

IN THE HOME WOUND CARE EXPECTATIONS OF ORTHOPAEDIC PATIENTS

There are many scenarios wound care in orthopaedics which can include surgical wounds, pressure sores, burns, infections and plaster sores which may be carried out in the home.

For the purposes of this paper, only surgical wound care will be addressed.

Stages of surgical wound care in the home:

1. removal of sutures, staples and Steristrips
2. wound blisters, stitch infections and other superficial developments
3. Performing a dressing, removal of sutures or staples
4. long term wound care in cases of delayed healing

1. REMOVAL OF SUTURES, STAPLES AND STERISTRIPS

Sutures, staples and Steristrips are usually removed at 10-14 days according to the surgeon's requirements.

Steristrips are little strips of adhesive paper fabric which are placed across the wound ⁽¹⁾.



Fig 1

Note: when they are applied, Steristrips should simply be laid across the wound and patted down. However if any tension has been applied, blisters ⁽²⁾ might occur but these will eventually heal up. They are not indicative of any problem within the surgery site itself.



Fig 2

Sutures may either be visible ⁽³⁾, needing to be removed with a special blade ⁽⁴⁾, or they can be hidden just beneath the skin ⁽⁵⁾ when they are either left to dissolve or the knot snipped off one end and the suture removed. This type usually have Steristrips on top.



Fig 3

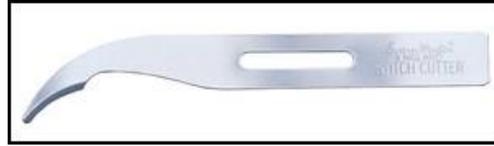


Fig 4



Fig 5

Staples⁽⁵⁾ are removed with a special tool and should be virtually painless when being removed. The pin holes will heal readily and should leave no scar. Steristrips are usually removed at 10-14 days.



Fig 5

2. WOUND BLISTERS, STITCH INFECTIONS AND OTHER SUPERFICIAL DEVELOPMENTS

Occasionally, superficial spots of infection can occur along the wound⁽⁶⁾, usually caused by a stitch or staple. These are not a problem and generally heal readily if kept covered with a sterile dressing.



Fig 6

The holes where wound drains were can sometimes drain for a while but will ultimately dry up on their own. Until they do, the wound should be kept covered with a fresh, dry, sterile dressing.

Note that no creams or lotions should be applied to any wounds without a doctor's prescription.

3. PERFORMING A DRESSING, REMOVAL OF SUTURES OR STAPLES

Nurses should arrive at the bedside or the patient's home with identification and introduce herself. S/he should also be furnished with the appropriate dressings pack and any other equipment s/he will need.

S/he should first explain to the patient what s/he is going to do and how and have the patient in a comfortable place and position to facilitate the treatment. If, for instance, it is an upper arm wound, then sitting in an armchair would suffice but if it is on the hip, then the patient should lay on their bed. The wound should then be exposed.

In the home, the first step is for the nurse to find an appropriate surface close to the wound upon which to open the dressings pack, dispense the lotions required, arrange the yellow soiled dressings bag. Having removed the dressing, disposed of it in the bag, the nurse washes his/her hands according to protocol, dries them on the paper towels and dons the sterile gloves, all of which are in the dressing pack.

Once s/he has the gloves on, the nurse should touch nothing other than the contents of the dressing pack, the sterile sheet adjacent to the wound and the wound.

The paper sheet from the dressing pack is laid on the bed or table adjacent to the wound which is then carefully cleansed with the swabs moistened with the lotion, taking care to remove as much of any scabbing as is comfortable for the patient. Swabs should not be used in a scrubbing fashion but used for only one draw across the wound and then disposed of in the yellow bag.

For sutures requiring removal, the knot of the stitch is grasped with the forceps and lifted slightly so a millimetre of the thread which was under the skin is exposed. This is where the stitch is cut and then the clean part of the stitch is drawn through the skin and removed.

For staples, a special removal tool is required⁽⁷⁾

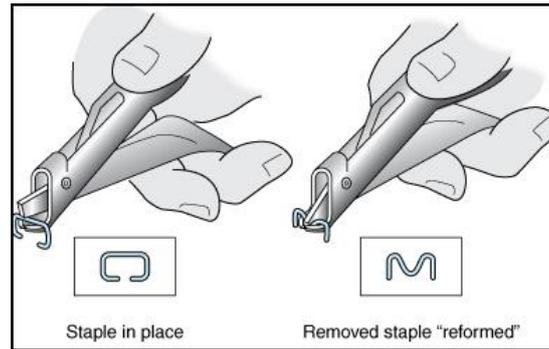


Fig 7

After cleaning the wound, the beak of the removal tool is gently slipped under the staple and closed firmly. This makes the staple reform so the legs change from horizontal to vertical allowing the staple to be simply lifted off the skin. If done properly, this manoeuvre should be virtually pain free.

In both cases, the wound is cleansed again and Opsite plastic skin spray applied which will seal the stitch/staple holes which will normally be fully healed within 48hrs.

Whether a new dressing is applied to the wound very much depends upon the condition of the wound and the requirements of the surgeon. Some like the wound to be kept covered for a few more days, other are happy for it to be left uncovered.

4. LONG TERM WOUND CARE IN CASES OF DELAYED HEALING

More serious issues such as wound that has opened up or is draining more than slightly, or has become infected, require frequent redressing by a nurse who should perform the task using aseptic technique with sterile gloves, face mask and sterile dressings pack.

COMPLETION

Once completed, the dressing tray and used dressings and swabs are collected in the yellow bag and taken away to be disposed of at the medical centre.

The nurse should make sure the patient is dressed again and helped to their preferred resting place before leaving.

A contact phone number should be left in case of any untoward occurrences with the wound or the dressing