

MDS Alert

WOUND CARE TIPS: 3 Strategies Can Improve Surgical Wound Outcomes

If a resident has a dehisced surgical wound, consider this approach.

Pressure ulcers and other skin ulcers tend to capture the spotlight, but how you manage surgical wounds can help ensure a speedy post-acute recovery for your surgical patients. Consider these tips from two wound-care pros:

1. Document the wound's status at admission to establish a baseline. "Carefully assess for any incisional drainage, areas of dried exudate, and any redness or induration along the line of the incision," advises **Jenny Hurlow, GNP, CWOCN**, in Memphis, Tenn. Contact the surgeon if you have any concerns about the wound.

2. Recognize the signs of infection. Surgical wounds may normally be slightly red and edematous for a few days post-op, notes **Dorothy Doughty, RN, MN, CWOCN, FAAN**, director of the Emory University WOC Nursing Education Center. But if those signs are worsening rather than improving on day four or five after surgery, the wound could be infected. If you're starting to see fluid drainage from the incision at that point, that is also typically an indicator of infection, she adds. Usually the inflammatory responses are subsiding by day four or five post-op rather than getting worse, Doughty notes.

3. Select dressings that protect, rather than injure the wound. Consider selecting wound dressings and products that promote optimal healing, even if they are more expensive. Suppose you admit a patient with a dehisced surgical incision that has minimal drainage. Using wet-to-dry or damp-to-damp wound dressings will traumatize the wound bed and cause pain when you remove them, cautions Doughty.

A "more clinically effective and cost effective approach would be to add a layer of wound gel to the wound bed," Doughty says. Then "add damp fluffed gauze, and secure the dressing with a transparent adhesive such as OpSite or Tegaderm." This approach "provides moist wound healing, atraumatic dressing removal, a bacterial barrier" -- and requires less frequent dressing changes than gauze dressings, Doughty advises.