

Articles of Interest Literature Review

Reviewers

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Should Alternative Endpoints Be Considered To Evaluate Outcomes In Chronic Recalcitrant Wounds?

Authors: Enoch S, Price P **Source:** World Wide Wounds. www.worldwidewounds.com/ 2004/October

Reviewer: Heather Orsted, MSc, RN, BN, ET,

The Web site www.worldwide wounds.com is an excellent resource to the clinician and currently offers over 50 high-quality articles free to download.

In this article, Enoch and Price look at the challenging problem of the recalcitrant wound and consider the time-honoured end point of "wound closure" as an unrealistic and unattainable goal of care. Often patients recognize a recalcitrant wound before the clinician as they change their focus from healing to symptom control. How many times have we heard patients say, "if only the odour was less" or "I could handle it if it wasn't for the pain." This paper looks at quality-of-life endpoints that may be more realis-

tic and meaningful to the patient with complex health issues that can affect wound healing and closure. The authors offer the reader surrogate and intermediate endpoints to guide wound management toward realistic outcomes. This article should be required reading for all clinicians interested in advancing their wound-care practice.

Modalités pratiques d'utilisation de la VAC Therapy en milieu hospitalier. Rapport consensuel d'experts

Auteurs: Téot L, Castède JC, Lantier L, Léger P, Meaume S

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Révision: Chantal Leduc, Inf BSc, ET; Louise Forest-Lalande, Inf MEd, ET

Cet article renseigne le lecteur sur la technologie de pointe en matière de cicatrisation en milieu humide qu'est le traitement des plaies par pression négative (TPPN).

Il décrit de façon exhaustive



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cette thérapie, explicitant son mode d'action ainsi que ses indications et contre-indications cliniques. Il fournit de plus des recommandations sur la durée de la thérapie.

Outre la présentation de toutes les étapes de la réfection du pansement, on y retrouve un tableau décrivant les modalités pratiques d'utilisation de la TPPN. Finalement, un algorithme décisionnel sert de guide dans la prise en charge chirurgicale en milieu hospitalier. La portion de cet algorithme concernant la cicatrisation non chirurgicale gagnerait toutefois à être plus détaillée aen ce qui concerne l'indication de la TPPN et ce, pour mieux guider l'intervenant.

À un moment où la TPPN est de plus en plus utilisée, cet article peut servir de référence pour assister les professionnels en soins de plaies lors du développement de protocoles adaptés à leur institution.



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