Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/clinicians-roundtable/beyond-the-surface-advanced-techniques-in-wound-assessment-and-care/35840/

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Beyond the Surface: Advanced Techniques in Wound Assessment and Care

Announcer:
Welcome to *Spotlight on Wound Care* on ReachMD. On this episode, we'll hear from Ms. Kara Couch, who's a certified nurse practitioner, the Director of Wound Care Services at George Washington University Hospital, and an Associate Research Professor of Surgery at the School of Medicine and Health Sciences at the George Washington University. She'll be discussing best practices in managing complex and chronic post-surgical wounds. Here's Ms. Couch now.

Ms. Couch:
Wound assessment is much more complicated than simply looking at it and taking a measurement. Obviously, you do want to explore the wound and get measurements of the longest part in length, the widest part in width, and the deepest part in depth and also to thoroughly explore the volume of the wound to ensure that there isn't any sort of unexplored tunnel or issue around that. Now, you will have some additional factors that you can look into, such as if the surrounding tissue of the wound is red, hot, or swollen, if it's painful to touch, and how much drainage you're getting from the wound. The color of the drainage and the amount matters greatly. If it's thicker or purulent, has a foul odor, or is a bad color, such as green—a terrible color, we never want to see that in a wound—that lets you know that you are dealing with a possible nasty infection that we really have to go after.

So in addition to what we can do from actually looking at the patient, we can look at their vital signs and see if they have fevers or tachycardia, and we can also do additional laboratory imaging and radiology testing, such as CAT scans, MRIs, or wound cultures to help us get to a better understanding of what the challenges with healing this wound are going to be so that we can get the right strategies there to treat it from a comprehensive standpoint. Oftentimes you need multiple different specialties involved in wound care. It could be plastic surgery, orthopedic surgery, general surgery, infectious disease, just to name a few—vascular surgery, podiatry, wound specialists, etc. It really takes a village to tackle these wounds and get patients on a healing trajectory.

When it comes to managing wound dehiscences or non-healing incisions, there is a large amount of evidence that is available to us. The challenge is that wound care is not taught routinely in medical or nursing schools, and the providers or practitioners may only have a few hours, if any, of wound care didactic in their training. However, wound care touches every service in the hospital, there is a plethora of evidence to us to help us to solve these. We have meta-analyses and high-level testing done on different strategies, such as using negative pressure wound therapy or comprehensive global guidelines on wound hygiene and management of wound infection. We need to take all of this evidence, which is free and readily available to us, and use these tactics to deploy, particularly in these wound dehiscences, because it's really critical that we don't put our head in the sand and that we tackle these things as fast as possible.

And quite fankly, there's a lot of outdated use in wound care that is delaying the healing of these patients—in particular, using something called a wet-to-moist dressing. That is not standard of care, and that is not evidence-based wound care. We owe it to ourselves and to our patients to make sure that they're getting the highest possible levels of care, services, and techniques, provided to them—dressings, topical therapies, modalities—to get these wounds to close.

Everything you learn about wound care growing up, you do the opposite. Wounds heal best when they're kept covered, not left open to air. You don't want to use anything to clean a wound that you wouldn't want to put in your eye, so no peroxide, no betadine, and no alcohol. And you just need to use soap and water and scrub over the wounds. You don't want to anoint wounds. You want to clean them.

Announcer:

That was Ms. Kara Couch talking about evidence-based approaches in post-surgical wound care. To access this and other episodes in our series, visit *Spotlight On Wound Care* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!