

**CURRENT PRACTICES IN WOUND  
MANAGEMENT AT ST. LUKE'S HOSPITAL**

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## **Introduction**

In the past ten years, wound management has changed dramatically as a result of new research into tissue repair and the factors affecting healing. This has meant that some conventional wound care methods could well have a detrimental effect on the rate of wound healing (Ferguson A., 1988). Current practices in wound management at St. Luke's Hospital (SLH) were investigated in order to determine the extent of usage of traditional wound care products and in so doing identifying the potential problems in a move towards modern wound management techniques.

## **Methodology**

**Preliminary Work:** As part of the pilot work for the present study, informal interviews with general nursing staff at SLH were conducted with a view to determining which wound care products supplied by the Government Pharmaceutical Service were most commonly stocked on the wards. A list of such products was compiled and their role in wound care practices together with their extent of usage was then investigated in the following survey.

**Survey Methods:** A three month survey (July 1991 - September 1991) was carried out at SLH, directed towards nursing staff (Group I) and consultants (Group II).

**Sample Population:** Group I (n=46) included members of the nursing staff at SLH, the majority of whom were registered Nursing Officers and Senior Nursing Officers; an Infection Control Nurse and two B.Sc. Nursing students were also included. In order to ensure that the sample population would be representative of nursing staff from all wards at SLH, two nurses were selected from each ward.

Group II (n=21) included those consultants with an interest in wound management i.e. surgeons, orthopaedic surgeons, diabetologists and a bacteriologist. Medical students/ housemen were excluded from this study since it was assumed that their experience in wound management techniques is gained from the more senior consultants.

The survey was administered as a hand-delivered questionnaire in which the participants in both Group I and II were asked to indicate their choice of wound management product in given clinical situations.

Knowledge on wound management was assessed by gathering their views on the continued use of various traditional products that adversely effect healing.

Factors relating to the extensive use of traditional wound management products were also identified.

A selection on innovative wound management products was also included in the survey, which was aimed at providing information on their clinical indications as well as determining their extent of usage and availability at SLH. The need for the inclusion of modern products in a proposed wound management formulary was assessed.

## Results

The response rate in Group I was 97.8%. This was achieved since the nurses were interviewed directly so that the questionnaires were filled in by the researcher. This line of approach also provided an excellent opportunity to discuss wound care practices in some detail.

Of the participants in Group II, only 61.9% (n= 13) responded.

**Traditional Wound Care Products:** From the survey data obtained it was observed that all the available wound care products were indicated, to a greater or lesser extent, as treatment of choice in one or more of the given clinical situations. The products most frequently indicated in both sample populations were hydrogen peroxide, Eusol, saline and medicated tulle dressing (Figures 1 & 2).

When the potential adverse effects of some topical antiseptic/antimicrobial agents were discussed, the majority of both sample populations (86.7% Group I, 92.3% Group II) felt that hydrogen peroxide still had a place in wound care practices. Unexpectedly a smaller proportion (42.2% Group I, 53.9% Group II) were in favour of the continued routine use of the hypochlorite Eusol.

Conflicting results were obtained with respect to topical antibiotics (e.g. framycetin), 75.6% in Group I being in favour of their continued use compared to only 38.5% in Group II.

When the extensive use of traditional products was questioned, 95.6% in Group I attributed this to the availability of these products, and 86.7%

also felt that this extensive use was a result of a general lack of information on newer products. This latter view was also shared by 61.5% in Group II, but 76.9% in this group also stated that traditional products were still used extensively as a result of their effectiveness in clinical practice.

**Modern Wound Management Products:** When the use of modern wound management products at SLH was discussed, it was found that a high proportion of the sample populations had used/prescribed a hydrocolloid dressing (Granuflex), semi-permeable film (Opsite) and povidone-iodine antiseptic solution (Betadine) in the treatment of wounds. Non/low-adherent dressings (Melolin) and bead dressings (Debrisan) had also been used to a lesser extent.

However, both populations were less familiar with the hydrogels (Scherisorb), calcium alginate dressings (Kaltostat), foam dressings (Lyfoam), and odour-absorbing dressings (Kaltocarb) (Figures 3 & 4).

A general lack of availability of most modern wound care products was reported (Figures 3 & 4), and all participants felt the need for the inclusion of various modern products in the proposed wound management formulary.

## **Discussion**

The vast array of traditional wound care products in use at SLH suggests that such products are often used because they are available rather than suitable, or because they have become "products of habit". Routine cleansing of wounds with various antiseptics was observed, irrespective of whether the wound was infected or not. This practice carries with it the risks of sensitization, bacterial resistance and interference with the normal healing processes or damage to tissues (Johnson A., 1988).

Thus, it is apparent that current wound care practices at SLH are not based on scientific facts.

These findings are consistent with the results from a similar survey on nursing practices in wound management carried out in the U.K., in which the routine use of about 15 antiseptics was reported (Johnson A., 1988).

Wound care practices at SLH are also influenced by the general lack of availability of modern wound management products. The majority of

these modern materials are designed to produce a controlled micro-environment at the wound interface that is conducive to optimum healing (Thomas S., 1990).

A number of modern products have been used at SLH to a limited extent but their value in the clinical setting has not been properly assessed. Furthermore, a knowledge base and understanding of wound modern wound management techniques is necessary to overcome therapeutic traditions and bridge the gap between latest research findings and wound care practices.

### **Conclusion and Recommendations**

It appears that there is an urgent need for a re-evaluation of current practices in wound management at SLH. This requires a multi-disciplinary approach involving the roles of nurses, doctors, pharmacists, bacteriologists and other members of the health care team.

The most important role of the clinical pharmacist in wound management is to form a valuable focus for the co-ordination and dissemination of information in this field.

Effective training and refresher courses should be set up such that more advanced and up-to-date methods in wound care can be applied to clinical practice.

The development of a wound management policy, that takes into account latest research findings, is recommended and guidelines for the development of such a policy for St. Luke's General Hospital have been formulated.

### **References**

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