

A SIMPLE, EFFECTIVE AND ECONOMICAL PROTOCOL FOR THE TREATMENT OF ACUTE AND CHRONIC WOUNDS

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OBJECTIVE/METHOD

To evaluate if a simple, standardized protocol for the treatment of a wide range of acute and chronic wounds can increase the quality of wound healing and decrease the overall costs of wound care. Consecutive treatment of **ALL PATIENTS** with wounds that heal by secondary intention from November 2012 to October 2013 with following simple protocol:

- 1 Treatment of the cause if possible
- 2 Local wound therapy with ① in combination with a simple non-woven gauze or absorbent dressing
- 3 The locally applied wound dressing is only changed if the wound does not show any sign of healing after a 4-6 weeks treatment even though the wound has the capacity to heal or if the patient suffers from an adverse reaction to the wound dressing

TREATMENT OVERVIEW

TYPE OF WOUND	NUMBER OF PATIENTS	PREVIOUS TREATMENT DURATION	COMPLETE WOUND CLOSURE	AVERAGE TREATMENT DURATION	TREATMENT STOP WITH ①
Abscess excision	60	na	100%	39 days	0
Pilonidal sinus	28	na	100%	56 days	0
Traumatic wound	12	na	75%	30 days	3
Ulcus cruris venosum	12	216 days	50%	68 days	6
Suture dehiscence	9	na	88%	67 days	1
Burn wound	8	29 days	88%	28 days	1
Diabetic foot ulcer	6	67 days	50%	72 days	2
Ulcus cruris arterial	4	34 days	50%	74 days	3
Other wounds	35	na	85%	60 days	5
TOTAL	174		87.3%		21

REASONS FOR TREATMENT STOP

REASONS	NUMBER OF PATIENTS
Reason due to application of ①	
Confirmed allergic reaction	2
Irritation (no allergic reaction)	2
Maceration	1
Reason NOT due to application of ①	
Surgical intervention & primary closure	4
Stagnation but NO healing with alternative wound dressing within 3 months	4
Assistant doctor or patient non-compliance	6
Other	2

CONCLUSION

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“Only 5/174 wounds (2.8%) that started treatment with «1» required the change to an alternative wound dressing in order to achieve wound closure within 3 months.”

“The results suggest that «1» in combination with a simple secondary dressing adjusted to the wound exudate is an easy to handle, clinically efficient and cost-effective therapy for the secondary intention healing of acute and chronic wounds.”