

[OP131] MANAGING PAEDIATRIC WOUND INFECTIONS (POST SURGERY). PREVENTATIVE STRATEGIES TO REDUCE THE INCIDENCE OF WOUND INFECTION?

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Friday, May 15, 2015

Key Session: Paediatric Wound Care

This session will aim to outline the incidence of wound infections in paediatrics; nationally and internationally, and to review various issues that occur post surgery with regards to wound infection this will include dehisced sternal wounds post heart surgery and the speaker will share some data where a large London trust has reduced infection rates in this high risk group of patients by review of practice and implementing prevention strategies within the theatre and continued with post operative wound management to prevent these wounds becoming infected and breaking down whereby they become very challenging to manage due to the size of the patient and lack of bespoke products available. Invariably the clinician has to adapt products which are not always suitable and the lack of evidence to support use of topical negative pressure therapy and how the trust has utilized it to achieve positive healing outcomes when the wounds have broken down despite post operative interventions.

Other challenging wounds that will be discussed are dehisced wounds post abdominal surgery and the prevention and management strategies including the use of topical negative pressure; and how working as part of a multidisciplinary team achieves excellent outcomes for both the patients and the parents.

[OP132] COMPLEX WOUNDS IN PAEDIATRIC PATIENTS: NEW TRENDS AND REFINEMENTS

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Key Session: Paediatric Wound Care

Introduction: The definition of a complex wound in a paediatric population is not clearly outlined in the more recent literature. If chronic wounds develop when there is a disruption in the normal healing process, complex wounds appear from the beginning, in consideration not only from the type of the lesion but also to the underlying conditions of the paediatric patient. When a complex wound fail to heal within a “normal” period of time when similar wounds would otherwise have healed, the wound is also chronic.

Materials and Methods: A retrospective series of 900 consecutive wounds in 678 children admitted to our Hospital during the last 5 years were reviewed and 156 were considered as Complex Wounds, in a pool of 72 affected patients.

Results: The immediate definition of a wound as a complex one reduce the % of subsequent chronicity and increase at the same time the number of patients to be considered as completely healed, without any recurrence after a 6 months follow-up interval of time.

Conclusions: Complex wounds are challenging to both the surgeon and child if we consider the long-term follow-up, functional as well as aesthetic outcome, effects on social acceptance and parental distress. The principles of management of complex wounds in children involve the assessment of the full clinical status and the wound itself, appropriate timing of intervention, local and/or systemic therapy when required, planning and executing minor to major surgery, including the establishment of a wound bed preparation, biomatrices and reconstructive strategies.

[OP133] MANAGEMENT OF PAIN IN PAEDIATRIC WOUND CARE USING THE MODEL OF THE CHILD WITH EPIDERMOLYSIS BULLOSA

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Epidermolysis bullosa (EB) is a rare genetically determined group of skin fragility diseases. Depending on the specific type, symptoms vary from blistering of the hands and feet to death in infancy.

The nature of EB is to produce wounds that are painful in their own right, but which often become infected and lead to scarring and contractures. Infants with severe EB are born with large areas of denuded skin and mucosa and therefore pain is present at birth and persists throughout life.

This presentation will discuss management of wound pain in EB in the newborn and older child. It will include choice and application of dressings together with pharmacological and non-pharmacological methods of pain control. The pharmacological treatment of skin and wound pain is non-specific, opioids and non-steroidals are used successfully but must be constantly reviewed to continue good analgesic effect.

Itch is a major problem that can lead to increased scratching and subsequent development of painful wounds.

Bathing and bandage changes are a source of significant recurrent pain and anxiety for patients with EB, bathing may not be possible in the child with multiple wounds and other methods of reducing the bio-burden are employed.

Practical suggestions such as using pre-cut shapes and avoiding layering reduce duration of dressing changes helping to prevent trauma and distress.

Use of analgesia for paediatric wound pain must cover both pre-procedural and chronic wound pain. Neuropathic pain is often present and should be treated.