Practical Pearls from Two Wound Care Clinicians

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Prevention of a chronic wound is beneficial not only to the person and their circle of care but to the health-care system as well. It is estimated that in 2021, diabetes and its complications cost, $966 million USD in health expenditures.[1] The total financial cost to the individual with the wound is not clearly understood, but it is generally accepted that it is a detriment to their quality of life. The adage "an ounce of prevention is worth a pound of cure" rings so true in this patient population. This article was written with the intention of providing some pearls for the prevention and management of the most common risk factors seen in our wound clinic. It is not meant to cover any of the topics in detail, but hopefully it will whet one's appetite for small changes in care in the prevention and healing of hard-to-heal wounds.

Many health-care professionals are aware that diabetes mellitus puts a patient at risk for developing wounds; however, there are many other conditions that can increase a patient's risk of getting a hard-to-heal wound. These include venous disease, cardiovascular disease (e.g., CHF), peripheral arterial disease, end stage renal disease, collagen vascular disease, IBD (e.g., ulcerative colitis) and paraplegia/quadriplegia. Cancer patients may have skin changes associated with radiation therapy or non-healing surgical wounds.

In this particular population, as well as in patients with non-healing wounds in spite of adequate treatment, it is also important to consider cancer masquerading as a chronic wound.

Patients can also experience increased risk when on certain drugs. Prescription drugs such as methotrexate, prednisone or hydroxyurea are often cited as culprits. Recreational drugs, such as cocaine and levamisole, have also been known to cause vasculitis-associated chronic wounds.

Pearl: *A complete history is crucial in completing your assessment. If you have a patient with a known risk factor, add in a question about their skin health when noting their history or do a quick skin examination during your physical exam or preventative care visits.*

Many of the previously mentioned chronic diseases and conditions may lead to poor mobility or immobility. Some are more obvious, as in the case of a person with paraplegia, but some may be harder to identify. For example: a person with diabetes may develop sensory and autonomic neuropathy translating to a lack of sensation and subsequent foot deformities. These complications will then affect a person's gait, causing areas of pressure on the foot that are not meant to bear their full body weight. This will not only put a patient at risk for developing a wound, but also make it much harder to heal.

Pearl: *Every visit with a person with diabetes should include review and inspection of both feet for calluses, blisters, cracks (fissures) or other abnormalities. As well, this should be completed by the individual daily. It would be equally important to look at the patient's footwear to ensure that general shape and size properly fits the foot.*

A person with venous disease may experience swelling that may resolve when the legs are elevated, but over the years may devolve into venolymphedema if the venous disease is not managed.

Pearl: *Individuals with occupations that require long periods of standing or sitting are at increased risk. The clinician should recommend using a suitable compression garment for prevention.*

Someone who is paraplegic or quadriplegic is at risk for developing a pressure injury at any point due to pressure management issues such as a deflated chair cushion or being in one position for an extended period.

Pearl: *Patients should be encouraged and shown how to establish a daily skin inspection routine. They should also know how to inspect the surfaces in their beds and wheelchairs to ensure they are functioning as required. An ongoing relationship with an occupational therapist (OT) is an asset.*

Incontinence is another risk factor that may precipitate the development of a pressure injury or incontinence-related dermatitis and make a wound more difficult to heal.

Pearl: *Where possible develop a toileting routine for the individual. Having a schedule for checking briefs and changing them as soon as possible after soiling will help to eliminate this issue.*

Pearl: *In persons experiencing moisture-related dermatitis, many management techniques that work for diaper rash in infants will also work in adults (e.g., barrier cream, diaper-free time [if appropriate], etc.)*

Lymphedema and obesity can lead to excess tissue or extreme edema where skin surfaces will rub together. This creates friction, which can lead to a painful erosion and potentially a long-standing wound.

Pearl: *Good skin hygiene is essential. Patting dry all skin fold areas after bathing will help to manage perspiration.*

Pearl: *A sweat-wicking material (e.g., an athletic shirt) tucked between skin folds may*

also be helpful in certain individuals.

Fragility of the skin secondary to being at an advanced age can lead to wounds with minimal insult. For example, as one ages the skin becomes drier and tends to damage more easily, resulting in skin tears. These individuals may also be at risk of increased difficulty in getting these wounds to close once they occur.

Pearl: *First-aid treatment for skin care includes trying to lay the skin back down over the wound as soon as possible.*

Other risk factors that can lead to poor healing once a wound has occurred include low hemoglobin, infection, dementia, poorly controlled congestive heart failure, sleep apnea, smoking, overuse of alcohol and poor nutrition. The individual should be encouraged to reduce any modifiable risk factors, and clinicians should be willing to work with the individual regardless of their readiness/willingness for change.

Pearl: *For poor nutrition, the use of the screen from the Canadian Malnutrition Screening Tool is recommended as it only has two questions. A positive screen may be a reason to include a dietitian on the wound healing team.*[2]

As health-care providers, we need to be conscious of the potential impact that food and housing insecurity may have on the overall wellbeing of the individual. This, along with the person's mental wellbeing, support and the availability of family/friends and system support services in the community, all have an impact on a patient's ability to heal and prevent hard-to-heal and/or complex wounds.

Pearl: *Realize that the person at risk is more than just the risk factors, but is an individual in a community and in an environment within a system; all of which need to be taken into consideration. Advocate for change at a systems level if you are able to do so.*

We hope that the above short article has provided some suggestions that you can incorporate into your practice. If any of the above ideas have sparked your interest, many of the contained suggestions are discussed in more detail in the Wounds Canada's Best Practice Recommendations for the Prevention and Management of Wounds[3] or in the article by Aktins et al., Implementing TIMERS: The race against hard-to-heal wounds.[4]

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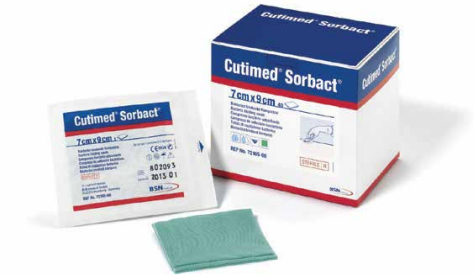

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