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### CHANGING PRACTICE: JEEP'S DISEASE

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**Purpose:** Pilonidal sinus -commonly known as Jeeps disease (Buie 1944) – is predominantly seen following the onset of puberty, in the 15-40 age groups (Gould 1999). The annual incidence is approx 26 per 100,000 populations (Mc Guinness et al 2003). It is most commonly found in the sacrococcygeal area of the natal cleft. A review of the literature identified a that these wounds often take 4-6 months to heal with a high recurrence (Banerjee 1999) – an observation which has also been made by the author in her local area of clinical practice. Historically within Doncaster & Bassetlaw Hospitals NHS Foundation Trust, these wounds were packed postoperatively with either ribbon gauze soaked in Proflavine or alginate rope. Patients were discharged into the community with a regime of daily bathing – where the dressing is removed – followed by repacking of the cavity. This practice is costly in terms of nursing time and products, with the outcomes reflecting those within the literature review

**Aim:** A small evaluation of 10 patients was undertaken in order to improve clinical outcomes and potentially reduce costs. The revised regime was to use an alginate wound dressing + nano silver\* immediately following the excision and laying open of pilonidal sinus. A hydrocellular foam dressing\*\* was applied to replace the usual post-operative dressing.

Post-operatively the alginate wound dressing + nano silver\* was left in place for one week, with the outer dressing changed if strikethrough occurred. Patients were asked to shower daily with the dressing situ.

**Results:** All wounds healed between 4-9 weeks with none of the complications associated with this type of surgery i.e. bridging or pocketing. No large clot formations were found in the wound bed at first dressing. At healing – soft, pliable scar tissue was observed. None of the patients required antibiotics during the process, and due to the soft gelling action of the dressing, the requirement for analgesia was reduced.

Although the primary aim was to evaluate clinical intervention in this area, a health economic analysis is ongoing to determine any cost implications with the revised Ongoing patient follow-up will identify any reduction in recurrence rates using this dressing regime

**Discussion:** These preliminary observations are encouraging, with a number of surgeons now adopting this revised practice. A larger study is planned for 2007, to determine the clinical cost-effectiveness of this process which seems to be meeting the requirements expected for pilonidal sinus wounds described by Caestecker (2006) i.e.

- to minimise patient inconvenience
- to encourage healthy granulation tissue leading to quick closure
- to minimise loss of work days
- to reduce hospital bed stay days

\*Acticoat Absorbant \*\*Allivyn Sacrum Plus

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### MILESTONES IN THE MANAGEMENT OF WOUND TRAUMA AND PAIN

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**Aim:** Trauma and pain associated with procedures relating to wound management can have a major impact on the quality of life of patients. A literature search was undertaken to determine the level of interest in this subject and to identify key milestones that have, and continue to shape, the way in which those involved in the provision of wound care manage pain and trauma.

**Methods:** Electronic searches of bibliographic databases (MEDLINE, National Library of Medicine, Bethesda, USA; EMBASE, Elsevier BV, Amsterdam, Netherlands; CINAHL, Cinahl Information Systems, Glendale USA) and Internet sites (Cochrane Library; World Wide Wounds) were supplemented with manual searches of conference proceedings and journal of relevance to wound management.

**Results:** Over the last 20 years, there has been a dramatic increase in the number of published articles referring to wound trauma and pain. Wound dressings that have been clinically proven to minimise trauma and pain during dressing changes have been introduced to the market. Since 2002, a plethora of statements and guidelines to assist clinicians in effectively managing wound trauma and pain have been made available.

**Discussion:** The published literature highlights that clinicians are becoming increasingly aware of the need to consider patients' experiences of wound trauma and pain. It also highlights that clinicians, patients, researchers and manufacturers are working closely together to provide solutions to manage trauma and pain relating to wound management procedures.