Getting the Stalled Wound Back on the Road to Healing

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Wound healing is an organized, four-phased system involving homeostasis, inflammation, proliferation, and maturation. If injured tissue follows these phases, the wound will close. However, this process is far from simple. A variety of physiological and environmental foes related to the individual's past and present health status can divert the healing cascade, alter the wound bed environment, and stall healing.

The first sign the wound bed environment is not conducive to healing is an extended inflammatory stage without progress to the proliferative phase. Visually, healing compromise is evident in a lack of pink vascular tissue and no significant decrease in wound size, followed by a pale white or yellow wound bed, a brown/black wound bed, and increased exudate, odor, periwound erythema, or epibole. Any of these signs calls for re-evaluation of the overall status of the patient and his/her wound.

Once patient assessment is complete and potential nutritional, vascular, and pharmaceutical impediments are acknowledged and addressed, healing can be restarted. Conservative sharp surgical debridement can be of benefit by quickly and methodically removing the bacterial burden and nonviable tissue that prolongs inflammation and stalls healing.

With bacteria and nonviable tissue removed, appropriate moisture balance should be addressed. Some advanced wound dressings rehydrate and then maintain a moist wound environment.

Thus, to restart stalled wound healing, it is important to address factors that affect the wound environment — ie, patient and wound history, bacteria, and nonviable skin as well as moisture (often a factor of dressing characteristics). Sustaining the appropriate environment will support progression of the wound to closure. ■

Commentary from Ferris Mfg. Corp.

Stalled wounds are a challenge that many clinicians resolve by using PolyMem Silver® QuadraFoam® dressings. The QuadraFoam family of dressings has been shown to reduce inflammation, pain, edema, and bruising.[1] The dressings also reduce the risks of procedural pain during dressing changes because they are nonadherent and continuously cleanse the wound, usually eliminating the need for additional manual cleansing. PolyMem Silver dressings have been shown to be the most absorptive silver dressings and support cell growth necessary for healing.[2]

October 23: Largest wounds: right—3.0 cm x 2.5 cm x 0.6 cm; left—2.0 cm x 0.6 cm x .01 cm. Wounds were draining moderate amounts of sanguineous and purulent light yellow exudate.

December 22: Wounds closed in 8 weeks.

In a representative case study,[3] a 70-year-old, immobile female patient with type 2 diabetes and bladder and bowel incontinence presented with multiple stalled Stage II and unstageable (100% yellow slough) sacrum/coccyx pressure ulcers of 1-month duration. The ulcers then were treated with balsam of Peru/castor oil/trypsin ointment for 7 days followed by a foam advanced wound care dressing for 21 days, both without improvement. PolyMem Silver QuadraFoam dressings were instituted and improvement was noted at the first dressing change 4 days later. The wounds closed in 8 weeks.

References

1. Sessions RC. Examining the evidence for a drug-free dressing's ability to decrease wound pain. Poster presented at the Clinical Symposium on Advances in Skin and Wound Care. Las Vegas, NV. October 2008.
2. Burd A, Kwok CH, Hung SC, et al. A comparative study of the cytotoxicity of silver-based dressings in monolayer cell, tissue explant, and animal models. *Wound Repair Regen*. 2007;(15):94–104.
3. Wilson D. Silver polymeric membrane dressings used to promote healing of multiple small stalled pressure ulcers to complete closure. Poster presented at the World Union of Wound Healing Societies. Toronto, Ontario, Canada. June 2008.

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