Who are we?....
The Veterinary Wound Library
& its Bandaging Angels

We provide independent specialist support to help you heal
and Bandaging Angels in house CPD to help your team

The Vet Wound Library
how it works...

Store your case in confidence by phone or PC at
www.vetwoundlibrary.com

Your specialist will reply with the advice you need.

We support you until your wound is healed.

The Bandaging Angels

We deliver independent practice training covering best practice bandaging and wound management techniques.

We aim to:
Improve skills, engage the team and encourage continuity of care to reduce the risk of bandaging complications

We also run trials and evaluations on products to aid in the development of best practice through evidence based medicine

Because Bandaging Is Dangerous!

Veterinary Wound Library education requests due to resolve a history of bandaging injuries is common
WHY MANAGE WOUNDS?

A Functional, Cosmetic Repair
Relief of Pain and Distress
Rapid Return to Normal Use
within a reasonable budget

WHY MANAGE WOUNDS?

The Journey of a Wound

Prevention of infection and cross contamination

Primary Intention

Healthy Granulation

Preparations

Debridement: Surgical, Mechanical, Enzymatic, Autolytic

No need or not suitable for surgery or reconstruction

Healing by Secondary Intention

Reconstructive Surgery

Grafting

Preparation

Promotion

Protection

Tissue / skills available to close

Physiology Works.....

COMMUNICATION BETWEEN CELLS CONTROLS HEALING

www.vetwoundlibrary.com
INFECTION OR INFLAMMATION?

Healthy granulation tissue:
- Bright red and moist
- Slightly granular/senescent appearance
- Seawater levels minimal

MANAGEMENT aim:
- Maintain a moist wound environment
- Manage exudate – wound not to wet or dry
- Manage the peri-wound environment
- Minimise contamination
- MINIMAL DRESSING CHANGES 3-4 days

Proliferation

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THE RESEARCH THAT CHANGED THE WAY WE MANAGE WOUNDS

Formation of the scab and the rate of epithelisation of superficial wounds in the skin of the young domestic pig (Nature 193:293 1962)

OPTIMAL WOUND HEALING?

Closure options?
- Removal of bioburden
- Surgical Closure
- Graft / Reconstruction

Healthy Granulation

PREPARE

KY Jelly and Ultrasound Gel are both water soluble hydrogels!
THE IMPORTANCE OF WOUND LAVAGE

Wound Lavage:

- High Volume
- At pressure 8-15psi
- Ideally compatible with tissue:
  Saline, balanced electrolyte solution
- Ok to use tap water

Lavage helps to remove debris, reduces contamination and significantly reduces infection risk

Antiseptics: Do you REALLY need them?

- Povidone Iodine:
  Between 0.5 and 1% for wounds (1:10 or 1:20 dilution of 10% povidone iodine)
- Polyhexamine Biguanide (PHMB):
  Relatively safe - pre-prepared lavage solution (Prontosan® - BBraun)
  At pressure 8-15psi (19/20G needle + 20ml syringe)

Wound Lavage:

- High Volume (100mls/cm minimum)
- Chlorhexidine Gluconate:
  Scrub - use from dispenser at 4% for hands
  0.5% - for skin prep with water or alcohol
  0.05% - for wound lavage

Lavage helps to remove debris, reduces contamination and significantly reduces infection risk

THE EARLIER YOU LAVAGE THE BETTER!

Early Wound Irrigation Improves the Ability to Remove Bacteria

Brett D. Owens, MD; Joseph C. Wenke, PhD

Surgical
Mechanical
Chemical / Enzymatic
Autolytic

Removal of Bioburden

Fast
Slow
Charity clinic likely to favour surgical options

Wet to dry dressings and the tie over technique
TIE OVER DRESSINGS

Ideal for open wound management in hard to bandage areas

VERY cost effective

- Suture loops 2 cm from wound margins (in healthy tissue)
- Full thickness ‘bite’ of tissue
- Tie sutures over a 2ml syringe to create loop
- A mixture of 6 loops to hold dressings in place
- Apply primary dressing to suit wound
- Cover with pack of gauze to ‘bulk’ up and hold dressing in place
- Tie over the top using a coloured suture material.
- Change primary dressing as necessary by removing coloured sutures and replace.
- Suture loops can be used over a period of 14 days

Case Example

Heat pad injury
Maltese X female

How old is this wound?
What would you do?

Infection or Necrosis?

Open Wound Management and Decision Making
Don’t be afraid to ask for help

Open Wound Management
Dressing Selection

Basic Wound Management
Veterinary wound care

Advanced Wound Management
Human Wound care

Advanced PLUS Wound Management

Surgical Wounds
Open Wounds
Chronic Wounds

Dressing intervals

Inflammation
1 to 2 days
‘Debridement’

Proliferative phase
3 to 4 days
‘Promote healing’

Maintain a moist environment
Preserve cells
Optimise cell migration
Minimal interference

Open wound management may not be the fastest route to closure?

12 weeks
**Dressings don't overcome inhibitors of healing**

- Movement
- Necrotic Tissue/Foreign Body
- Tissue Deficit - Tension
- Toxicity - Antibiotics!!
- Repeated Trauma - interference
- Iatrogenic Issues... technique

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**A logical Approach**

**PREPARE**
- Clip and cleanse
- Remove bioburden

**PROMOTE**
- Optimize healing and early decision making
  - Moist wound management
  - Surgical Closure Options

**PROTECT**
- Manage the factors that impede healing
  - Pre-empt inhibitors of healing

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**Wound enters proliferative phase as inflammation subsides and bioburden reduced.**

- Inflammatory exudate increases as proteases dissolve bioburden to create slough.
- Wound contraction and epithelialization reduce wound size and achieve closure.

**PREPARE**
- Debride devitalized tissue

**PROMOTE**
- Maintain a moist environment

**PROTECT**
- Maintain a moist environment