

P 129

WOUND MANAGEMENT AFTER DORSALIS PEDIS BYPASS IN PATIENTS WITH GANGRENE AND FOOT INFECTION

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Aim: The aim of this study was to evaluate wound healing methods after foot revascularization.

Material and Methods: From 1999 to 2005, dorsalis pedis venous bypass was made in 152. Foot infection was present in 30% of patients. Mean age was 67.8 years. The male - female ratio was 2:1.2. Diabetes was in 117 (77.1%) patients. The method of local treatment comprised debridement, dressings saline or chlorhexidine dressings, a silver hydrofiber dressing*, Granuflex, Granugel. The long-term results were checked in 77 inhabitants of Vilnius city.

Results: There were no deaths in the near postoperative period. Revascularization of the foot was reached in all patients but 3. Regional amputations and drainage operations were performed in 57 of 74 (77%) patients. In 17 patients primary suture was done, in 47 patients the wound healed by second intention. Patients with unhealed wounds in the foot were discharged from the hospital on 12-33 day (mean 19.5). Foot loss rate in patients with foot infection was 3.8% versus 2.3% with necrosis without infection. Amputations were made in 13 patients of 77 during the follow-up from 1 to 60 months because of bypass thrombosis.

Conclusion: Dorsalis pedis artery revascularization enhanced the healing process of the wound. Moist management secured the healing and helped to save foot or a part of it in patients with foot gangrene and infection. Foot infection did not restrict indications for the bypass procedure.

*Aquacel Ag

P 130

THE DEVELOPMENT OF A BANDAGE FORMULARY FOR WOUND MANAGEMENT WITHIN AN ACUTE NHS TRUST

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Aim: The Tissue Viability Service provides support across 5 hospitals within a Trust, which merged 5 years ago. A multitude of bandages were being used and practices varied with incidents occurring involving poorly applied bandages. The aims of this project included standardising bandages across hospitals, enhancing the knowledge and skills of staff in bandage selection and application, adopting a common language to improve exchange of information and demonstrating value for money.

Method: A group of Specialist Nurses met over a period of 2 months to undertake the bandage work. The purpose of the meetings was to review the components of multi-layer compression bandaging, work in partnership with local Primary Care Trusts and the Greater Manchester Collaborative Procurement Hub and understand current use of bandages. The group undertook a 'table top' evaluation of bandages, reviewing criteria such as packaging/presentation, instructions for use, range of sizes available, clinical evidence and cost.

Results: The evaluation yielded useful data, which excluded many bandages on the basis of factors such as poor conformability and cost. The Trust has agreed a product range and is soon to launch the new formulary. The results have been shared with the Procurement Hub and a Greater Manchester contract with a supplier has been secured for 12 months resulting in potential cost savings.

Discussion: This collaborative project has pooled expertise and whilst demonstrating value for money, has ensured that quality has remained a central theme.