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The development of a standardized protocol for the closure and care of perineal wounds

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Introduction

- Perineal wounds represent a major source of morbidity & mortality
- Creation, closure & care of wounds is variable

Objective

To develop a standardized approach to intra- and post-operative management of perineal wounds

Methods

- Comprehensive Unit-Based Safety Program (CUSP)
- Multiple stakeholders
- Nominal group technique
- University of Ottawa Skills and Simulation Center

Results

Figure 1 – CUSP Initiative Perineal Wound Protocol

PROTOCOL GUIDING PRINCIPLES:

Aim is to test a standardized approach to incision care for patients who will be undergoing an abdominoperineal resection (APR). Pilot will be limited to the elective surgery patients scheduled at the Civic Campus Operating Room (OR) and receiving post operative care on B2. Wound dressing application includes specific products and optimal positioning of patients to promote dressing adherence.

PRE-OPERATIVE CARE:

No mechanical bowel preparation

INTRAOPERATIVE ACTIVITIES/INTERVENTIONS:

- Clip perineal hair to facilitate wound dressing adherence
- Anus is sutured closed
- Initial cleanse of perineum (excluding mucous membranes) with 4% CHG scrub brushes
- Cleanse skin/tissue with Povidone-Iodine solution 10% skin prep (current standard)
- Prior to closure surgeon removes any dirty instruments/retractors and changes gown and gloves
- Open a separate perineal closing tray (*4 green towels, Richardson hand-held retractors, two needle drivers, Ramsay's, Toothed forceps x 2, hold items - new cautery and suction, laminectomy self-retaining retractor*)
- Perform perineal closure in multiple layers using absorbable sutures
- Cleanse perineal wound with Povidone-Iodine solution 5% (115mL Povidone-Iodine 10% bottle added to 115mL sterile water) before skin closure
- Use non-absorbable suture for skin closure
- Place the pelvic JP drain to exit through abdominal wall (not through perineum)
- Apply the anti-microbial, absorbent perineal wound dressings
  - Consider repositioning the patient with flexed knees to ensure dressings adhere post-op with changes in position
  - Place Acelity Silvercel ribbon dressing over the incision
  - Fill any creases/depressions to create a seal at the base of the scrotum/vagina or coccyx region with Coloplast strip paste
  - Place a secondary dressing of Tegaderm Island Pad (9x 25 cm) and ensure all dressing material is covered

CLINICAL UNIT (B2) INTERVENTIONS

Include in post-operative orders that patient has a perineal incision and standardized protocol is to be used.

Perineal Wound Dressings

Monitor wound dressings every 4 hours and PRN

- Leave wound dressings in situ until POD 2 unless equal or greater than 30% saturated, lifting or assessment required for suspected infection
- Change dressings on POD 2: remove OR dressings and cleanse wound. If no wound drainage, apply an Island strip dressing such as Mepore or Primapore. If wound drainage present with no openings in incision line apply Silvercel rope dressing over the incision and cover with Tielle Plus dressing cut to fit/overlap as needed. If wound drainage and any opening(s) are present in the incision line, determine the depth, pack loosely with AMD strip dressing, cover with Tielle Plus dressing cut to fit, inform the surgeon and ET nurse.
- Remove dressings POD 5 and reapply wound dressings depending on amount of drainage and opening(s) in incision as above.
- Discontinue wound dressings on POD 7 if still in hospital and no wound drainage.

Activity Restrictions

- Please consult Occupational Therapy for complex positioning and specialized wheelchair.
- Limit patient's sitting to 20 minutes at a time, three times per day beginning on POD#1.

Elimination

- After urinary catheter is removed, provide female patient with OT urinary assistance device to avoid soiling incision (Canada Care Medical Female Urinal AMG 760655 cost \$13.95)
- Instruct and aid patient to empty pouch without sitting on the toilet. Sitting on the toilet could cause tension on the perineal incision.

PATIENT DISCHARGE INSTRUCTIONS:

- Arrange CCAC homecare service for ostomy and wound care, as required
- Inform patient they can sit on toilet to empty their ostomy pouch when the incision is well approximated with no drainage or dressing required

Conclusions

- A standardized approach has been developed
- Initial results are encouraging
- Further iterative revisions
- Next steps include a retrospective pre- and post-intervention study, and a multicenter randomized control trial

References

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