

Interview*NTVW, Dutch magazine for wound care nurses - March 2007***Treatment of wounds based on insight and cooperation**

A wound of greater than average size with an abundance of exudate can be fully and effectively treated using wound drainage. This is a well-known fact and the method is being applied widely in the meantime. A successful treatment is based on correct observation, good knowledge of the patient's circumstances and the causes behind the wound. However, it is also of course important to aim for precision and the sustained monitoring of the material in use. Depending on the apparatus used, this can consist of foam or dressing. In every instance the material concerned must be precisely applied to guarantee equal pressure and discharge of exudates, with an optimal wound bed as the desired end result, ready for healing or transplant [graft].

It is important that wound drainage is well monitored.

The technical aspect of treatment using a wound drainage pump is complicated. It is a skill that Mrs. Ouwehand now fully appreciates. "I had never before heard of wound treatment as a specialist discipline, but now I know just how important it is like no other. Now I blindly trust the knowledge of wound management specialist nurses in hospital and my doctor."

Mrs. Ouwehand, 78 years old, was admitted to hospital in July 2006. She had a swollen stomach and was in excruciating pain. Peritonitis was soon diagnosed, followed by an operation, where a piece of intestine was removed. The operation left a considerable abdominal wound. After a recovery period of three months, Mrs. Ouwehand returned home. The wound appeared to be in good condition and needed to heal by itself.

As a fistula had begun to emerge, she went back to her consultant at the hospital. There, a treatment was initiated based on a diet with medication, with only temporary success. At the end of December, wound drainage was finally started, with the stomach to be isolated. Due to the serious complication presented by the fistula in the wound, Ellens Bolt from The Medical Company, the supplier of the drainage pump, was consulted. That proved to be a prudent move, as she introduced a number of the company's international contacts.

ELLENS BOLT: "Normally you would not use the wound drainage pump on fistulae. However, using her pouch method, our Norwegian wound drainage specialist (nurse) has demonstrated a way of utilising the pump in such situations with a high probability of success. She gave a presentation at the hospital and there people were so enthusiastic over the possibilities offered by this method that the wound drainage pump was immediately used the following day on Mrs. Ouwehand. The treatment took place at a polyclinic in the presence of Mrs. Ouwehand's family and each step was photographed to serve for instruction purposes at a later stage. Six days later the bandages were changed by the home carer, who took over care duties. Yet Mrs. Ouwehand knew very well that Ellens Bolt (specialist nurse and supplier of the wound drainage pump, Editor) would be dropping by: "I couldn't open the door, but there was no point. Ellens phoned me on the way and asked whether I had a back door. Then within a second she came in. She then took care of the wound and gave instructions to the home care people."

FISTULA

For three weeks Mrs Ouwehand remained at home in this way. The rapid development of the fistula increased her risk of drying out. The bandages had to be changed with increasing frequency and it was therefore better for her to return to the hospital.

ELLENS BOLT ON THE TREATMENT

"Using this method in Mrs. Ouwehand's case it was decided that the fistula would be separated by the dressing and thus treated in isolation. The fistula would not be addressed, but the wound around it was treated. It is quite important to ensure this method is applied from the beginning together with a doctor. I want to emphasise that you need experience in order to apply this properly, the first time round you must also perform carefully under supervision."

In between, Mrs. Ouwehand had had enough, and she wanted to go home. She did however return home after an agreement with her consultant, as she knew in the meantime that her recovery depended on the specialist care in the form of wound management.

WOUND DRAINAGE

Ellens Bolt quickly describes yet one advantage of proper wound drainage. "Basically proper wound drainage oversees optimal conditions for the wound, through which a faster and better healing process is made possible. Then frankly speaking it will go down. With wound drainage, the exudate and waste product is removed and cell movement along with the growth of new granular tissue is stimulated. Better micro-circulation begins to take hold. Good wound drainage combined with Kerlix anti-microbial dressing will in addition oversee a decrease in local oedema and bacterial colonisation. It reduces the danger of infection. The most important indications for wound drainage treatment are decubitus ulcers [bed sores], chronic wounds, (diabetic) ulcers, infected wounds, traumatic injuries and thermal burns. Counter-indications would comprise other benign and malignant tissue, veins, arteries and nerves, and osteomyelitis. And, in short, are fistulae. However, the application

of the pouch method allows us to see that wound drainage around the area of the fistula is highly feasible in this way. It is also quite important that the wound drainage is properly monitored. We work with Kerlix (AMD) anti-microbial dressings and these are normally replaced twice a week. In our experience, these dressings are patient-friendly as well as easy to apply and remove. To close, I would like to say that to successfully apply wound drainage in this way, the cooperation between internal and external care workers and suppliers has to be good. Only then can optimal results be achieved.”

A Fistula no longer needs to be a counter-indication

Cooperation between internal and external care workers and suppliers is vital for success in applying this method of wound drainage

AFTER A TREATMENT PERIOD OF AROUND ONE MONTH A FINE WOUND BED EMERGES, READY FOR A SKIN GRAFT



THE APPLICATION OF KERLIX ANTI-MICROBIAL DRESSING, WHERE THE OPENING IS KEPT FREE



THE LAST STEP IN THE TREATMENT IS TO APPLY THE STOMA BAG. YOU HAVE TO INSPECT, WHEN THE NEGATIVE PRESSURE IS STARTING, THE STOMA BAG IS FLEXIBLE.



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