

ULCERATION AND WOUND MANAGEMENT

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Venous Ulcers



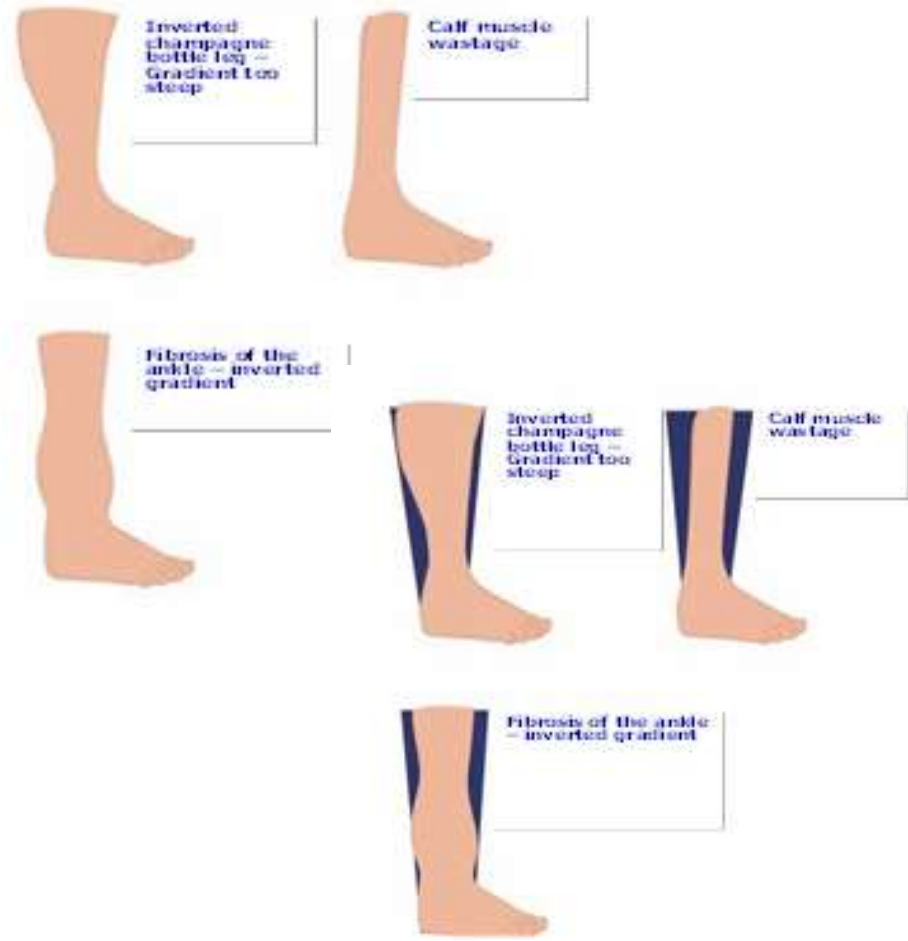
- Reduced oedema as patient has been in compression
- Wound bed granulation tissue, dress with non-adhesive contact layer such as Atrauman/NA Ultra
- Continue compression as primary treatment

Compression



- Primary treatment for venous leg ulcers – rule out arterial disease with assessment and ABPI
- Ensure bandage toe to knee
- If in doubt pad it out – prevent bandage trauma
- Up to 40 mm/hg
- Competence required

Bandage Trauma



Exudate management

- Prone to infection
- Maceration
- Discomfort
- Heavy limb
- Elevation, absorbent dressings (Zetuvit/Kliniderm), compression



Arterial Ulcers

- Primary aim is to keep the wound dry – do not debride until blood supply is improved
- Often painful – evaluate pain/analgesia – neuropathic
- Do not apply compression
- If ABPI below 0.8 (as per referral criteria) refer into Vascular
- Dress with anti-microbial such as Inadine/ honey



Arterial Ulcers



Diabetic Foot Ulceration

- Any Diabetic foot ulcer should be referred for assessment by Podiatry or Vascular team
- Prone to sudden deterioration, often require surgical intervention alongside IV antibiotics
- Dress with anti-microbial, pad to protect pressure points – specialist input required



Diabetic Foot Post surgery



Neuropathic ulceration



Surrounding callus

Painless



Punched out

Regular shape / border



Granulating wound bed



Weight bearing or high pressure areas

Moderate to high levels of discharge



Bleeds easily

Neuro-ischaemic Ulceration

Necrosis and sloughy tissue common



Surrounding skin fragile



Irregular shape

Often painful



Minimal bleeding or discharge unless infected



Static / unresponsive to treatment

Dressings

- Easy to apply and remove for frequent inspection of the wound
- Sterile
- Non-occlusive
- Does not restrict arterial blood flow
- Control exudates
- Remain intact on walking. Dressing properties may alter on weight bearing
- Compatible with any offloading devices in use



Mechanical

- Appropriate footwear
- Diagnosis and treatment of common foot problems
 - foot deformity
 - corns and callus
 - dry skin, fissures
 - fungal infections
- Off-loading and pressure relief to the wound site



Necrosis

- Tissue that is deprived of oxygen and nutrients
- Black, leathery (necrotic) appearance when exposed to air
- Or yellow/grey (slough) appearance when moist
- Keep dry, minimal dressings i.e Inadine with padding/ bandage protection



Slough

- Yellow in colour
- Favourable environment for the growth of bacterial organisms (Bowler et al 2001)
- May impair the wound healing process
- Multiple dressing choices – debridement is the primary aim



Dressing choices for sloughy wounds

- Hydrofibre such as Aquacel/ Urgoclean (including Ag)
- Hydrogels such as intrasite gel/ Flaminal forte/hydro
- Hydrocolloids: Kerralite cool
- Honey (wound gel or alginate)
- Alginate dressings (not often used in acute setting)
- Maggots
- Hydroclean plus (not available on community formulary)

Granulation Tissue

- Red Colour
- Proliferation phase of wound healing
- Growth of capillaries, arterioles, venules and a network of collagen in the surface of an open wound
- Tops of capillary loop give granular appearance



Epithelisation

- Pale pink/bluey-pink at wound edges
- Slightly raised wound margins
- Islets of epithelium shallow wounds with large surface area



Dressing choice of granulation/epithelisation

- NA ultra
- Atrauman
- Mepitel range
- Urgotul range

Infection

- One of the most significant factors which can delay wound healing
- Cellulitis, discharge discoloration
- Friable bleeding granulation tissue
- Pain, tenderness
- Odour
- Pocketing, bridging at the base of wound
- Wound breakdown



Dressing choice for infection

- Iodine preparations
- Silvers
- Honey
- Flaminal
- PHMB
- Cutimed

Wound Bed Preparation

- Aim to create an optimal wound healing environment by producing a well vascularised, stable wound bed with minimal exudate (Vowden and Vowden 2002)
- Offers opportunities for the management of chronic wounds (Falanga 2004).

Other things to consider

- Tinea pedis/fungal infections are one of the leading causes of cellulitis
- Adequate cleansing of the wounds, leg ulcers can be washed in a lined bucket or in the shower
- Biofilms
- Ruling out other causes of ulceration ie malignancy other aetiology
- If in doubt please seek advice
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