

Coloplast Sponsored Learning: Global Consensus towards Fewer Days with Wounds



David Keast, MSc BSc(Hon) DipEd MD FCFP(LM) CCFP

David Keast is the Medical Director of the Chronic Wound Management Clinic at the Parkwood Institute in London, ON. He is a clinical adjunct professor of Family Medicine, Schulich School of Medicine and Dentistry, Western University (London, ON). He is an associate scientist at both the Lawson Health and Parkwood Research Institutes. He is Co-director of the Canadian Lymphedema Framework and President of the Wound Alliance for Wound and Lymphedema Care.

Chronic wounds impact more than 50 million people worldwide, and a recent survey showed that many clinicians in wound care are looking for more information about this area of care. In November 2019 Coloplast gathered experts to develop a consensus and guidelines for optimal wound healing. Eighty-five wound care specialists from 19 countries participated in the project over a four-month period. The project included online Delphi studies, online dialogue and face-to-face meetings. 69% of participants had specialized wound care credentials. 86% had more than 10 years of wound care experience. 46% had more than 20 years of experience in this area. The results were published in *Wounds International* in September 2020.

The aim of the consensus project was to look at how to manage the gap between the wound and the wound dressing, as it is imperative to manage this space to improve healing outcomes. Risks associated with this gap being left unmanaged include increased bacterial invasion and impaired healing.

Consensus is developed through a process aimed at creating a common understanding. Consensus building is the process of helping groups reach a common understanding on an issue or solution (Figure 1). It is the process of helping people think together using critical thinking skills to make decisions. It builds on the collective intelligence of the group. The concept of consensus building is based on the belief that when people think together, they can make better decisions.

Consensus Workshop Findings

Consensus was to be found in eight areas: wound assessment, wound bed preparation, managing the gap, effective exudate management, recognizing early signs of infection, managing biofilms, holistic wound management and patient education. Consensus was reached when more than 80% of the participants agreed and no one disagreed.

The workshop participants found that the following should be the focus on the wound gap assessment: wound depth, undermining, tunneling and fistulas, underlying wound bed structure and topography, tissue quality/granulation, necrosis, exudate (quality, colour, odour), age of the wound, infection/bioburden colonization, wound edge and periwound skin and wound etiology.



Figure 1. Consensus process

Figure 2. Members of the consensus team

Managing the gap is important because doing so provides a moist healing environment, decreases the risk of biofilm development, keeps exudate from leaking into the periwound, decreases risk of infection and removes pools of exudate from the wound bed.

Critical success factors for gap management include effective exudate management, wound healing progression, management of wound bioburden, decreased pain, decrease or absence of undermining of the wound and decreased signs or absence of maceration of the periwound skin.

Dressings used to manage the gap should have the following features:

- Antimicrobial properties
- Conformity to the wound bed
- Vertical absorption of exudate to protect surrounding tissue
- Patient comfort and ability to perform self-care
- Cost effectiveness
- Promotion of a moist healing environment

Overall Recommendations

- Wound treatment should be primarily focused on providing an optimal healing environment.
- One of the most important factors in promoting an optimal healing environment is managing the gap between the wound bed and the dressing.
- Gap management is about exudate management and must promote moisture balance in the wound.

Wound assessment is fundamental. A full wound assessment should be completed at each dressing change or at least one per week. This assessment provides an opportunity to diagnose and treat infection in the early stages and to decrease limb-threatening complications.

Next Steps

Evidence-based, experimentally based, accessible guidance on managing the gap between the wound bed and the wound dressing is required to decrease the number of days patients live with wounds. A guidance document will help stop routine or ritualistic care and encourage holistically planned wound care focused on wound healing rather than wound treatment. While this project reached consensus on the importance of managing the gap, further work is needed to develop guidelines that help health-care providers effectively move wound care evidence/best practices into clinical practice.

Coloplast is continuing to collaborate with health-care professionals on three additional articles in this series addressing managing the gap in chronic wounds. Articles on exudate management, preventing and treating infection and biofilm, and holistic wound management will be published in the coming months.

“Treatment Guidelines on Managing the Gap in Chronic Wounds” is currently in development. The guidelines will be based on collaboration among over 2,000 health-care professionals (specialist and generalist) worldwide in a large-scale consensus process.



Presentation Digest is a production of Wounds Canada. (www.woundscanada.ca).

The views expressed in this report are those of the presenter and do not necessarily reflect those of Wounds Canada, which has neither reviewed nor endorsed this report.

© 2020 Canadian Association of Wound Care
All rights reserved.