

Negative Pressure Wound Therapy

Learn more about NPWT and the document at the EWMA keysession on Thursday 4 May from 14:30-15:30

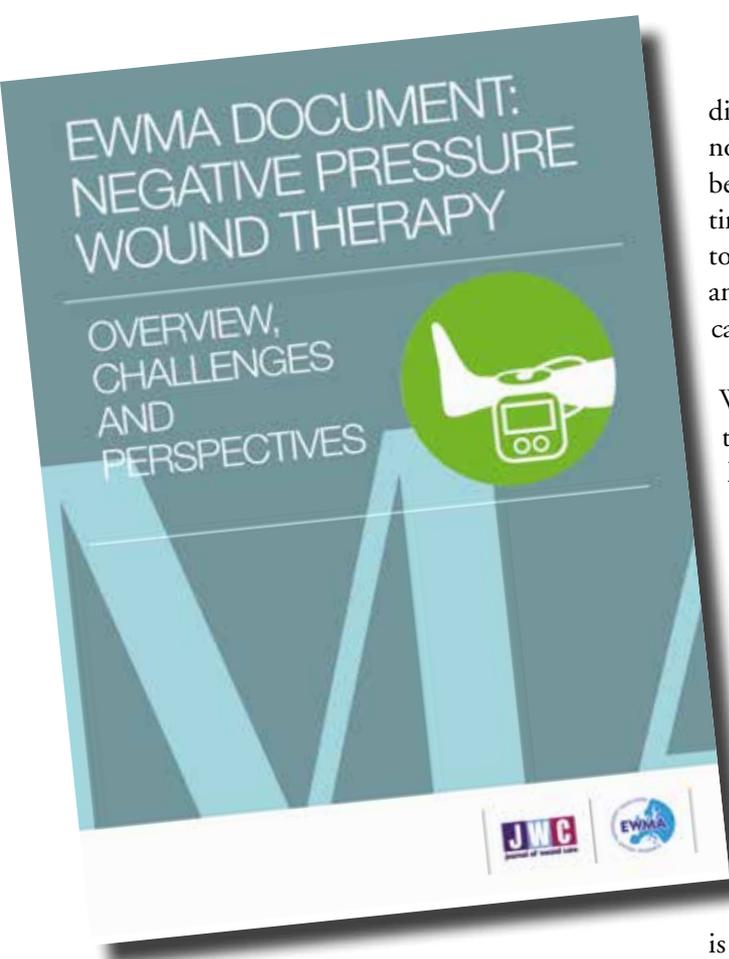
Overview, challenges and perspectives

The EWMA document on negative pressure wound therapy (NPWT) has now been published as an online supplement to the *Journal of Wound Care*. This article introduces the document.



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diac surgery^{7,8} and as a valuable agent in complex non-healing wounds.^{9,10} Increasingly, NPWT is being applied in the primary and home-care setting, where it is described as having the potential to improve the efficacy of wound management and help reduce the reliance on hospital-based care.¹¹

While the potential of NPWT is promising and the clinical use of the treatment is widespread, high-level evidence of its effectiveness and economic benefits remain sparse.¹²⁻¹⁴

The ongoing controversy regarding high-level evidence in wound care in general is well known. There is a consensus that clinical practice should be evidence-based, which can be difficult to achieve due to confusion about the value of the various approaches to wound management; however, we have to rely on the best available evidence. The need to review wound strategies and treatments in order to reduce the burden of care in an efficient way is urgent. If patients at risk of delayed wound healing are identified earlier and aggressive interventions are taken before the wound deteriorates and complications occur, both patient morbidity and health-care costs can be significantly reduced.

There is further a fundamental confusion over the best way to evaluate the effectiveness of interventions in this complex patient population. This is illustrated by reviews of the value of various treatment strategies for non-healing wounds,

Introduction

Since its introduction in clinical practice in the early 1990's negative pressure wounds therapy (NPWT) has become widely used in the management of complex wounds in both inpatient and outpatient care.¹ NPWT has been described as a effective treatment for wounds of many different aetiologies^{2,3} and suggested as a gold standard for treatment of wounds such as open abdominal wounds,⁴⁻⁶ dehiscenced sternal wounds following car-

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which have highlighted methodological inconsistencies in primary research. This situation is confounded by differences in the advice given by regulatory and reimbursement bodies in various countries regarding both study design and the ways in which results are interpreted.

In response to this confusion, the European Wound Management Association (EWMA) has been publishing a number of interdisciplinary documents (15–19) with the intention of highlighting:

- The nature and extent of the problem for wound management: from the clinical perspective as well as that of care givers and the patients
- Evidence-based practice as an integration of clinical expertise with the best available clinical evidence from systematic research
- The nature and extent of the problem for wound management: from the policy maker and health-care system perspectives

The controversy regarding the value of various approaches to wound management and care is illustrated by the case of NPWT, synonymous with topical negative pressure or vacuum therapy and cited as branded VAC (vacuum-assisted closure) therapy. This is a mode of therapy used to encourage wound healing. It is used as a primary treatment of chronic wounds, in complex acute wounds and as an adjunct for temporary closure and wound bed preparation preceding surgical procedures such as skin grafts and flap surgery.

Aim

An increasing number of papers on the effect of NPWT are being published. However, due to the low evidence level the treatment remains controversial from the policy maker and health-care system's points of view—particularly with regard to evidence-based medicine.

In response EWMA has established an interdisciplinary working group to describe the present knowledge with regard to NPWT and provide overview of its implications for organisation of care, documentation, communication, patient safety, and health economic aspects.

These goals will be achieved by the following:

1. Present the rational and scientific support for each delivered statement
2. Uncover controversies and issues related to the use of NPWT in wound management
3. Implications of implementing NPWT as a treatment strategy in the health-care system
4. Provide information and offer perspectives of NPWT from the viewpoints of health-care staff, policy makers, politicians, industry, patients and hospital administrators who are indirectly or directly involved in wound management.

The document has been published as an online supplement to the Journal of Wound Care and can be downloaded via www.ewma.org

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