

System Integration
Leeds South and East Clinical Commissioning
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Distribution: Nursing Teams in General Practice
Practice Managers
General Practitioners

Briefing: Guideline for the Treatment of Wounds Healing by Secondary Intention
including Sinuses and Cavities

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In April 2017, Clare Linley, the Lead Nursing Officer for System Integration established an Integrated Nursing Clinical Practice and Care Delivery Steering Group, where nurse leaders across the city set out a vision for Leeds. Some of the key priorities included:

- Nurses promoting and enabling patients to self-care and self-manage
- Nurses working together to deliver evidence based care and reduce variation

It has been recognised that within General Practice and Community Nursing Services there have been significant variations in the advice and guidance around packing of wounds. Patients discharged from secondary care with a surgical wound that has been purposely left open to heal by tertiary intention, have largely been advised to have daily treatment (packing) of cavity wounds and sinuses. Not only does this impact on patient care, daily packing requires sufficient resources within general practice to provide appointments often at short notice. It also requires a suitably trained registered nurse to assess and deliver the care.

Expert practitioners within the city have questioned the value of packing cavities and currently very little research evidence exists to support the practice of wound packing. A recent review has therefore recommended that the guidelines are updated and based on current evidence.

As a general rule cavity wounds i.e. those with loss of tissue below the skin surface should now be managed with a suitably absorbent dressing to cover the wound entrance, and not packed. Where exudate management is an issue, a flat absorbent dressing (such as an alginate or super-absorbent) as opposed to a rope should be laid gently within the wound.

Flat dressing types are less likely to occlude the cavity entrance or act as a pressure point within the wound bed. However, as with all wound types a holistic wound assessment should be undertaken to inform the treatment plan, addressing wound size, shape and tissue type in addition to patient specific characteristics related to wound healing.

The updated guidance relating to wound assessment and dressings can be found on Leeds Health Pathways in the Wound Management Guidelines found [here](#)

Secondary care nurse leaders have provided the Integrated Nursing Clinical Practice and Care Delivery Group with assurance that these new guidelines have now been implemented at Leeds Teaching Hospital Trust. Patients who are discharged with these types of wounds are being advised to self-manage their wounds and are less likely to require daily packing.

We would therefore ask nursing teams within general practice to support the implementation of these new guidelines with immediate effect for patients discharged with cavity wounds.

If you have any queries around these new guidelines or have any feedback about wards discharging patients with advice that does not reflect the new guidelines, please email andrea.mann@nhs.net

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