Five Common Myths & Misconceptions of Wound Care In Long Term Care

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Objectives:

- Explain why moist wound healing is favored over allowing wounds to remain open to air.
- Explain how an Unna's Boot works related to treating a venous ulcer.
- Describe the difference in a closed wound and a healed wound.

Common Myths & Misconceptions Of Wound Care

#1- Wounds heal better when left exposed to air

Moist wound environments can:

1. **Promote Healing:** Facilitate the formation of new tissue
2. **Inhibit Scab Formation:** Prevent scab formation
3. **Reduce Pain:** Minimize discomfort and pain
4. **Decrease Infection Risk**: Help the body fend off pathogens

Common Myths & Misconceptions Of Wound Care

#1- Wounds heal better when left exposed to air

Moist wound environments can:

5. **Facilitate debridement**: Supports the body's natural processes
6. **Accelerate Tissue Regeneration:** Speed up the healing process
7. **Minimize Scar Formation**: Lead to more organized collagen deposition

#1- Wounds heal better when left exposed to air

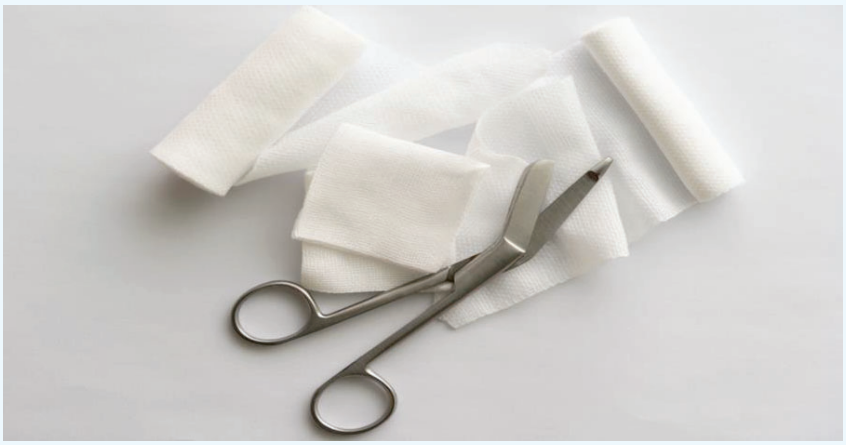
Moist wound environments can

8. **Improve Dressing Adherence:** This helps make healing easier and makes the process of changing dressings less painful.

8. **Enhance Growth Factor Activity:** Help activate growth factors and enzymes that are important for healing.

Common Myths & Misconceptions Of Wound Care

#2 - Wet to dry dressings are a standard dressing



Common Myths & Misconceptions Of Wound Care

#2 - Wet to dry dressings are a standard dressing

1. **Pain and Discomfort**: This method can be painful for patients

2. **Infection Risk:** Wet-to-dry dressings can increase the risk of infection

3. **Interference With Moisture Balance**: Hinders the natural healing environment

#2 - Wet to dry dressings are a standard dressing

4. **Wet-to-dry dressings can cause Delayed Wound Healing**: Can disrupt the natural healing process

5. **Wet-to-dry dressings necessitate more frequent dressing changes**: Advanced moist wound healing dressings often require less frequent changes

#2 - Wet to dry dressings are a standard dressing

- **Compliance with Best Practices:** Evidence-based practices are more effective and less painful than wet-to-dry dressings

  ✓ **Lower Frequency of Dressing Changes**: Advanced moist wound healing dressings often require less frequent changes

  ✓ **Better Accommodations for Exudate**: Modern dressings designed for moist wound healing to absorb and manage exudate effectively

#2 - Wet to dry dressings are a standard dressing

- Example of moist dressing: Alginate Dressings

Advantages

- High absorptive capacity
- Easy application & removal
- May be used under compression
- May be used with a variety of wounds

Disadvantages:

- May desiccate the wound if used improperly
- May cause periwound maceration
- May leave residual fibers in wound bed

#2 - Wet to dry dressings are a standard dressing

- Example of moist dressing: Foam Dressings

Advantages:

- Absorb under compression
- Insulating dressing
- Maintain moist environment
- Easy application, leaves no residue
- Provides padding
- Gentle on fragile skin
- Do not adhere to wound bed
- Available with silicone coating

Disadvantages:

- Ineffective for dry wounds
- May dry wound out if left on for prolonged time
- May lead to maceration of periwound if left on for prolonged time

Common Myths & Misconceptions Of Wound Care

#2 - Wet to dry dressings are a standard dressing

- Example of moist dressing: Hydrocolloid Dressings

Advantages:

Occlusive, waterproof, may prevent contamination

Slightly absorptive

Flexible

Long wear time

Ease of use

Disadvantages:

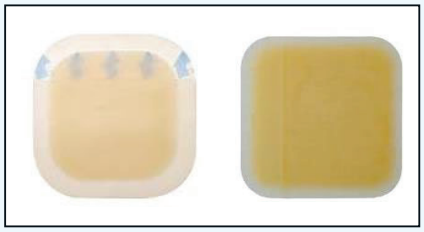
May damage fragile skin

Occlusion & odor

Not used with undermining or tunneling

Not for heavily draining wounds

Will erode/melt with heavy moisture



Common Myths & Misconceptions Of Wound Care

#2 - Wet to dry dressings are a standard dressing

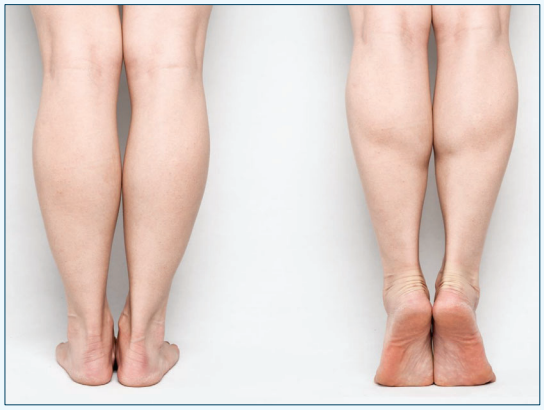
- Example of moist dressing: Hydrogel

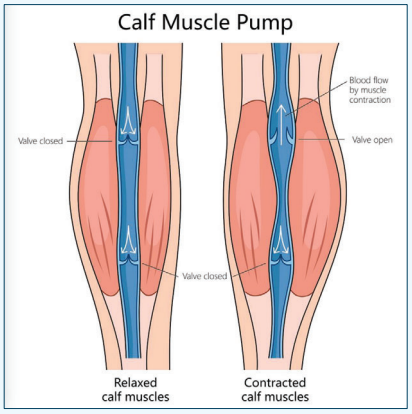
Advantages:
Donate moisture to the wound
Soothing – cooling effect
Longer wear time than gauze
Facilitate autolytic debridement
Easy application & removal
Leaves no residue in wound

Disadvantages:
Limited absorption
Requires secondary dressing
May cause maceration if exudate increases
May melt down in wound over time

Common Myths & Misconceptions Of Wound Care

#3 - Unna's boots work well for venous ulcers





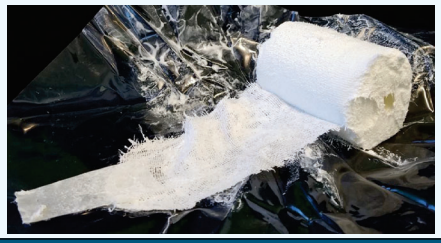
Common Myths & Misconceptions Of Wound Care

#3 - Unna's boots work well for venous ulcers

1. **Compression Limitations**: Venous ulcers require sustained graduated compression

2. **Inflexibility**: Limit mobility and may not accommodate swelling

3. **Skin Integrity Concerns**: Often include zinc oxide which can irritate the skin



Common Myths & Misconceptions Of Wound Care

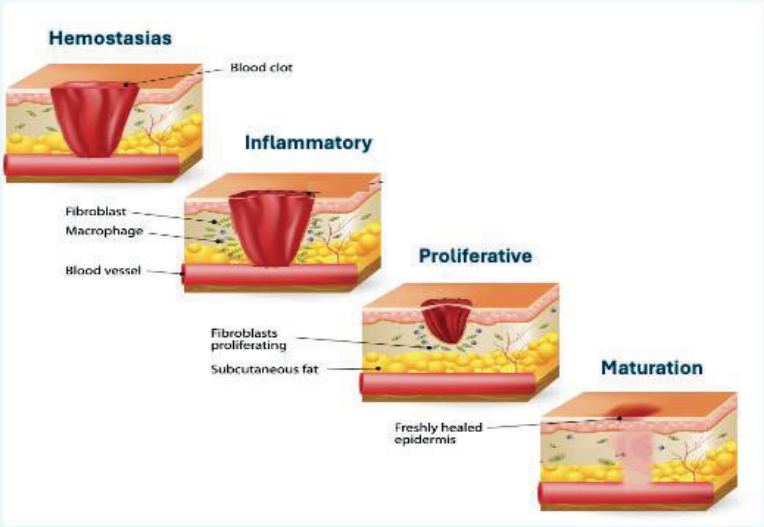
#3 - Unna’s boots work well for venous ulcers

4. **Moisture Management**: Obstruct adequate visibility of the wound, complicating the assessment of exudate levels

5. **Patient Compliance and Comfort**: Discomfort may lead to poor adherence to treatment protocols

6. **Individual Variability**: The efficacy of Unna's boots can be highly variable

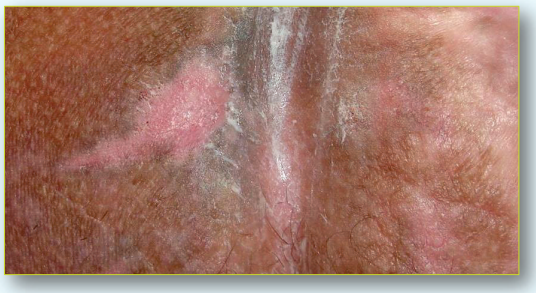
#4 – A closed wound is a healed wound



#4 – A closed wound is a healed wound

Type III Collagen

Type I Collagen



High risk for breakdown

- Within 3 weeks only 20% of tensile strength
- Maximum tensile strength is 80%

#5 All Wounds Can Be Staged

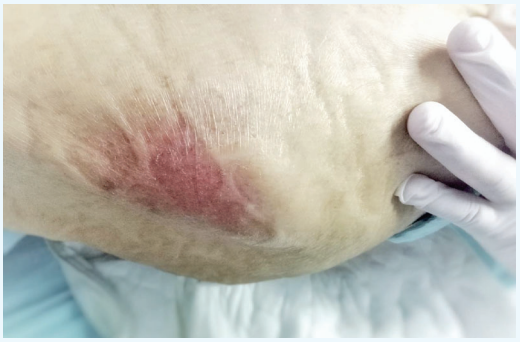
- The staging system for wounds is specifically designed for assessing the severity and depth of Pressure Injuries
  - The system categorizes pressure ulcers into different stages based on the extent of tissue damage

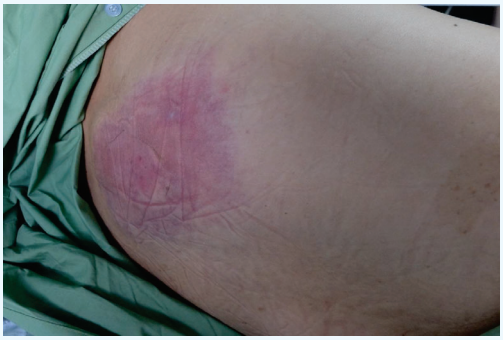
#5 All Wounds Can Be Staged

- The system categorizes pressure injuries into different stages based on the extent of tissue damage severity and depth
  - **Stage 1**
  - **Stage 2**
  - **Stage 3**
  - **Stage 4**
  - **Deep Tissue Injury**
  - **Unstageable**

Stages of Pressure Injuries

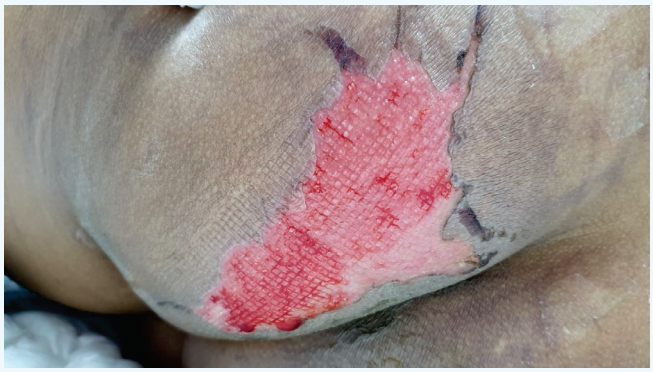
- **Stage 1** : Non-blanchable erythema of intact skin.





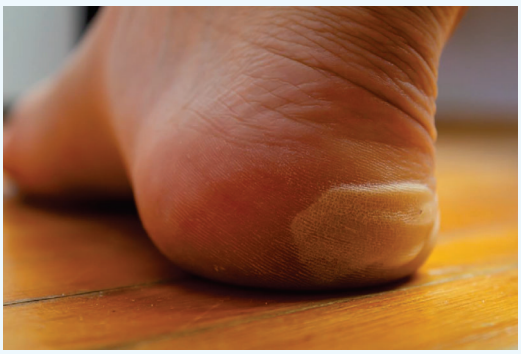
Stages of Pressure Injuries

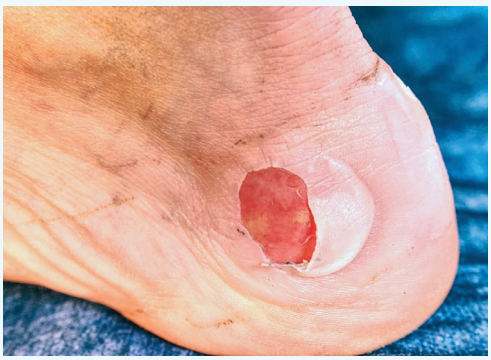
- **Stage 2**: Partial thickness loss of dermis, or…



Stages of Pressure Injuries

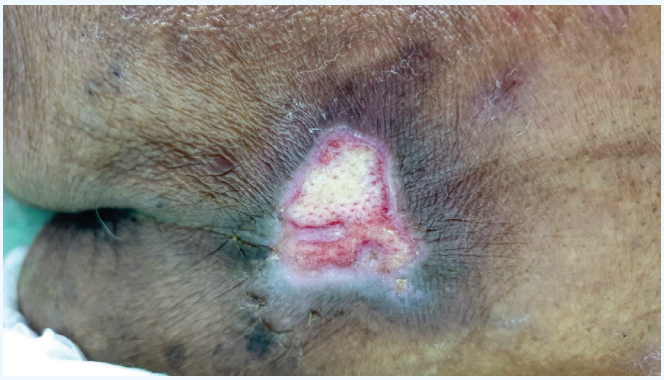
- **Stage 2**: …or as a shallow open ulcer with a pink wound bed or a blister (intact or ruptured.)





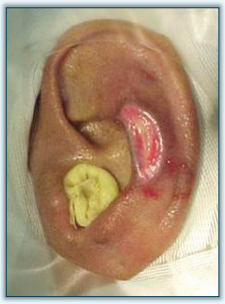
Stages of Pressure Injuries

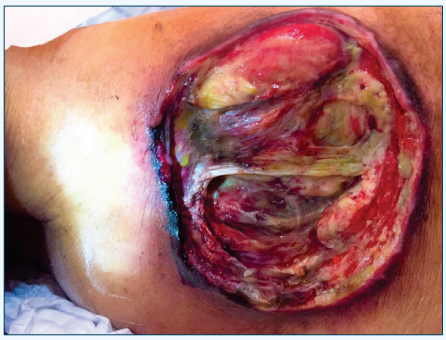
- **Stage 3**: Full thickness tissue loss, potentially with visible fat



Stages of Pressure Injuries

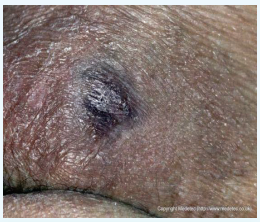
- **Stage 4**: Full thickness tissue loss with exposed or palpable bone, tendon, or muscle.

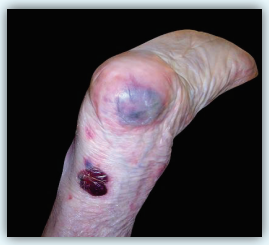


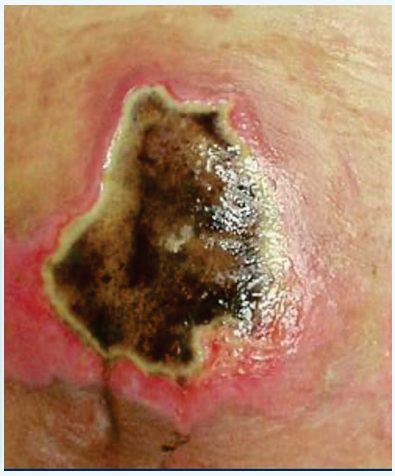


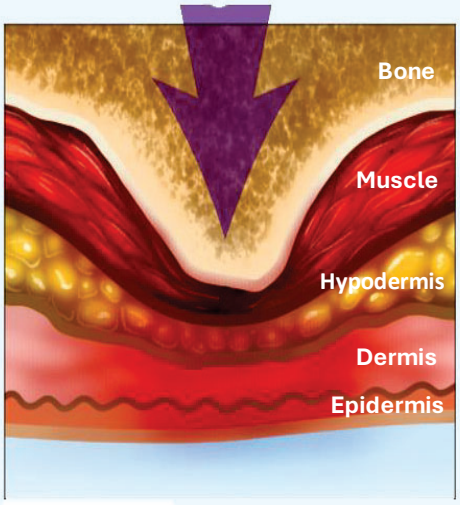
Stages of Pressure Injuries

Deep Tissue Pressure Injury



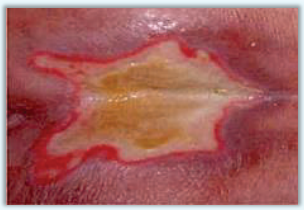


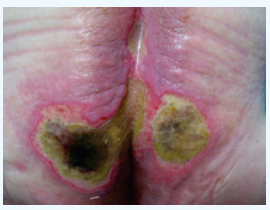


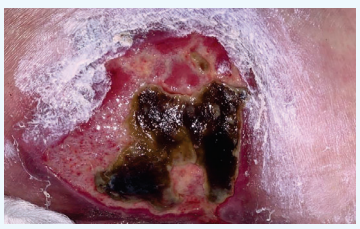


Stages of Pressure Injuries

- **Unstageable**: Full thickness tissue loss where the base of the ulcer is covered by slough or eschar.



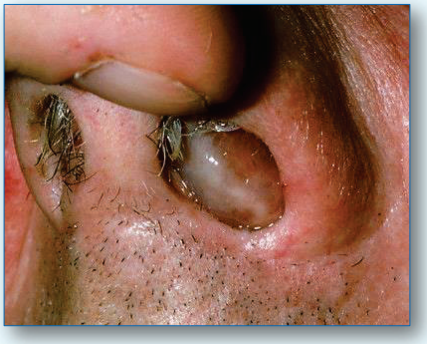




Stages of Pressure Injuries

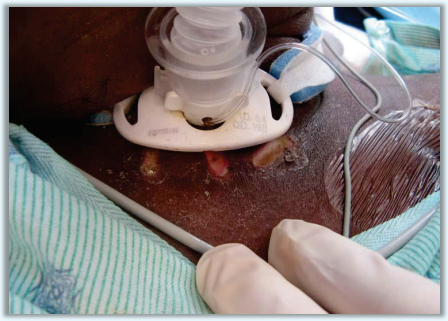
Mucosal Pressure Injury

- Not staged



Device-Related Pressure Injury

- Not staged on mucosal tissue



In Summary

#1- Wounds do NOT heal better when left exposed to air

#2 - Wet to dry dressings are NOT a considered a dressing

#3 - Unna's boots do NOT work well for venous ulcers

#4 - A closed wound is NOT a healed wound

#5 – NOT all Wounds Can Be Staged – only Pressure Injuries

References

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Common Myths & Misconceptions Of Wound Care

Thank you

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Common Myths & Misconceptions Of Wound Care