

[EP089] WOUND BED SCORE: A PILOT ITALIAN EVALUATION OF A NEW MODIFIED INSTRUMENT

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E-poster session: Wound Assessment

Aim: The concept of wound bed preparation (WBP) has created the basic elements that go to assessing wounds and their clinical evolution/outcome in the management of patients.

Method: The Wound Bed Score (WBS) is a non-invasive visual instrument that may be used to determine prognosis and changes in management of wounds.

A first version was validated by a panel of clinicians and later modified and expanded. The authors of the present study have found that a modification of the original maximal (best) score of 16 points to 20 (range 1 to 20), through the inclusion of two additional items, was promising.

This study evaluates the validity of this new score (WBS20) by using the following outcome parameters:

- Ease to use
- Acceptability
- Prognostic value

The intervention took place at the following three clinical centers.

Results / Discussion: In this pilot phase 50 patients was evaluated.

A WBS was determined for the initial 30 days, with a follow-up of 8 weeks.

- Mean WBS at baseline was:
Center 1 : 11.86 Center 2 : 16.05, Center 3 : 12.4
- Follow-up WBS at week 8:
Center 1 : 16.73, Center 2 : 17.16, Center 3 : 15.22

In each Center, the mean WBS increased at the end of the follow up period and correlated with wound improvement or healing. There was considerable concordance among investigators in the parameters being evaluated.

Conclusion: It needs to be determined, with a larger number of patients, whether the instrument is valuable not only in staging the wound but also in identifying a healing trajectory or failure to heal.

[EP090] NEW WOUND CARE ALGORITHM – “D.I.R.E.C.T. CODING SYSTEM” FROM KOREA

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E-poster session: Wound Assessment

Aim: Various guidelines for wound assessment have been suggested but none of them are widely accepted as a standardized method for various wounds. Therefore, there is a need for developing a standardized and practical wound assessment tool, which is easily applicable to a variety of wounds. Here, we propose a D.I.R.E.C.T. coding system to guide healthcare professionals involved in wound care as a simple but efficient wound evaluation tool.

Method: Eleven Korean specialists including plastic surgeons and wound, ostomy, and continence nurses participated in the development the D.I.R.E.C.T. coding system as a practical wound assessment tool and a guide to establish treatment regime.

Results / Discussion: The D.I.R.E.C.T. coding system classifies all types of wounds on the basis of the Debridement of necrosis, Infection control, Revascularization, Exudate control, Chronicity, and Top surface, which are abbreviated by the acronym ‘D.I.R.E.C.T.’ The system has several superior points compared to the other systems. First, the system is versatile and thus applicable to the wounds with various etiologies and occurring locations. Second, it provides detailed grading based on the wound status, enabling clinicians to track the healing progression or regression easily. Third, the system covers critical physiological points important for wound healing while the other systems focus on limited area. Finally, the theoretical basis of the system is easy and straightforward that makes its application user-friendly.

Conclusion: As a practical wound assessment system, the D.I.R.E.C.T. coding will enable healthcare professionals responsible for wound care to address essential questions for establishing ultimate wound treatment strategy.

[EP091] TREATMENT OF OEDEMA PATIENTS USING A MONOFILAMENT DEBRIDEMENT PRODUCT AND A 2-LAYER COMPRESSION SYSTEM

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E-poster session: Wound Assessment

Aim: The clinical evaluation looked at debridement efficacy of a monofilament fibre product* when used in patients with skin lesions, erythema, scales, fissures, rhagades and or hyperkeratosis. For oedema management a 2-layer compression system was used.

Method: Case ascertainment was used, looking at debridement efficacy, time for the procedure, safety of use, patient comfort and users' satisfaction. For debridement the study product was wetted with saline or polihexanide and left in situ for 2-4 minutes, after which the usual dressing regime was applied. Clinical outcome was scored by a trained clinician. Additionally before and after photographs were assessed by one and the same clinician, who was blinded for the treatment given.

Results / Discussion: Debridement was shown to be effective in 93.2 % of the DB sessions ($p < 0.01$), while the product remained intact in 95.2 % of sessions. The average time for the session was 2.50 minutes, significantly shorter than with current methods ($p < 0.000$). Visible debris and scales were successfully removed with the debridement product. Patients reported no pain during the procedure. The use of the 2-layer compression system was shown to be effective and comfortable.

Conclusion: The results indicate the potential of the monofilament fibre product to not only provide effective wound debridement but also to remove scales, fissures, rhagades and hyperkeratosis. This combination with a 2-layer compression system is particularly important in the treatment of patients with lymphoedema and venous leg ulcers.

*Debrisoft®, Rosidal TCS, Lohmann & Rauscher

[EP092] VALIDITY AND RELIABILITY OF THE EVALUATION METHOD OF WOUNDS THROUGH TISSUE PERCENTAGE

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E-poster session: Wound Assessment

Aim: To validate and evaluate the reliability of the evaluation of wounds through tissue percentage.

Method: Methodological study with convenience sample of 10 stomatherapists experts in the area, with a minimum score of five according to the system of Fehring specialists. They received guidance on the method and the data collection instrument containing questionnaire for evaluation of the guidelines with Likert response scale of four points and an exercise of method application containing 02 photos of wounds with three types of tissue: granulation, slough and eschar. We used the Content Validity Index (CVI), considering valid instrument with agreement among experts equal to or greater than 0.80 and the reliability of the method was determined by calculating the intraclass correlation coefficient.

Results / Discussion: The results of the content attributes obtained a mean CVI of 0.95. Following evaluation of the preliminary version of the method, the items: assessing the percentage of each type of tissue per quadrant, total sum by type of tissue in the wound bed and registration have been changed as requested by the experts. In the evaluation of the wounds, the intraclass correlation coefficient ranged 0.970 to 0.999 according to the type of tissue evaluated.

Conclusion: The evaluation of experts showed that the proposed method is an instrument with relevant and valid content with respect to the construct which is desired to evaluate and with excellent reliability. This method may help health professionals in the assessment and monitoring of wounds, especially in settings with few resources.

[EP093] PREVALENCE AND FACTORS ASSOCIATED WITH SKIN TEARS IN ELDERLY LONG-STAY INSTITUTIONS

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E-poster session: Wound Assessment

Aim: Identify and analyze the prevalence of skin tears (ST) and demographic and clinical factors associated with its occurrence in institutionalized elderly.

Method: Epidemiological cross sectional analytical, exploratory study performed in three nursing homes of São Paulo. Data were collected by records consultation, interview with the resident and /or care giver and physical examination of the elderly. The following tools were used for data collection: socio-demographic and clinical data, Mini Mental State Examination test, Katz index and STAR Classification System. Data were analyzed using Fisher's test, Wilcoxon-Mann-Whitney test and logistic regression (backward stepwise).

Results / Discussion: The sample of 69 residents was mostly composed by women (51 / 73.91%), Caucasians (50 / 72.46%), mean age 81 (SD = 9.30) and median 82 years old, some problem in mobility (gait) (58 / 84.06%), visual acuity problems (56 / 81.16%), dependence for activities of daily living (52 / 75.36%), cognitive impairment (51/73, 91%), presence of incontinence (45 / 65.22%) and some degree of malnutrition (underweight = 26 / 37.69%). Eight subjects had 13 ST, resulting in an overall prevalence of 11.6%, and 22.22% for men, 7.84% for women and 10.00% for the caucasians. Eleven (84.6%) ST were located in the lower limbs, predominantly category 3 ST (6 / 46.1%). The presence of hematoma (RC: 9,159 / p:0,017) and senile purpura (RC: 6,265 / p: 0,033) remained after logistic regression analysis.

Conclusion: The prevalence of ST among institutionalized elderly was 11.6% and the factors associated are hematoma and senile purpura.

[EP094] EXPLORING DIFFICULT WOUNDS BY ENDOSCOPE TECHNOLOGY

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E-poster session: Wound Assessment

Objective: Chronic wounds have been a bigger challenge in China than what had happened in Western countries. With the quick development of technology with wound disease, kinds of strategies, from conservative to aggressive methods for wound problems, have been used clinically. But we realized that a couple of challenge is still on our way, some difficult wounds, who present difficult morphology like hidden cavity, sinus or fistula, are those of the consideration.

We developed a method by use of endoscope to explore those difficult wound types. This technology, for the first time, makes us to see the internal morphology of difficult wound in our sight, so that to be more easy to understand the cause of wound formation. Besides, it provided an optional method of debridement. From our experience, endoscope could improve the wound diagnosis, even it is still limited in some way. With the development of technology related, we could expect its more application in the future.