

## Wound Care

A/Prof Goh Lee Gan

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Wound care is a competency that should be in today's family doctor's tool kit. The tagline from one nursing expert in this area of work is - "Early detection and prevention are vital to reduce avoidable pressure ulcers" (Guy H, 2012)<sup>1</sup>. Disabled persons confined to bed or wheelchair run a high risk of developing wounds from pressure damage or combined pressure and shearing damage caused by sliding down an inclined bed, if these antecedent factors are allowed to continue to damage the integument. The care of pressure ulcer as a wound is a multidisciplinary responsibility, not just the tissue viability nurse alone. Many caregivers contribute to its success in prevention and treatment – attending doctors, nurses, the tissue viability nurse, as well as informal caregivers and family members. The common task is to prevent and relieve the skin of pressure damage or pressure and shear damage in all avoidable pressure ulcers.

The aim of this issue of The Singapore Family Physician is to provide the reader with an understanding of the pathophysiology of pressure damage, the healing process, the factors that perpetuate non healing and the action to take as first intent; the wound dressings that will be appropriate; and finally, how to approach a wound that is complex.

The College Council and the Institute of Family Medicine (IFM) wish to put on record their thanks to the writers and speakers in the forthcoming Family Practice Skills Course on Wound Care and their help in putting together this issue for the reader. It is a laudable collaborative effort between the family physicians and the nursing experts in wound care. There are 3 reading units in this family practice skills course.

Unit 1 on wound healing - by Dr Low Lian Leng and Dr Ng Joo Ming Matthew - covers the pathophysiology of wound healing; the risk and perpetuating factors preventing wound healing; the staging of pressure ulcers; the TIME acronym which provides a framework for systematic evaluation and intervention on the 4 factors that impede wound healing; and the role of adjuvants in speeding up healing.

Unit 2 on wound dressings - by Dr Lee Mei Gene Jasmine, Dr Pan Yow-Jeng Franny, Dr Ng Joo Ming Matthew and Yang Leng Cher - covers the common types of wound dressings in use and the choice related to stage of healing of the wound: hydrogels in the debridement stage; foams and low-adherence dressing in the granulation stage; and hydrocolloids and low

adherence dressings for the epithelialization stage.

Unit 3 approach to complex wound management and adjunct therapy - by Tan Mui Lan and Goh Boon Ai Susie - covers what is a complex wound; the application of the TIME framework in dealing with a complex wound; the appropriate choice of wound care products based on wound type; and adjunct therapy.

The ten readings selected from current literature related to wound care adds to the foreground knowledge on the subject. The first is a must read (Mackintosh et al, 2014)<sup>2</sup>: the appearance and texture of fruits are used to help the caregiver visualise the stage of pressure ulcer: tomato for stage 1; partially peel potato for stage 2; apple with a bite off for stage 3; peach with a bite off for stage 4; a rotten part of a peach for unstageable pressure ulcer; and a purple brinjal for deep tissue injury. The rest are useful reading too. For example, prevalence of the prevalence of pressure ulcers is higher in Netherlands than Germany or Sweden by a lot. Why is this so? Find out from reading the last 2 readings in the 10 papers selected for you to read (Gunningberg et al 2013; Meesterberends et al, 2013)<sup>3,4</sup>.

In addition, under the PRISM section is a case study by Dr Wang Mingchang and Dr Shum Oi Han, residents in the Family Medicine Residency Program. It is a case study on streptococcal pneumonia associated haemolytic uraemic syndrome (SP-HUS) in a 4-year old boy seen in a local hospital. This is a rare but serious condition. The child is actually immunised against strep pneumonia and why does he still come down with SP-HUS? Find out from the case report.

### REFERENCES

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4. Meesterberends E, Halfens RJ, Spreeuwenberg MD, Ambergen TA, Lohrmann C, Neyens JC, Schols JM. Do patients in Dutch nursing homes have more pressure ulcers than patients in German nursing homes? A prospective multicenter cohort study. *J Am Med Dir Assoc.* 2013 Aug;14(8):605-10. PubMed PMID: 23628407

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GOH LEE GAN, Senior Consultant Physician & Professorial Fellow,  
Division of Family Medicine, University Medicine Cluster,  
National University Health System;  
Director, Institute of Family Medicine,  
College of Family Physicians Singapore