Why NOT Wet to Dry

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Irvine, CA
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Objectives

• Describe research and evidence related to inappropriate use of wet-to-dry dressings as a current wound care treatment intervention
Moist Wound Healing

• Started in 1960s
• Winter-moist wounds heal 2-3 times faster
• Key principle for wound closure and healing
• Modern wound products create optimal moist environment
• 9 major wound organizations recommend dressings that maintain moist wound environment
National & International Organizations

• Wound Healing Society
• European Tissue Repair Society
• International Wound Bed Preparation Advisory Board
• American Academy of Wound Management
• National Pressure Ulcer Advisory Panel
• World Union of Wound Healing Societies
• The Association for the Advancement of Wound Care
• American Professional Wound Care Association
• Wound Ostomy, Continence Nurses Society
• http://www.guideline.gov
Functions of Modern Wound Care Modalities

- Current literature describes advanced wound care modalities
- Well tested treatment interventions
- Modalities have variety of functions
D.I.M.E.S.

- **Debridement**
- **Moisture Regulation**
- **Infection Control**
- **Migrating Wound Edges**
- **Functional Wound Environment**

**Periwound Skin**

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Wound Care Modalities

- PDGF
- Bioengineered Tissue
- Negative Pressure
- Electrical Stimulation
- Hyperbaric Oxygen
- Topical Dressings
CMS-F314:

“Some facilities may use “wet to dry gauze dressings” or irrigation with chemical solutions to remove slough. The use of wet-to-dry dressings or irrigations may be appropriate in limited circumstances, but repeated use may damage healthy granulation tissue in healing ulcers and may lead to excessive bleeding and increased resident pain.”

NPUAP:

Avoid use of gauze dressings for clean, open pressure ulcers because they are labor-intensive to use, cause pain when removed if dry, and lead to desiccation of viable tissue if they dry.
Reasons NOT to Use Gauze Dressings

- Moisture Evaporation
- Non Selective Debridement
- Higher Infection Rate
- Labor Intensive
- Decreased Tissue Temp
- More Expensive
- Painful
- Aerosolization of Bacteria

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## Dressing Comparison

<table>
<thead>
<tr>
<th></th>
<th>Gauze</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Airborne bacteria:</strong></td>
<td>30 minutes</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Bacterial Penetration</strong></td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td><strong>MVTR:</strong></td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Thermoregulation:</strong></td>
<td>25-27°C</td>
<td>33-35°C</td>
</tr>
<tr>
<td><strong>Pain Infliction:</strong></td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Overall Cost:</strong></td>
<td>High</td>
<td>Low</td>
</tr>
</tbody>
</table>
Pain: International Survey Findings

Dressing Removal

- *Time of most pain*

Dried out dressings and adherent products

- *Most likely to cause pain & trauma at dressing changes*

Soft silicones

- *One of the key products least likely to cause pain*
Dressing Price

Duration of Care

Cost

Labor Costs

Indirect Costs

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Summary

- Orders for wet-to-dry continue
- Used with inappropriate frequency
- Inappropriate for wounds healing by secondary intention
- Especially surgical wounds
- Little evidence to support use
- Inconsistency in technique
- More costly
- Knowledge deficit among healthcare professionals for wet-to-dry vs modern wound modalities
Review Quiz

True or False

A key principle for wound closure is moist wound healing.

Dry gauze dressings prevent moisture evaporation.

Skin cells prefer a warm environment for division and migration.

Wet-to-dry debridement is nonselective and can contribute to significant pain for the patient.
Questions?

For more information about this presentation or other educational activities, please contact info@amtwoundcare.com
References

References

15. CMS: State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities, *(Rev. 55, 12-02-09) Section - 483.25 (c).*


17. Fleck CA; Why Wet to Dry”? Journal of the American College of Certified Wound Specialists (2009) 1, 109–113


Resources

- Wound Care Guidelines: http://www.guideline.gov
- (AAWC) Association for the Advancement of Wound Care www.aawconline.org
- (AAWM) American Academy of Wound Management www.aawm.org
- (ABA) American Burn Association www.ameriburn.org
- (ACFAS) American College of Foot and Ankle Surgeons www.acfas.org
- (ADA) American Diabetes Association www.diabetes.org
- (AMDA) American Medical Directors Association www.amda.com
- (APIC) Association for Practitioners in Infection Control www.apic.org
- (APMA) American Podiatric Medical Association www.apma.org
- (APTA) American Physical Therapy Association www.apta.org
- (APWCA) American Professional Wound Care Association www.apwca.org
- (CAWC) Canadian Association of Wound Care www.cawc.net
- (EPUAP) European Pressure Ulcer Advisory Panel www.epuap.org
- (ETRS) European Tissue Repair Society www.etrs.org
- (EWMA) European Wound Management Association www.ewma.org
- International Wound Infection Institute http://www.woundinfection-institute.com
- (NLN) National Lymphedema Network www.lymphnet.org
- (NPUAP) National Pressure Ulcer Advisory Panel www.npuap.org
- (UHMS) Undersea & Hyperbaric Medical Society www.uhms.org
- Wound Care Institute www.woundcare.org
- (WMAOI) Wound Management Association of Ireland http://www.wmaoi.ie/
- (WOCN) Wound Ostomy and Continence Nurses Society www.wocn.org
- Wound Healing Foundation www.woundhealfoundation.net
- (WUWHS) World Union of Wound Healing Societies www.wuwhs.org