

Chronic Wounds
Modern dressings
With little means
a simple guide by Hubert Vuagnat

Modern woundcare is: following 6 basic principles

1. Evaluate and correct:
 1. The specific cause of the wound
 2. The patient's general condition
2. Keep the wound in moist environment
3. Protect it from any additional trauma
 1. Physical, chemical
 2. Protect peri wound skin
4. Promote a clean wound bed without infection
5. Control the peri wound Lymphedema
6. Prevent or correct any secondary disability (retractions)

Doing a modern wound dressing

Material :

- 2 containers (clean/dirty), glass, seat, table, soap
- Clean water, boiled or heated over 70°C
- Vaseline or Shea butter or palmist oil, gauze, tape, plastic film, bandage

A convenient place for treatment:

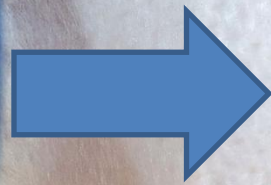
- Clean, good light, peaceful, away from latrines
- Comfortable position during treatment
- Separation of clean and dirty objects

Doing a modern wound dressing

Wash hand :

- With soap
- Or disinfect with hydro alcoholic solution

Let' work



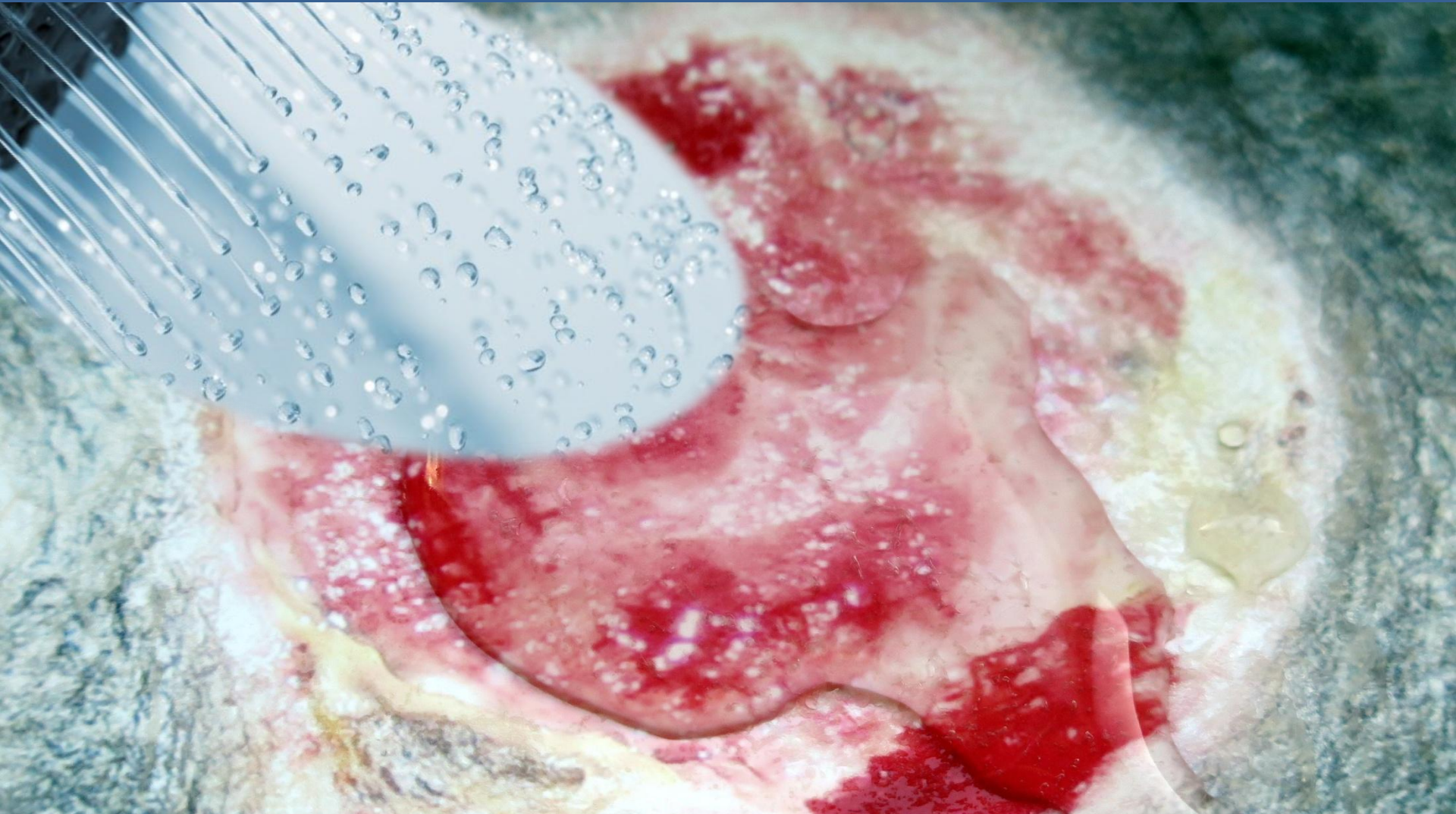
Take off the bandage and the non sticking part of dressing and then pour water or saline over and between skin and dressing, pull gently, allow time

!!! WAIT !!!

Lift and pull gently from periphery to the centre.
Put as much water as needed to achieve this.

Aim:
peeling off, without pain or trauma

Rinse the wound abundantly with water or saline



Aim: soften necrotic tissues, fibrin,
away residues and exudates'
inflammatory mediators



Dry the peri wound skin only by gently pressing a gauze on it.

Aim: avoid damaging new tissues

During these actions, observe the wound:



- size
- colour
- odour

- oedema
- exudates
- state of peri wound skin
- observe patient:
 - pain, attitudes

Colour and clinics

- Red or pink : good evolution
- Black: sign of dead tissue to be removed
- White/Yellowish: fibrin to be removed
- Green/Yellowish and/or inflammation signs: infection suspicion

Clinics and actions

- Necrosis : instrumental debridement
- Exudates +++ : add gauze layers to absorb
- No or little exudates : add a plastic film on top
- Infection :
 - Systemic antibiotics
 - No antibiotics on the wound
 - More frequent rinsing of the wound

Protection of the peri - lesional skin, with a greasy medium



vaseline

Schutz der Haut

Clean glove, gauze or
tongue depressor



Spread on
the intact
skin (light
movement,
no massage)

Then a small
layer on the
entire dry or
inflammatory
skin



Prepare a non adhesive primary dressing



Beware, always throw away the first centimeters getting out of the tube.

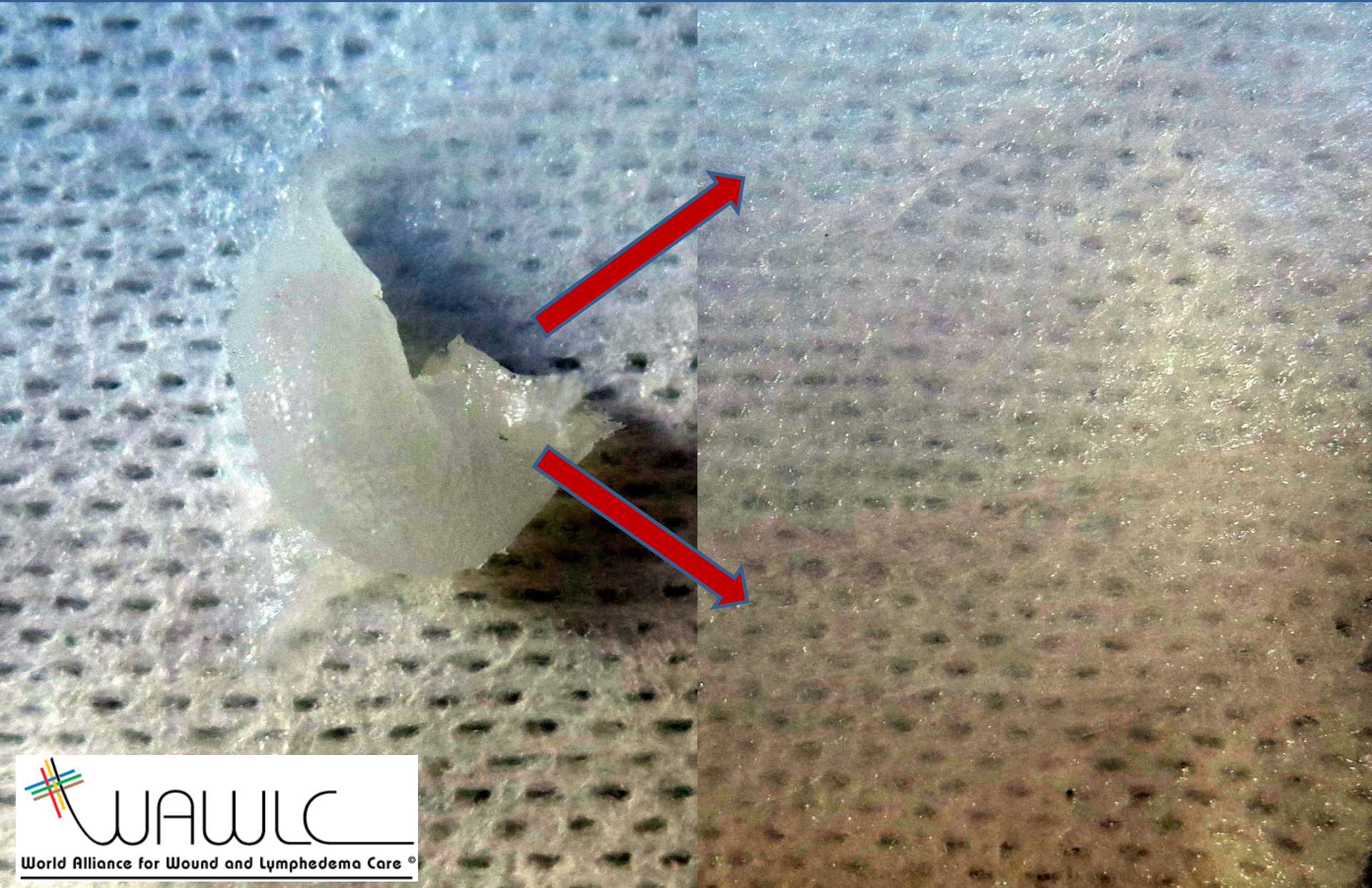
Do not touch the gauze with the tube.

Prepare a non adhesive primary dressing

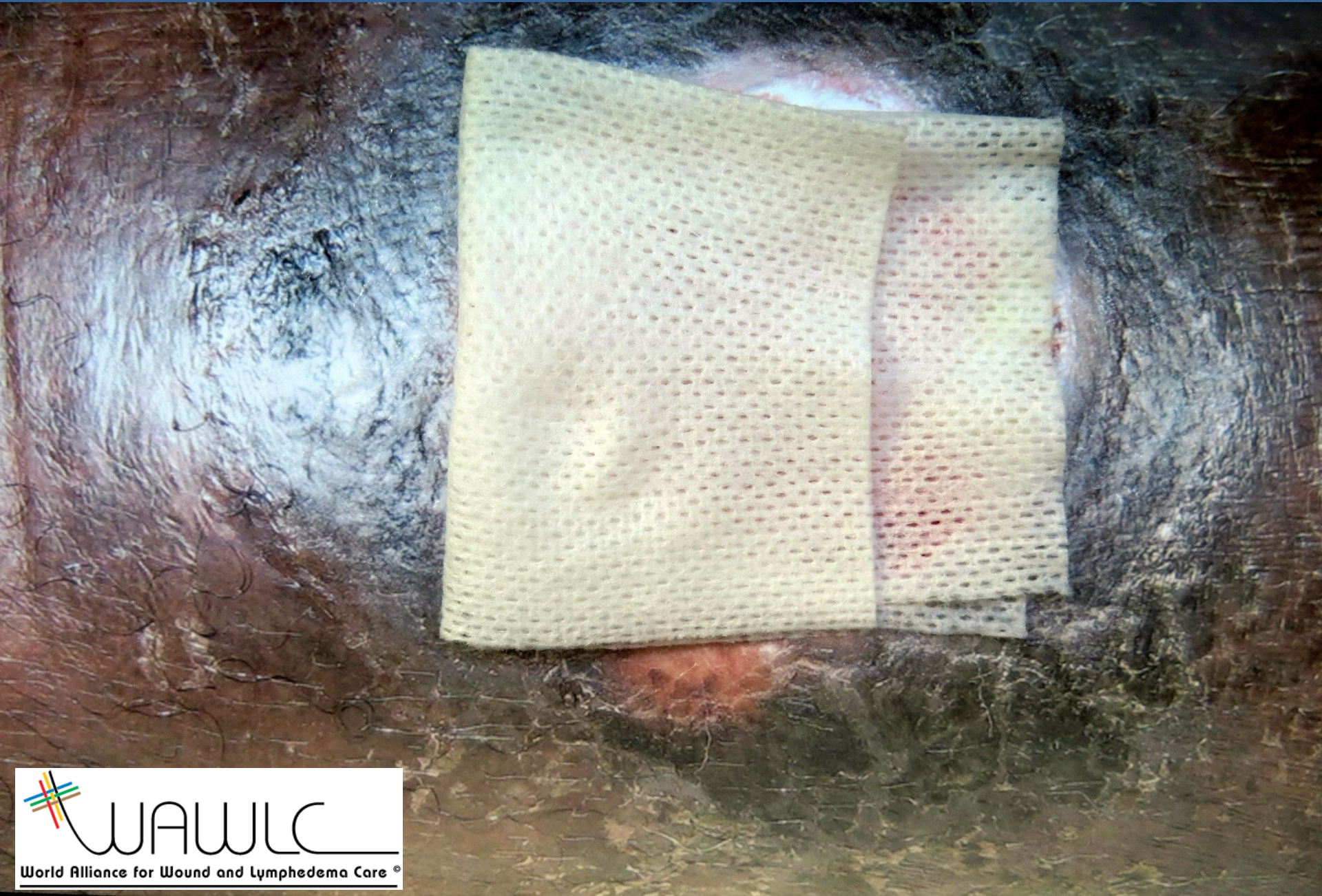
Spread, without excess, the Vaseline on the gauze (or a Vaseline gauze) the size of the wound



Spread, without excess, the Vaseline on the gauze



Put primary dressing on the wound



Secondary dressing

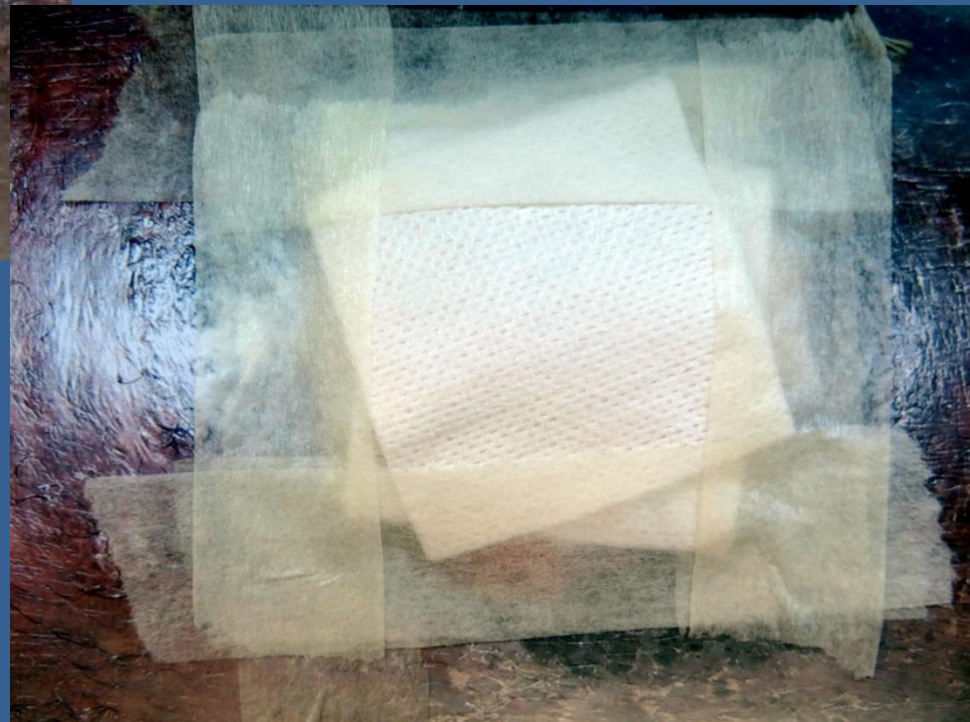


Aim: reinforce primary dressing
to be kept at least 24h before
exudates comes through.

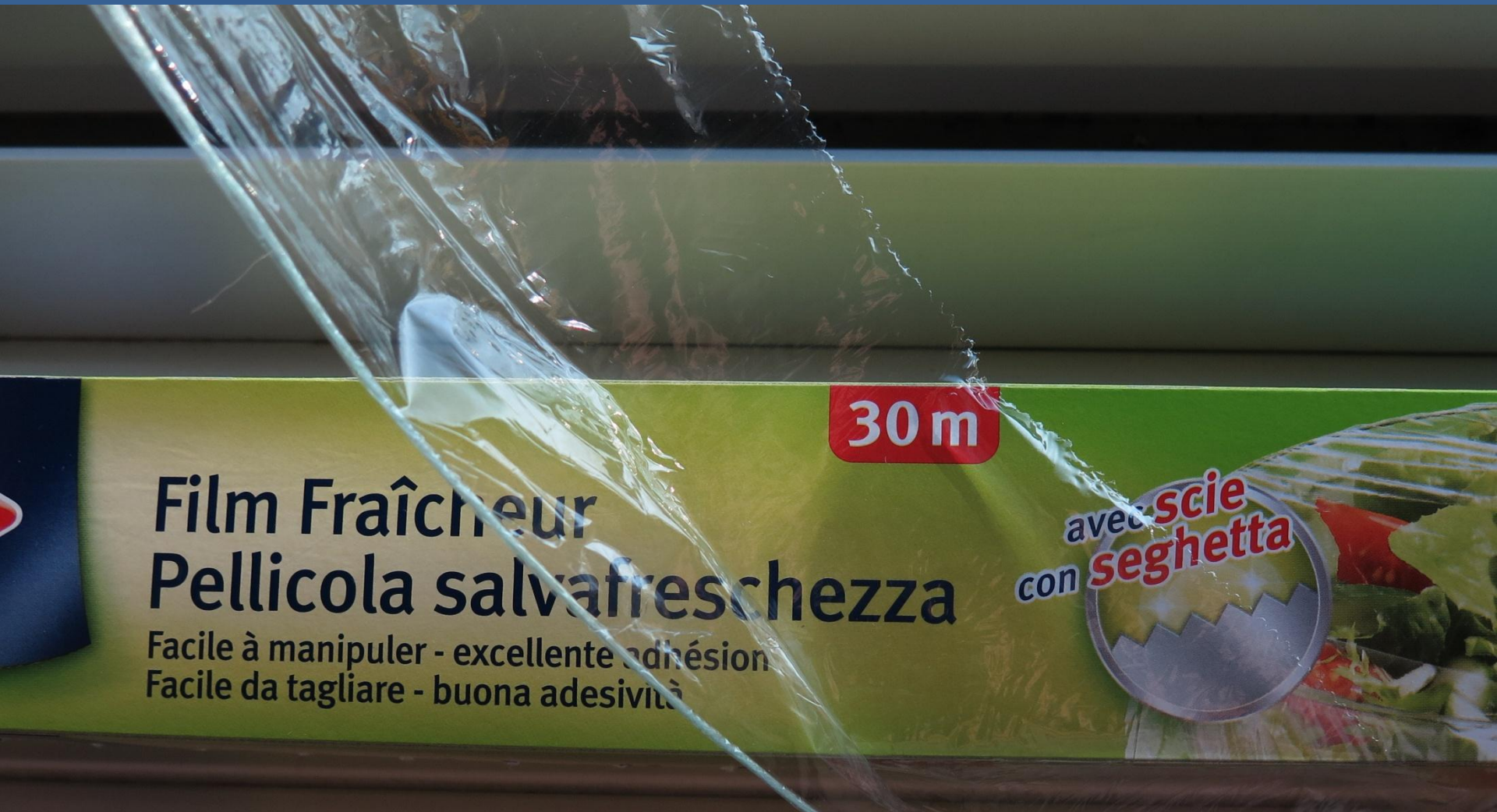
If very wet (exsudate ++)



Add gauze
Or sanitary napkin
to absorbe liquids

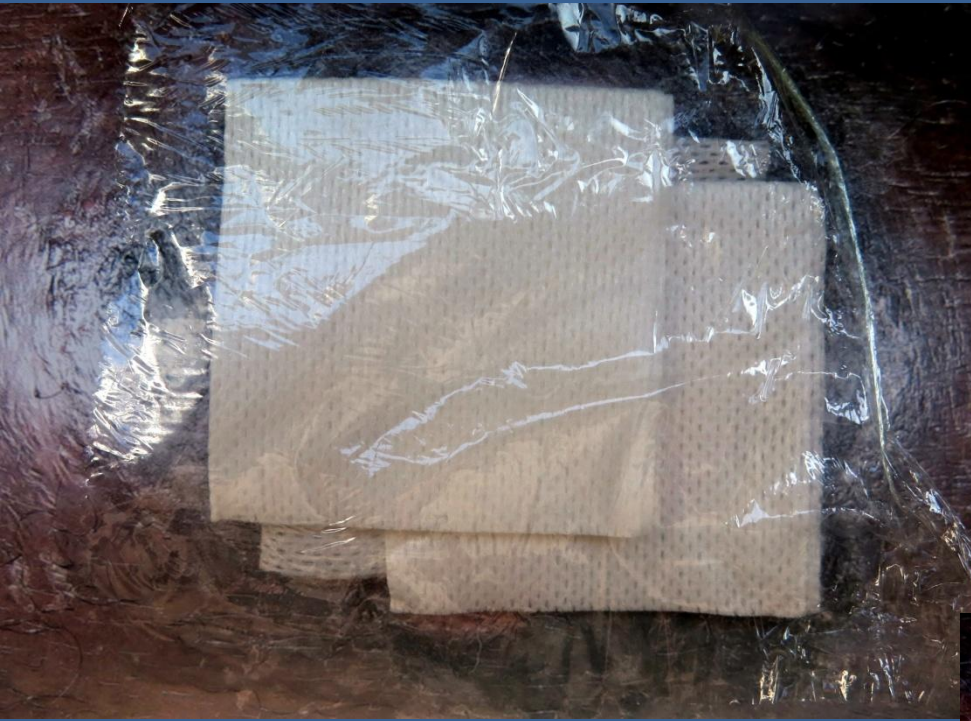


If very dry

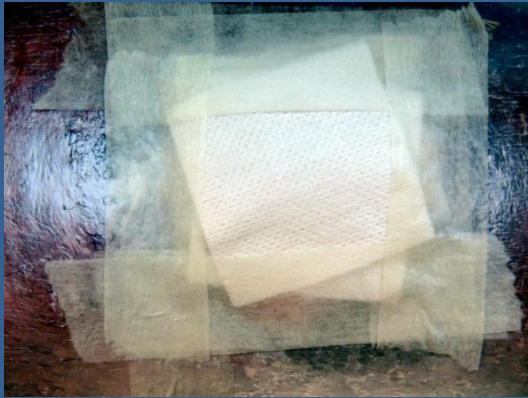


Secondary dressing: finishing with plastic film (alimentary roll film for example) allows humidity to be kept

If very dry



How to hold the dressing



Bandages such as
crêpe, Velpeau,
cohesive,
elastic, Tubular
jersey...



Technique: light degressive compression (distal to proximal)

- Roll the bandage from distal side to proximal one, passing over the dressing, covering the whole limb (if lesion on tibia, include toes, if on arm, include fingers)
- Finish with one turn of bandage
- Hold it with tape, no metallic attaches
- The bandage must give a little pressure but not squeeze in excess.