

WOUND BED PREPARATION: IMPLEMENTING THE OPTIMUM PATHWAY

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WHAT IS THE PROBLEM?

It was bad enough before the pandemic!

Swabs not taken correctly

Swabs requested without an evidence base

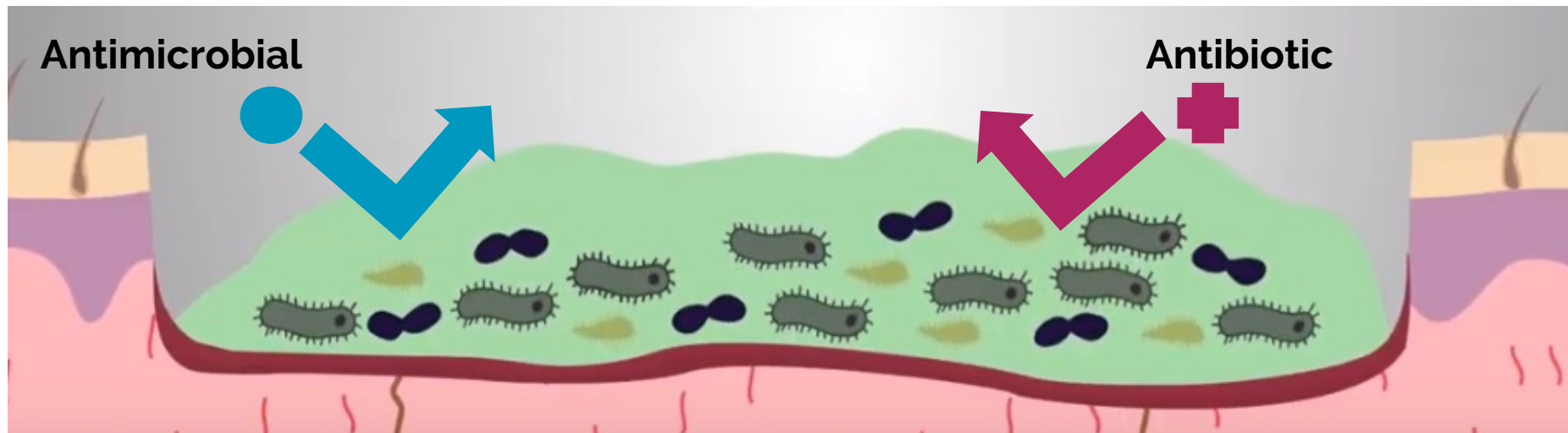
It is not healing

Quality of life impact on the patient

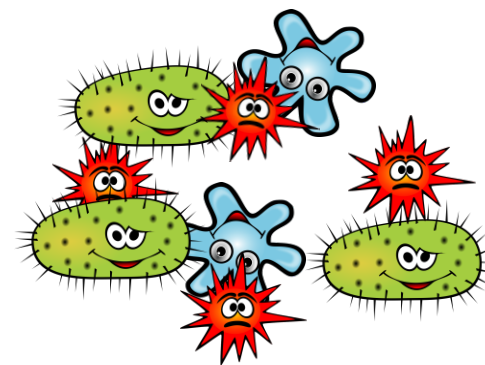
Repeat prescriptions; topical and oral antimicrobials



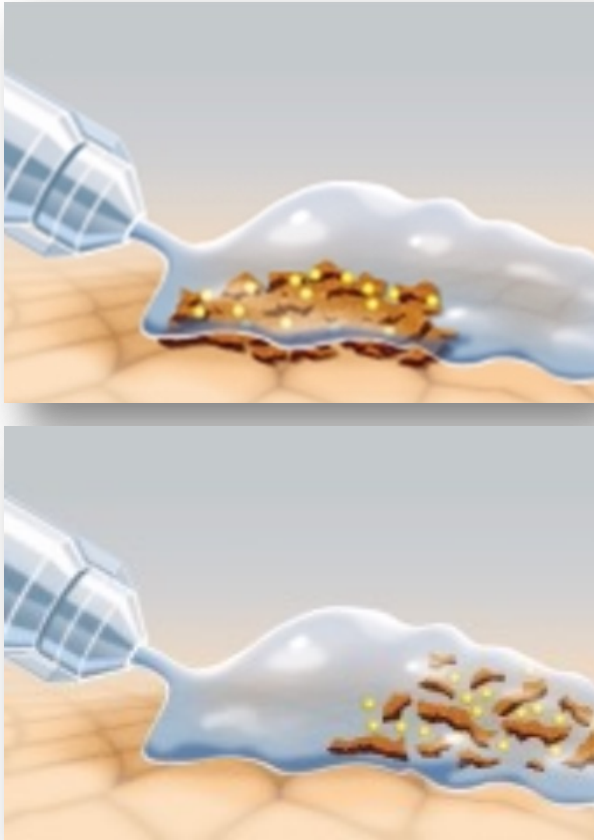
BIOFILMS: WHAT DO WE KNOW?



100%?



STRATEGY TO ADDRESS SLOUGH AND BIOFILM



- Saline or tap water contain **no active ingredients**
- Cleansing a wound with saline or tap water will only remove loose debris, it will pass over any adherent slough, debris or biofilm without removing it
- Prontosan contains a surfactant, betaine, which has a **cleansing effect**
- Slough, debris and biofilm can be softened and lifted from the wound bed.

LEICESTER PATHWAY

- Following wound bed preparation stages of **cleanse, debride, prevent**
- Three phases, adapting as the wound progresses to healing:
 - **Phase one – cleansing, debridement and prevention**
 - **Phase two – cleansing and prevention**
 - **Phase three – maintenance up to healing.**

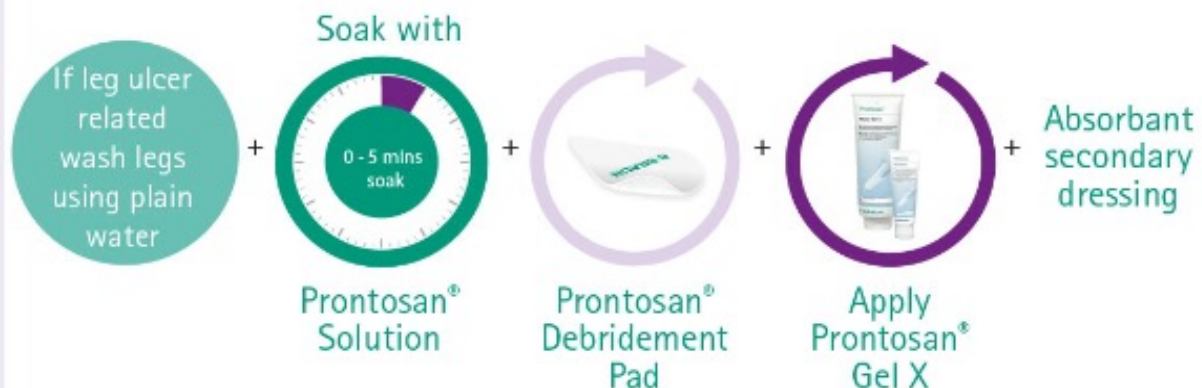
INSTRUCTIONS BY WOUND TYPE

CHRONIC WOUND - GRANULATING

- High risk patient*
- Low exudate
- Static wound



- Clean
- Prevent biofilm/ complications

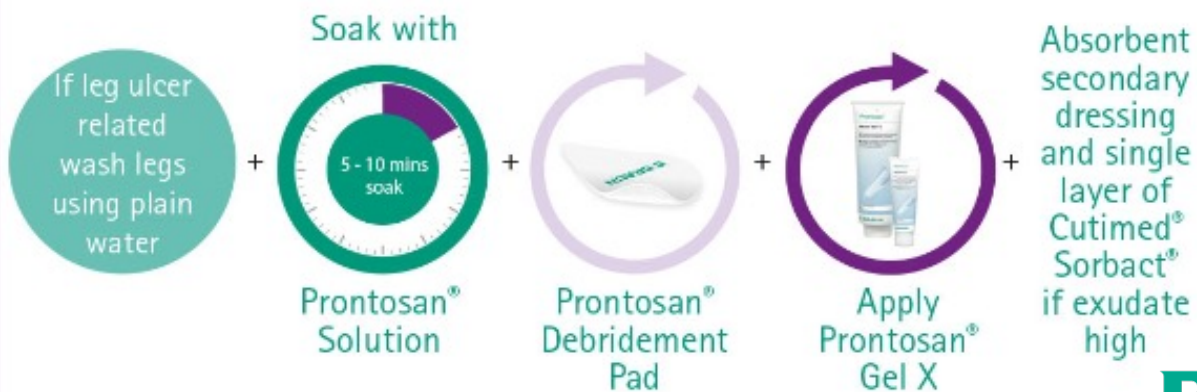


CHRONIC WOUND - SLOUGHY

- High risk patient*
- Slough
- Low/medium exudate
- Static wound



- Clean
- Prevent, disrupt and remove biofilm/ complications



CASE STUDY 1

- 72 years old
- Leg ulcer for over four years
- Inhibited seeing family
- Progressed through pathway over four months
- Remains healed in maintenance compression.

CASE STUDY 2

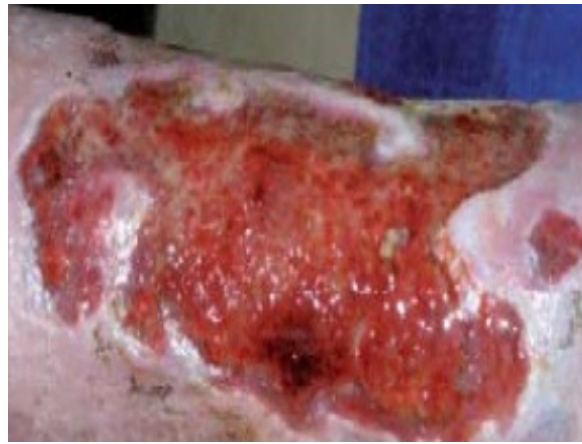
- Represents a hard-to-heal wound that until TVN involvement had been present for years: 62-year-old man, insulin-dependent diabetes mellitus (IDDM), clotting disorder with history of multiple deep vein thrombosis (DVT) over 40 years, legs heavily indurated... solid!
- Biofilm management strategies need to be personalised to the patient to ensure the product matches the wound's needs. This patient utilised the soak and debridement pad but an alternative antimicrobial primary dressing.

SOAKING: DEVITALISED TISSUE AND WOUND ASSESSMENT



Very sloughy

Up to 10-15 minutes
soak



A bit sloughy, 'iffy'
looking

Up to 5-10 minutes soak



Clean, epithelialising
(Previously soaked with Prontosan
and still using Gel X)

Just irrigate or soak up to 5
minutes

✓ Starts working from application
but the longer you leave it, the better the effect will be.

PATIENT FEEDBACK

- Value
- **Patient** focus
- **Clinical** effectiveness
- Puts the patient **in control**
- **Improved** self-care and management.

'I think you saved my foot'

Diabetic foot ulcer and risk of amputation.

'I'd recommend this treatment to anyone'
Bilateral leg ulcers for over four years.

'Someone sat next to me on the bus for the first time'

Leg ulcer for over four years.

'I have my life back'
Leg ulcer for over three years.

NHS SAVINGS



Two months' costs pre-pathway 2018

Dressings/bandages	£1359
Community nurse (60 x 30 minutes contact)	£1920
Total	<u>£3279</u>



Time to healing:
six months.

Two months' costs on pathway 2018

Dressings/bandages	£335
Community nurse (30 x 30 minutes contact)	£816
Total	<u>£1151</u>

Two months cost savings:
£2128.