



MANAGEMENT OF WOUND EXPERIENCE IN PRIMARY CARE:



DR WOUND

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ABSTRACT

Treating patients with wound is one of the known burdens seen in primary care. Traditionally, any wound seen in primary health clinic is managed using traditional method by means of normal saline dressing and dry gauze. With enhanced knowledge on the needs of proper wound bed preparation by means of modern wound care or dressing to promote wound healing, it also changed the traditional method of handling wound in primary care in district of Kota Tinggi, Johor, the southern state of Malaysia. This case report illustrates wound cases that were managed in primary health clinics under Kota Tinggi District Health Office using DR Wound products as primary dressing. From this report it shows how DR Wound chitosan-based dressing which was used as primary dressing on the wound helps in facilitating wound debridement and wound healing. As a conclusion, DR Wound chitosan-based dressing is an effective primary dressing in wound healing and an option to manage wound in primary care.

INTRODUCTION

Wound healing involves a complex process which remains as a clinical challenge particularly in primary care. The use of natural biopolymers which was widely studied in promoting wound healing by means of modern wound care provides a promising wound management and wound healing in primary care. In this case report, DR Wound, a chitin-chitosan-based dressing was used as primary dressing in the wound healing process for cases that were managed in primary health clinics in Kota Tinggi District Health Office. From literature, chitin has been discovered as a new biomaterial of high potential in various fields, from industrial use to biomedicine which shows significant prospect. Chitosan, the deacetylated derivatives of chitin has been shown to have an acceleratory effect on wound healing process. It has been used in managing many types of wound including burns, chronic wounds etc. It has an ability to develop tough, water absorbent biocompatible film that also has excellent oxygen permeability to maintain oxygen supply to injured tissue.

MATERIALS AND METHOD

This is a case report of patients who were managed at primary health care under Kota Tinggi District Health Office, Johor from June 2016-January 2017. Data used was retrospectively obtained from patients' notes with pictorial progress report of their wound. Wound assessment was done using TIME approach, looking at the Tissue, Infection, Moisture and Edge of wound at each visit and assessment. The method used when utilizing DR Wound products in these cases was:

1. Soaking wound with cleansing solution
2. Spray Silver Antiseptic Spray (SAS)
3. Sprinkle Chitoheal Powder or
4. Apply Chitoheal gel
5. Cover with secondary dressing layer
6. Dressing changed every 3 days or earlier according to needs

RESULT AND DISCUSSION

A total of 4 case reports have been collected, which include cases managed in KK Sening (1 case), KK Bandar Tenggara (1 case) and KK Bandar Mas (2 cases). Those cases consist of 1 female and 3 male patients. 3 cases had a medical background of Type 2 Diabetes Mellitus and all cases were referred from tertiary hospital for further management and care of the wound. 2 cases were diagnosed as Diabetic Foot Ulcer (DFU) whereas one case of infected AKA (Above Knee Amputation) stump and one case of infected wound post Incision and Drainage of suprapubic abscess are also included in this case report

Case 1 : Mr X (pseudonym), a 32-year-old Malay man, referred case for DFU of right foot post surgical debridement for continuation of care. Background history of Diabetic Mellitus, but defaulted follow up 5 years before presentation.



Figure 1a: At presentation



Day 2



Day 21



Day 30



Day 80

Case 2 : MR M (pseudonym), 49-year-old Malay man with background history of diabetes mellitus referred for continuation of care and management of DFU of left foot.



Wound at presentation



Day 21



Day 48



Day 134

Case 3 : Mrs H (Pseudonym), 54-year-old Malay lady with multiple medical illness background including Type 2 DM, Hypertension, CVA with left hemiparesis (bed bound) was first presented to home visit team due to infected wound post Incision and Drainage of suprapubic abscess. This case was managed by home visit team from beginning till the end.



Wound at presentation



Wound at initiation of DR Wound dressings



Day 2



Day 16



Day 58

Case 4 : MR AH (pseudonym), 69-year-old Malay man with Type 2 DM referred for continuation of wound care and management of infected left BKA stump who refused AKA suggested by tertiary hospital team.



Wound at presentation



Day 2



Day 4



Day 74

All of these case reports illustrate the progression of wound healing in terms of reduction of wound size, improved tissue viability and granulation, good epithelization of wound edges and good healing process as a whole. Despite different medical background among all patients and various stages of wound presentation, we were able to demonstrate that the use of DR Wound, a chitin-chitosan-based wound dressing as a primary wound dressing is beneficial in wound management.

CONCLUSION

As a conclusion, DR Wound, a chitin-chitosan-based wound dressing has been proven to be an excellent option to achieve accelerated wound healing in managing wounds at primary health care centers.

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