

Management hard to heal wound nursing perspective

Compression therapy on leg ulcer

Calluses in DM foot

Dehiscence wound in orthopedic surgery

The beneficial of Bio-plasma technique

HARD-TO-HEAL

WOUNDS



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Stage of wound healing

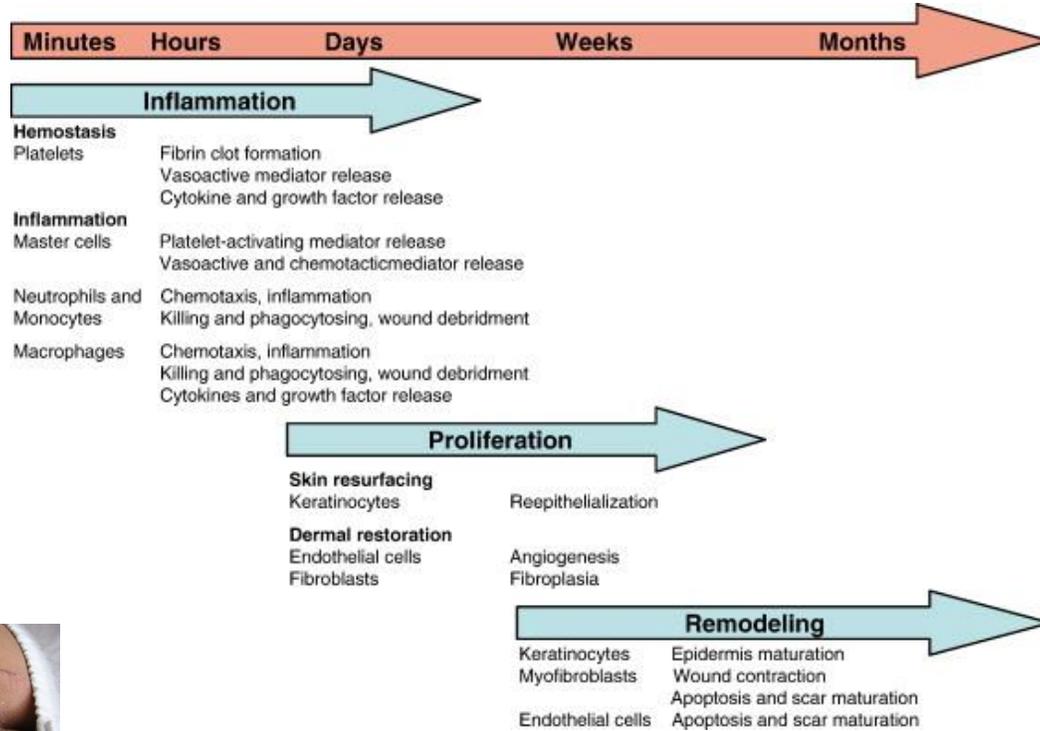
2 wk



4wk



6wk



Li, J., Chen, J., & Kirsner, R. (2007). Pathophysiology of acute wound healing. *Clinics in dermatology*, 25(1), 9-18.



Factors delaying wound healing

Local Factors

- **Slough**
- **Necrosis**
- Oedema
- **Infection**
- **Biofilm**
- Ischaemia
- **Excess exudate**
- Low oxygen levels
- Elevated proteases
- Neuropathy
- Venous insufficiency



Systemic Factors

- Inadequate perfusion
- Elevated inflammation
- Poor diet
- Co-morbidities e.g. diabetes
- Obesity
- Polypharmacy/medication
- Stress
- Immunosuppression



60 DAYS







40 DAYS

30 DAYS



เคสมะเร็งเม็ดเลือด หลังทำ **biopsy** แผลไม่หาย ใหญ่ขึ้น
เลือกใช้ **superabsorbent** รูปแบบแผลไม่คงที่ ใช้ทั้งหมด
5 ซอง

เคส DFU หลังขยายหลอดเลือด รักษาแผลด้วย KERACIS



30/7/63



4 Aug 63

18 Aug 63

เคส DFU แผลติดเชื้อ



> DEBRIDEMENT

> NEGATIVE WOUND PRESSURE THERAPY

> OMEGA 3 FISH SKIN FOR TISSUE REGENERATE—KERECIS

Identification Risk Factors

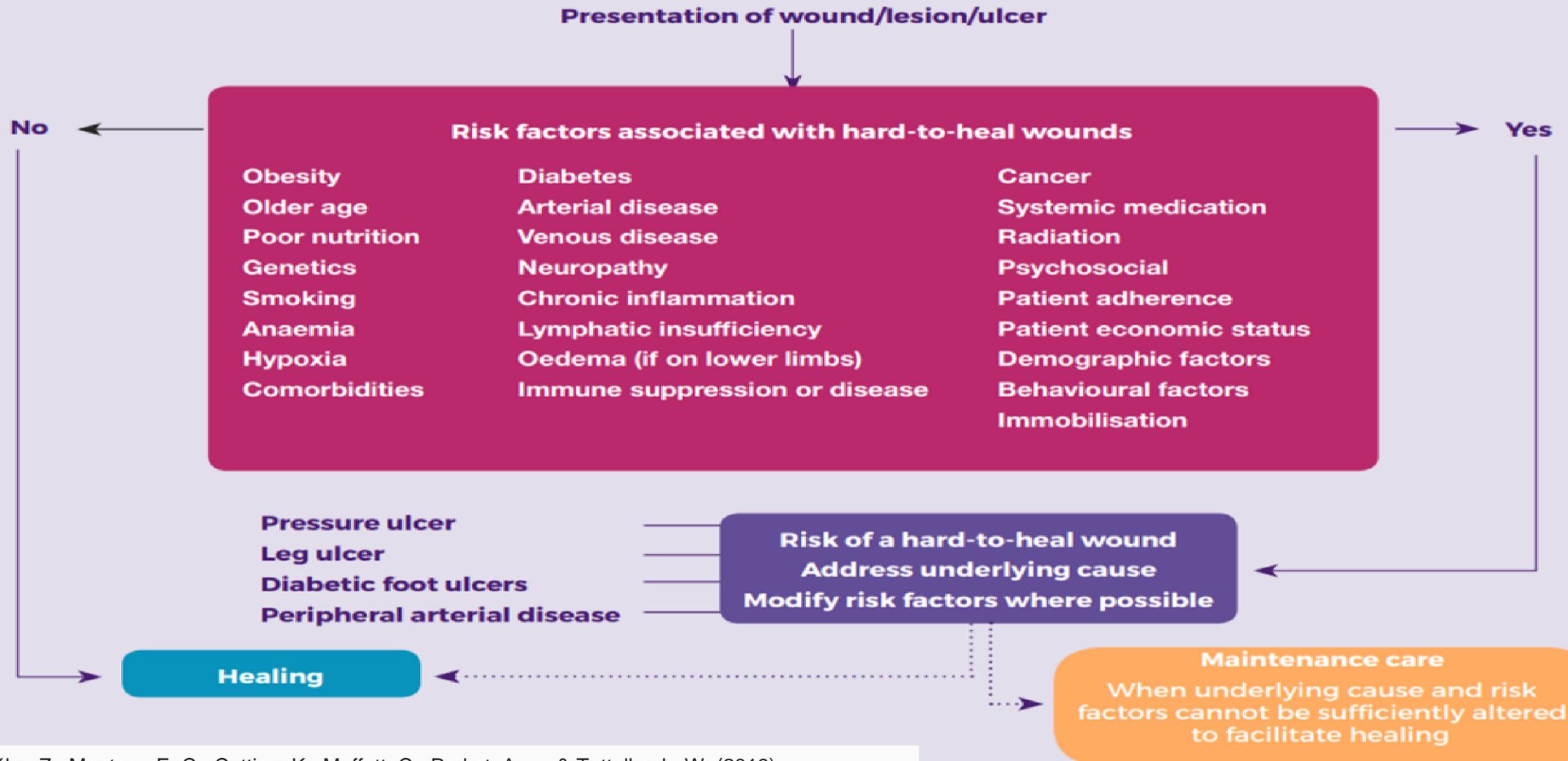
- A wound that has not reduced in size by >40–50% at 4 weeks should be regarded as hard-to-heal and be **referred to a specialist wound practitioner** or a complex **wound clinic**



Action plans should not be static; they should be consistently re-evaluated as the patient heals or fails to heal

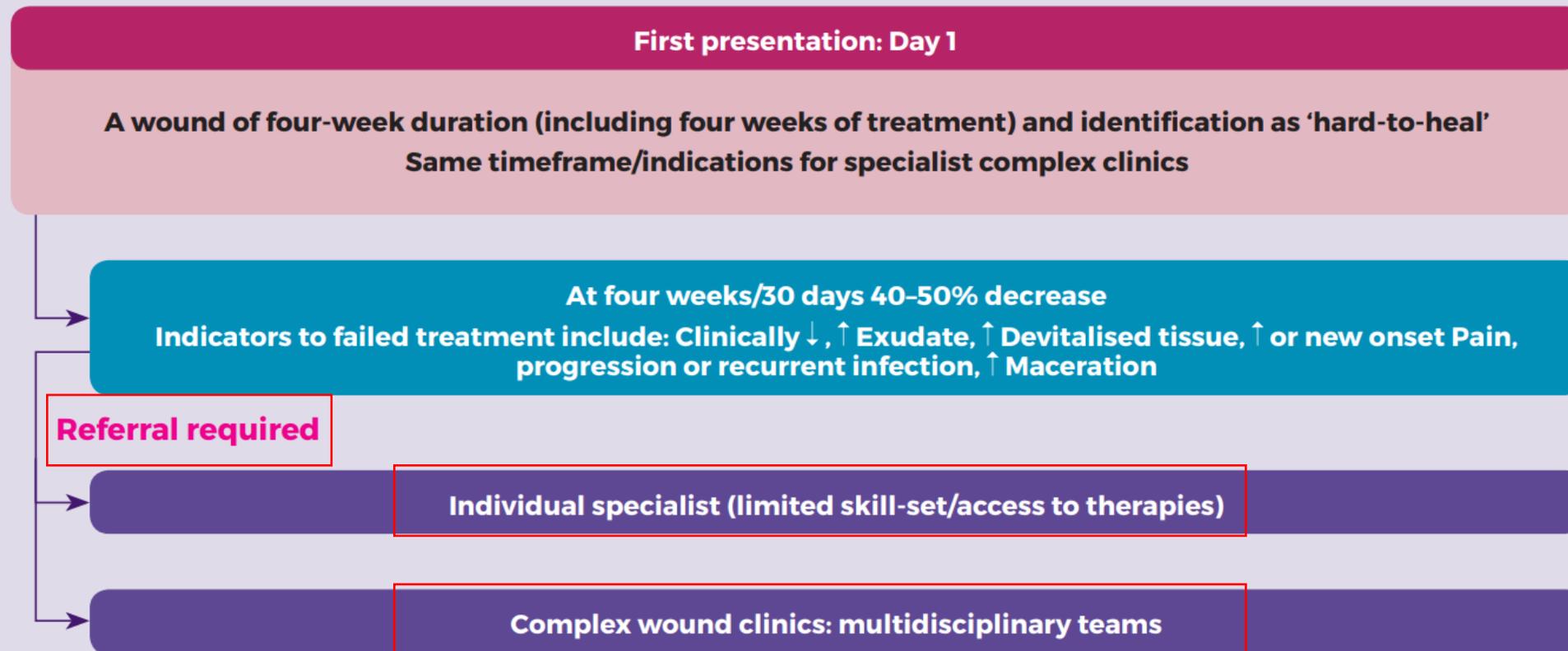
Risk factors for hard to heal wound

Fig 1. Risk factors for hard-to-heal wound formation. Note: the more factors a patient has, the more likely the wound will not heal



Wound management pathway and process guidelines

Fig 3. Timeline for suggested treatment and referral



Wound management pathway and process guidelines

Fig 4. Fundamentals of wound assessment and referral

Holistic assessment: *international/local guidelines/best practice statements, Patient risk factors of a hard-to-heal wound, additional assessment (eg venous duplex, biopsy)*
Wound assessment: *volume, extent, area, exudate*

Diagnosis: *refer on if appropriate/required*

Treatment: *standard to best practice, including wound bed preparation, initiation of biofilm prevention/treatment, TIMERS wound assessment, control oedema, refer to local formulary*

Patient-centred outcomes: *healing or maintenance (this needs to be a multidisciplinary team approach)*

Management of patient-related factors

Best practice for the most common wound types

Venous leg ulcer : Compression therapy and venous intervention

Pressure injury : Pressure reduction, relief and redistribution

Diabetic foot ulcer: Offloading and management of diabetes

Arterial ulcer : Vascular reconstruction

Standard of care :

Holistic

Assessment and accurate diagnosis

Management of the underlying causes

Using best practice according to expert guidelines





WOUND

CHALLENGE





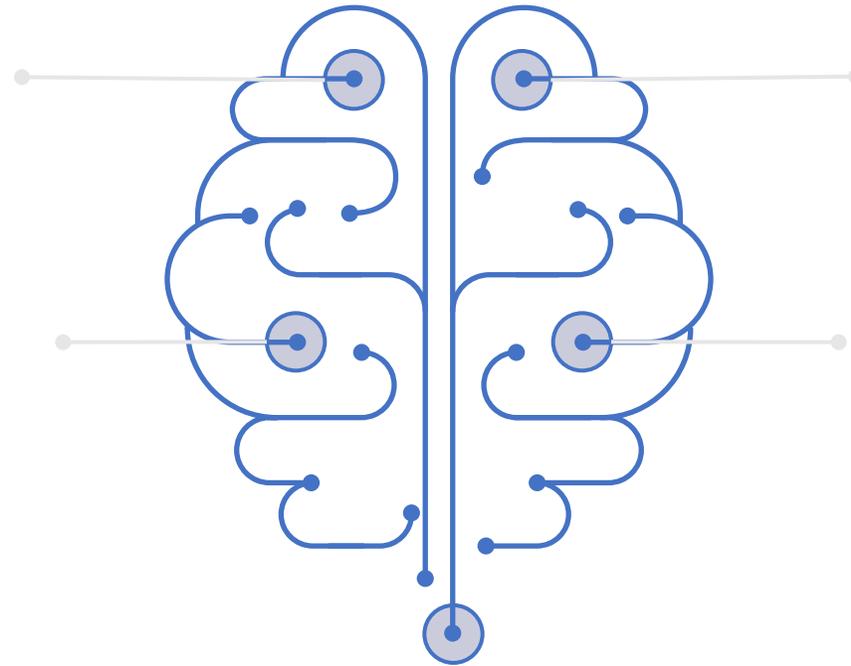
INNOVATION in WOUND CARE



WHAT IS NEWS IN WOUND CARE ?

**IMPROVEMENT
OF TECHNIQUES**

METHODS



**EQUIPMENT AND EMBODIES
A COMBINATION**

SYNTHESIS OF KNOWLEDGE

**CREATE NEW PRODUCTS, PROCESSES, OR
SERVICES**



TAKE HOME MESSAGE

- Moist wound healing



1
- Assessment very important



2
- Team work



3



Thank you

QUESTIONS?

