

The patient's perspective of using a monofilament fibre pad* to aid wound healing after skin grafting for an acute burn injury.

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Introduction

How often do we receive the patients' perspective of the wound care products that we use? The answer is occasionally in our burn care service.

This case study describes the management of a patient who had sustained a major burn injury, with a particular focus on their thoughts and feeling during the treatment.

The monofilament fibre pad is a unique, patented technology for removing debris and superficial slough from wounds or skin. The length and angle of the monofilament fibres within each pad have been carefully designed to lift up debris, bind it within the pad and so removes the barriers to healing. The monofilament fibre pad had been supported by a recent EWMA debridement document (Strohal R. et al 2013) and had been described as having potential to advance mechanical debridement by providing a rapid, safe and easy to use method, causing minimal pain to the patient.

Background Information

- 54 year old gentleman threw old paint thinner on bonfire 'to get it going'
- Admitted to the regional Burns Unit with a 25% total body surface area burn injury (12% full thickness and 13% mixed depth burn) to lower limbs (Figure 1)
- Split skin grafting to affected area (Figure 2) and rehabilitation – 46 day admission on burns unit and intensive care unit
- On discharge the patient continued under the care of the burns team, which included ongoing analgesia and nutrition review
- Received wound care management review by the burns dressing clinic, burns outreach team and district nurse team
- Wound management objectives after skin grafting included management of the following areas;
 - a wound colonisation with a culture of Staphylococcus Aureus - topical antimicrobial silver dressings
 - hydrogel wound dressings to debride sloughy areas on his shin areas
 - over-granulating areas to thighs and buttocks managed according to local standard protocol
 - monofilament fibre debridement pad used at home on sloughy areas from four days post discharge

It was decided by the Burns outreach team on day 3 visit of the patient's post discharge review when wounds still had sloughy areas present, that there was the possibility of using the monofilament fibre debridement pad* to assist the debridement process.



Figure 1
On admission to the burns unit

“we could not believe how well it worked when it was used in the shower, the wounds reacted so well”

Patient's wife



Figure 2
Three days post skin grafting



Figure 3
Following use of the monofilament fibre debridement pad – 67 days post injury

Results

- Slough was removed at the first treatment, and then prior to each dressing change visit (Figure 3)
- The patient's wife assisted him with removing dressings so he could have a bath or a shower before his dressings were renewed
- After continuing to use the monofilament fibre debridement pad* themselves, the patient and his wife commented that they had initially been told not to wipe the wound when bathing or showering.

Conclusion

Moore et al (2014), in the Managing Wounds as a Team position document outlines the importance of patient focus within wound management and empowering patients to become involved in their care. They state that management should always begin with the needs of the patient.

The monofilament fibre debridement pad enables control to be given to the patient or their carer in a safe and effective way, as has been demonstrated in this case study.

The patient and his wife concluded that the monofilament fibre pad “can be recommended for use wholeheartedly”.

When they started to use the monofilament fibre debridement pad it allowed them to “gently circle the wounds and, amazingly, the yellow sloughy areas lifted”

Patient's wife

References

- Moore, Z., et al (2014) Managing Wounds as a Team. J Wound Care. 23 (5 Suppl.): S1-S38.
- Strohal R. et al (2013) EWMA Document: Debridement. J Wound Care. 22 (Suppl.): S1-S52.