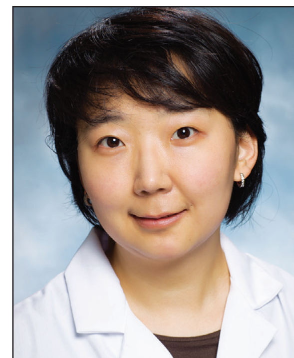
Proper Wound Management: How to Work With Patients



Patients should play an active role in the diagnosis and management of their wounds. Treatment options differ by wound type and a clear understanding of the cause of the wound with mindfulness of the potential for multiple etiologies is necessary when deciding treatment. Here, treatment recommendations for pressure ulcers, diabetic ulcers, and chronic wounds are discussed.

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What does your patient need to know at the first visit?

A thorough patient history is imperative for proper diagnosis of wounds, thus detailed information on the onset, duration, temporality, modifying factors, symptoms, and attempted treatments should be provided. Associated comorbidities that may influence wound healing, such as diabetes mellitus or connective tissue diseases, must be considered when formulating a treatment regimen. Patients should disclose current medications, as certain medications (eg, vascular endothelial growth factor inhibitors) may decrease vascularization or soft tissue matrix regeneration, further complicating the wound healing process. All patients should have a basic understanding of the cause of their wound to have realistic expectations of the prognosis.

What are your go-to treatments?

Treatment ultimately depends on the cause of the wound. In general, proper healing requires a wound bed that is well vascularized and moistened without devitalized tissue or bacterial colonization. Wound dressings should be utilized to reduce dead space, control exudate, prevent bacterial overgrowth, and ensure proper fluid balance. Maintaining good overall health promotes proper healing. Thus, any relevant underlying medical conditions should be properly managed (eg, glycemic control for diabetic patients, management of fluid overload in patients with congestive heart failure).

When treating wounds, it is important to consider several factors. Although all wounds are colonized with microbes, not all wounds are infected. Thus, antibiotic therapy is not necessary for all wounds and should only be used to treat wounds that are clinically infected. Rule out pyoderma gangrenosum prior to wound debridement, as the associated pathergic response will notably worsen the ulcer. Wound dressings have an impact on the speed of wound healing, strength of repaired skin, and cosmetic appearance. Because no single dressing is perfect for all wounds, physicians should use their discretion when determining the type of wound dressing necessary.

Certain wounds require specific treatments. Off-loading and compression dressings/garments are the main components involved in the treatment of pressure ulcers. Protective wound care in conjunction with glycemic control is imperative for diabetic ulcers. Often, the causes of wounds are multifactorial and may complicate treatment. For instance, it is important to confirm that there is no associated arterial insufficiency before treating venous insufficiency with compression. Furthermore, patients with diabetic ulcers in association with venous insufficiency often have minimal response to hyperbaric oxygen treatment.

Several agents have been implicated to improve wound healing. Timolol, a topically applied beta-blocker, may promote keratinocyte migration and epithelialization of chronic refractory wounds. Recombinant human growth factors, most notably becaplermin (a platelet-derived growth factor), have

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been developed to promote cellular proliferation and angiogenesis, thereby improving healing of chronic wounds. Wounds that have devitalized tissue or contamination require debridement prior to further management.

How do you keep patients compliant with treatment?

Because recurrence is a common complication of chronic wounds, it is imperative that patients understand the importance of preventive care and follow-up appointments. Additionally, an open patient-physician dialogue may help address potential lifestyle limitations that may complicate wound care treatment. For instance, home care arrangement may be necessary to assist certain patient populations with wound care management.

What do you do if they refuse treatment?

Ultimately, it is hard to enforce treatment if the patient refuses. However, in my experience practicing dermatology, I have found it to be uncommon for patients to refuse treatment without a particular reason. If a patient refuses treatment, try to understand why and then try to alleviate any concerns by clarifying misconceptions and/or recommending alternative therapies.

What resources do you recommend to patients for more information?

Consult the American Academy of Dermatology website (https://www.aad.org/File%20Library/Unassigned/Wound-Dressings_Online-BF-DIR-Summer-2016--FINAL.pdf) for more information.

Additional resources include:

- Diabetic Wound Care (Source: American Podiatric Medical Association) (http://www.apma.org/Learn/FootHealth.cfm?ItemNumber=981)
- Pyoderma Gangrenosum (Source: Wound Care Centers)(http://www.woundcarecenters.org/article/wound-types/pyoderma-gangrenosum)
- Take the Pressure Off: A Patient Guide for Preventing and Treating Pressure Ulcers (Source: Association for the Advancement of Wound Care) (http://aawconline.org/wp-content/uploads/2012/04/Take-the-Pressure-Off.pdf)
- Wound Healing Society (http://woundheal.org/home.aspx)

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