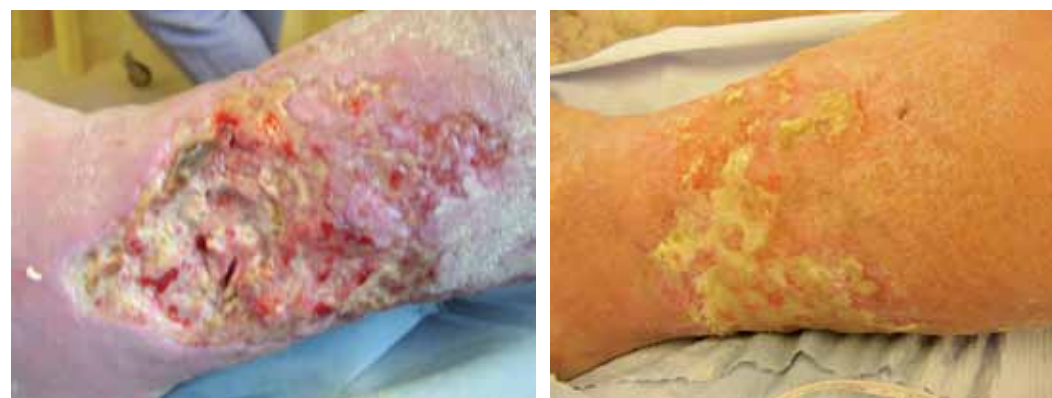


Image 1: 10/11/08 Pre VERSAJET

Image 2: 21/11/08 NPWT discontinued

81-year-old male leg ulcer for 3 months prior to VERSAJET. Cardiac problems, on warfarin. INR checked prior to VERSAJET® and ok. Very sloughy leg ulcer on oedematous leg. Thick fibrinous slough. Pseudomonas infection. VERSAJET x 1. NPWT x 2 weeks. Honey and toe bandaging/compression for 8 weeks healed.

Case study 2

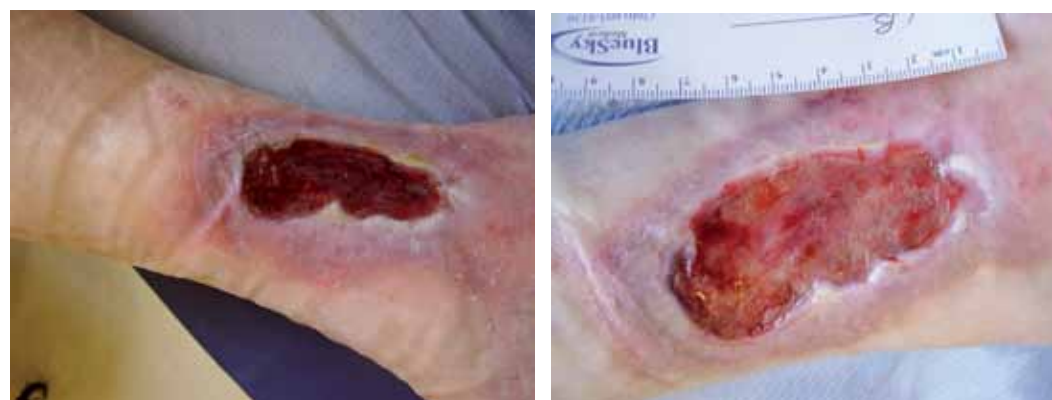


Image 1: 8/9/08 Pre VERSAJET

Image 2: 19/9/08 NPWT discontinued

63-year-old male, venous leg ulcer since 2006. Compression not worked due to site of ulcer. VERSAJET x 1, NPWT 2 weeks, compression for 16 weeks healed.

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