

USE OF A DYNAMIC CARE PATHWAY IN THE MANAGEMENT OF 10 PATIENTS WITH COMPLEX DIABETIC FOOT WOUNDS

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Aim: Wound healing consists of several phases for which different products are likely to be most appropriate, yet there is little clinical evidence for the use of whole clinical pathways that consider each phase. This pilot study investigates the use of a “dynamic care pathway” (DCP) which interlinks three interventions targeted towards different phases of wound healing

Methods: Ten patients with chronic foot wounds were selected to receive treatment paying specific attention to Stage 1 (Debridement Phase) Stage 2 Negative Pressure Wound Therapy (Proliferative Phase) and Stage 3 Advanced wound therapy (Protection/Progression Stage). Selection criteria were based on clinical judgement and patient suitability to undergo hydro surgical debridement in a clinic setting. Standardised data collection included wound measurement, contraction, epithelialisation and time to heal as outcome measures.

Results: Pre treatment mean wound area = 21 cm². All patients but one patient had one Hydro surgical debridement, with 1 patient needing two. The mean duration of NPWT treatment was 23.4 days with a mean change in wound area: -5.6 cm². One wound increased in size as further necrosis occurred necessitating the additional debridement. If this data is excluded the mean change in wound area = 7.4 cm² (a 38% decrease) Mean change in wound depth = 0.4 cm (a 48% reduction) and a mean duration of treatment = 49.8-days.

Conclusion: The use of a dynamic care pathway to manage complex foot wounds with the structured sequential use of three defined advanced wound therapies can provide the impetus and ideal conditions to promote healing.