Wound Care Review Offers Perspective On Acute, Chronic Wounds

Robust evidence exists for some wound care interventions, but there are still gaps in current knowledge requiring international consensus and further high-level clinical evidence, according to a paper published online by the *British Journal of Surgery*. Researchers analyzed the findings of 44 Cochrane Systematic Reviews (CSRs) published by the Cochrane Wounds and Peripheral Vascular Disease Groups up to June 2011. The reviews covered CSRs on acute wounds and chronic wounds such as venous, pressure, diabetic and arterial ulcers. This enabled them to identify a number of findings that provide strong clinical evidence for treating specific wound issues.

"Acute and chronic wounds pose a substantial problem in different healthcare settings," says co-author Dr Dirk Ubbink, from the Academic Medical Center in Amsterdam, The Netherlands. "Because wounds have a considerable impact on patient health, death, daily functioning and quality of life, they deserve high-quality local and systemic treatment. Ideally wound treatment decisions should be based on the best available evidence, integrated with patients' concerns and priorities and fine-tuned by the local resources and skills. In reality, however, treatment decisions are generally based on the personal opinions, experiences and preferences of healthcare professionals, which can vary widely. This is partly due to the overwhelming amount of literature available, which often shows conflicting results. Our meta-review of the CSRs aims to help clinicians make evidence-based decisions by analysing studies of both local and systemic open wound care," he continues.

The meta-review covered 13 CSRs on venous ulcers, 12 on acute wounds, seven on pressure ulcers, six on diabetic ulcers, five on arterial ulcers and five on miscellaneous chronic wounds. Findings were placed into five categories, based on strong evidence of effect/no effect, limited evidence of effect/no effect and no evidence either way. Strong findings included:

For acute wounds:

- Systemic treatment with therapeutic touch does not have any additional effect on wound healing compared to placebo or non-treatment after minor surgery.
- Cleansing pin site wounds using saline, alcohol, hydrogen peroxide or antibacterial soap to prevent infections is no more effective than no cleansing.
- Topical honey reduces wound healing time when compared to film or gauze-based dressings for burns.
- Silver sulfadiazine should not be used for burns as trials show this can delay

wound healing and increase pain and infection rates.
- Drinking quality tap water is better for cleansing lacerations and acute soft tissue wounds than sterile saline solutions.

For chronic wounds:

- Systemic treatment of venous ulcers with pentoxyfylline increases complete wound healing.
- Compression therapy, using high compression, multi-component systems or elastic bandages, is most effective.
- Using hyperbaric oxygen therapy decreases major amputations in diabetic ulcers and local hydrogels should be used after debridement to promote wound healing.
- Systemic prostanoids should be used to relieve rest pain and improve ulcer healing in patients with critical leg ischaemia, with spinal cord stimulation improving limb salvage.
- Using high-specification foam mattresses and low air loss mattresses can prevent pressure ulcers on the ward and pressure-relieving overlays are recommended on operation tables. Using local therapeutic ultrasound is not recommended for healing pressure ulcers.

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