

Wound Care, Part II



Part I of the patient education handout addressed keeping wounds free from infection. This handout will address keeping them moist and free from injury.

INTRODUCTION

The old thinking about wound care was to leave the wound open to the air and let it scab over. But caregivers now know that cells need a warm moist environment to grow new tissues. Moisture and warmth speed wound healing and reduce pain.

TYPES OF DRESSINGS

Wound care product manufacturers have developed dressings that provide the wound with an ideal warm moist healing environment. These dressings are designed to absorb drainage without damaging surrounding skin, keep out germs, and protect the wound from injury.

Several types of dressings keep wounds moist. Hydrogel dressings soften dead tissue

and keep the wound from drying out. Your caregiver may recommend alginate or foam dressings if the wound is wet and draining. These absorb the moisture so the wound drainage does not leak or damage surrounding skin, while helping keep the wound warm.

Your provider may suggest hydrocolloid dressings to keep the wound moist and protected from germs. This is a gel that breaks down slowly over several days and forms a gummy film.

These dressings can be left on for several days, making it easier for you to take care of the wound at home.

WOUND DRESSING TIPS

Apply the dressing according to the directions from your health care provider. In general the steps are:

1. Gather your supplies before you start.
2. Open the packages and tear strips of tape you may need.
3. Remove and discard the old dressing by putting your hand into a plastic baggie (like a mitt), then gently lifting off the dressing. Turn the plastic baggie inside out over the dirty dressing and close it tightly, then throw it away immediately.
4. Wash your hands.
5. Securely apply the new dressing.

Remember these important tips:

1. Use dressings only once.
2. Keep the dressing in the original package or other closed plastic package.
3. Store them in a clean, dry place.
4. Throw away the entire package if any of the dressings get wet or dirty.
5. Wash your hands before touching a clean dressing.
6. Do not touch clean packaged dressings once you touch the sore.

Helpful Hint: Some dressings, like hydrocolloids, get stickier in the first 24 hours and can damage the skin if removed too soon. Also, when they are removed there will be a thick,

yellow, gummy film over the wound. This is part of the treatment. Wash it off and the wound underneath should be fine.

TELL YOUR HEALTH CARE PROVIDER IF:

- **The dressing leaks pus**
- **There is pain or bleeding when you take the dressing off**
- **The wound looks dried out**
- **You have trouble putting on or removing the dressing.**

PROTECT THE WOUND

Wound tissues are very fragile. Wound trauma and pain may occur during wound cleansing, dressing changes, sharp debridement, and repositioning.

Wounds are easily injured from too much pressure from the outside (pressure sores and diabetic foot ulcers) or from the inside (venous ulcers). Your health care provider may recommend pressure relief products for a wheelchair, bed, shoes or support stockings. Stay off of the injured area at all times. Support the injured tissues during turning and repositioning to avoid injury and pain.

Keep the dressing on the wound at all times except during dressing changes. Many dressings are waterproof and can go into a shower. Check this out with your health care provider. If not, schedule bathing around dressing change times.

Even with very good wound care, not all wounds heal. Most wounds can be kept clean, and you can be made comfortable. If you have questions about how your wound feels or how it is healing, call your health care provider. ■

Prepared by Carrie Sussman,PT, co-author of Wound Care:A collaborative practice manual for physical therapists and nurses, Proed Inc. 2001 (www.proedinc.com) and the Sharp Debridement of Wounds Video Series. The information in this handout is adapted from the Wound Care Patient Education Resource Manual, C Sussman 2002. For more information, visit www.aspenpublishers.com.