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

Materiel:

- 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’s 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.
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
Aim: soften necrotic tissues, fibrin, wash away residues and exudates' inflammatory mediators

Rinse the wound abundantly with water or saline
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

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
Aim: reinforce primary dressing to be kept at least 24h before exudates comes through.
If very wet (exsudate ++)

Add gauze
Or sanitary napkin to absorb 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.

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