

CHALLENGES IN PROTECTING PERIWOUND SKIN

Helen Hollinworth

University Campus Suffolk, Ipswich, Suffolk, United Kingdom

Aim: Protecting periwound tissues from excoriation by corrosive chronic wound exudates, or trauma from traditional adhesive products, is a significant challenge with limited research to underpin practice. These professional concerns are compounded by observation of dressing changes which frequently expose sub-optimal practice. A survey in 2007 aimed to illuminate nurses' decisions when planning wound management for patients with actual or potential periwound damage.

Methods: Qualified nurses routinely undertaking wound care in a range of care settings were asked via a questionnaire for their wound management decisions if they recognised an adhesive wound care product is appropriate - but the area around the wound is, or is likely to be damaged as the product is removed.

Results: 232 nurses responded. The most frequently stated action was use of a barrier product: 102 (44%), with 46 naming a non-sting barrier film. Other decisions centred on selecting an alternative product, or non adhesive dressing. Many responses indicated limited knowledge. Only 16 nurses would select a less adhesive dressing.

Discussion: Although use of a barrier product was most frequent strategy nurses adopt to protect periwound tissues from adhesives, many questionable practices were exposed. These are mirrored when observing practice. Non-sting barrier creams are intended to protect tissues from urine or faeces, not chronic wound fluid, and can increase the adhesiveness of adhesive products – compounding problems of tissue trauma. In addition, creams contain preservatives which are contra-indicated in leg ulcer management. Questionable decisions included cutting off the adhesive component of the dressing, using gauze to cover the area around the wound, and use of a protective paste/special solution. Spraying a non-sting barrier film over the whole area, hence under the adhesive, can also be questioned. There is only anecdotal evidence to support this practice, and negative outcomes are common. Considering the availability and range of soft silicone adhesive products, which emerging research demonstrates may eliminate the need for a barrier product, it is worrying that so few nurses came to this decision. One respondent even tempered their decision of a less adhesive dressing with the comment 'if one exists'. These results underline the need for further research and additional education on this complex topic.