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NON SURGICAL MANAGEMENT OF CHRONIC WOUNDS "TURN YOUR WOUNDS INTO WISDOM"

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ABSTRACT

Among all physicians, the issue of chronic wound management remains difficult to interpret and understand Entire category of skin ulcers is now (since 2009) included in the term Chronic wound. The rapidly aging population and patients with multiple concomitant pathologies presents with non-healing and problematic chronic wounds

Keywords: Pupils, ocular movements, stroke

1.INTRODUCTION

Among all physicians, the issue of chronic wound management remains difficult to interpret and understand. It particularly bothers the Non-Healing types of chronic wounds, which refuse to heal whatever treatment option we provide.

"We shall act with good intentions, but at times we will be wrong & when we are, let us admit it and right the situation"

The following article will provide all the needed information regarding the non surgical methods especially about the dressings which plays a vital role in chronic wound care, which has been practiced and proved.

"History never looks like history, when we are living through it"

The Theory of the "Three Healing Gestures" recorded on a clay tablet from 2200BC describes as: 1. washing the wound, 2.making plasters and 3.Banding the wound, Which explains the modern terms of mechanism of wound healing includes *wound contraction, Repair, Granulation and Regeneration.*

Entire category of skin ulcers is now (since 2009) included in the term Chronic wound. Although Diabetic, Venous and Arterial ulcers might be initiated by trauma, the condition of the tissue in which these acute wounds occur results in a predictably slow or difficult course of healing.

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The basic etiological classification of chronic wounds is based on the root causes such as: vascular occlusion, Inflammation, Pressure necrosis, Physical agents, Infection and tumors. Once we have known the factor responsible for the wounds, there begins the desicion making for the management.

"If a decision making process is flawed & Dysfunctional, Decisions will go awry"

Surgery takes the initial steps in conditions like wound with necrosis, underlying osteomyelitis, Associated fistulas or Vasculitis, Exposed area with underlying neurovascular bundles, suspecting Malignancy within wounds, Dry gangrene and with a large wound area.*"Do Not Waste Time on doing dressing for these patients!"*

Wound dressings have evolved over the years on the principles of providing protection to wound raw surface, absorbing exudates, controlling infection and promoting granulation, tissue formation and creating ideal environment for healing.

NON-SURGICAL MODALITIES TO ENHANCE HEALING AND CARE OF SOFT TISSUE WOUNDS:

The rapidly aging population and patients with multiple concomitant pathologies presents with non-healing and problematic chronic wounds. Many of these patients are not surgical candidates, or surgical procedures have failed to close their wounds and the following methods are available for them:

"knowledge is power, Information is liberating & Education is the premise in every society"

1. Growth Factors: becaplermin, recombinant platelet-derived growth factor, are produced through recombinant DNA technology.
2.Human Skin Equivalents: Dermagraft, Apligraf
3. Miscellaneous Topical Agent: Collagen, Hyaluronic acid, Gluean, Silver Arglaes
4.Pharmaceuticals:Oxandrolone
5.Devices:Vacuum Assisted Closure(VAC),Radiant heat bandages, Topical hyperbaric O2 Theraphy.
"Money Matters!"-
By considering the Social, financial, mental status of the patients, Dressing is the best means of modalities for futher management of chronic wounds.

1. Conventional Dressings:"Simple and The Best"

"Gauze", impregnated with saline/paraffin/silicone polymer. *Moist environment prevents dessication of denuded dermis or deeper tissues and allows faster and unimpeded migration of keratinocytes over the wound surface and also facillitates the cytokines to exert their effects on wound contracture and re epithilization.*

B.Synthetic Dressings: Films,foams, Sparys, Hydrocolloid & Hydrogel substitute and super absorbents.
C.Biological Dressings: Allograft, Xenograft, Collagen dressings, engineered skin substitutes.

"There are no easy answers, But there are simple answers We must have the courage to do what we know is morally right"
Conventional dressing is the most employed method of treatment in India."easy and effective". *Another newer and most effective method is Topical negative pressure dressings.Sub atmospheric pressure over a wound bed and maintain the negative pressure environment by means of a semipermiable occlusive coverage*."Limited Access Dressing"(LAD).

A number of factors are found to be involved in delayed wound healing in chronic wounds,when conventional methods of wound dressings are used and they are been overcomed with the help of negative pressure dressings and that includes:1)peripheral oedema and circulatory compromise at wound be, 2)bacterial Colonisation and 3)retarted granulation tissue formation.

"After every strom the sun will smile
For every problem, there is a solution & The Soul's indefeasible duty is to be of good cheer"
Finally, we got a solution from various studies and research from all over the world and it stated as conventional moist dressings and topical negative pressure theraphy are the most effective modes of wound care for chronic wounds(Acute & traumatic/sub acute/chronic wounds/pressure sores/flaps and grafts/Venous ulcers and wound dehiscence) practically and financially considering all the other factors.

"No Man is Happy But by Comparison", Hence Both the methods were Compared-
Based on a Research approach for effective wound care done in Rajiv Gandhi University of Health Sciences,on 112 patients*(of which patients underwent conventional moist dressings (20 diabetic, 2 Ischaemic, 15 pressure sores, 3 varicose, 8 post infective raw areas and 8traumatic (5 bone exposed, 3 Orthopedicprosthesis exposed)). Remaining56 patients underwent topical negative pressure dressings (17 diabetic, 15 pressure sores, 9 Ischaemic, 2 varicose, 8 post infective raw areas and 8 traumatic (6 boneexposed and 2 Orthopedic prosthesis exposed)). The results were compared after 10 days),* a study was done to assess the efficacy of topical negative pressure moist wound dressing as compared to Conventional moist wound dressings in improving the healing process in chronic wounds and Both the dressings were compared in terms of Number of days required for healing,Rate of granulation tissue formation as percentage of ulcer surface area,Graft survival as percentage of ulcer surface area(post wound care),Period of hospital stay.And it proved that Negative pressure dressings can be used as a much better treatment option in the management of chronic wounds.

"The True method of Knowledge is Experiment"
Its also been employed in a wide range of 100 patients with chronic wounds in Annamalai university,Rajah Muthiah medical college and hospital, Chidambaram in the department of general Surgery under the guidance of Prof.Dr.A.Anvar Ali(Department of General Surgery) and proved that negative pressure dressings is a better option in the management of chronic wounds.

"This is one step for a man ,one giant leap for mankind"
It was also observed that the over all period of hospital stay is very less and patients can review their progress on outpatients basis, once they learn the easy and simple techniques to heal their chronic wounds. It takes just a proper wound wash and a guaze soaked with saline for conventional moist dressings and to provide the negative pressure theraphy a normal suction apparatus like suction drains covered with a air tight seal which can be accomplised with a sterile polythene cover.

"Success is a journey, not a destination
The Doing is often more important than the outcome"
Hence with the support of all the family physicians and surgeons who has come across a wide range of difficulty in chronic wound management to provide with conventional moist dressings and negative pressure therapy for the betterment of the healing process.

"*Thank you is the best prayer than anyone could say"*
For more informations, reviews, clinical photographs and proforma regarding the wound care managements, kindly contact dhilipstrikes@gmail.com. Regards, Dr.R.Dhilipan Pradap (PG, M.S. General Surgery, RMMCH, Chidambaram)

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