



CLINICAL GUIDELINE

Wound Dressing Guideline for Caesarean Section, Obstetrics

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.



Wound Dressing Guideline

for

Caesarean Section

Lead Manager:	Chief Midwife, Midwifery
Responsible Director:	Board Director of Nursing
Approved by:	Tissue Viability Steering Group
Ratified by:	Acute Clinical Governance Forum
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1. Introduction

The purpose of this guideline is to ensure that all women within NHS Greater Glasgow and Clyde Acute Services Division who have a caesarean section operation have post operative wound care that is clinically effective and evidence based.

2. Scope

This guideline will be applied to all women who attend for caesarean section operation irrespective of their ethnicity, disability, religion and beliefs, sexual orientation or age.

This guideline will provide advice and guidance on effective clinical practice for all registered healthcare personnel. It is not intended to address specific clinical issues that relate to individual women.

Note: This guideline should be read in conjunction with the Wound Management Guidelines, Wound Classification and Product Selection Guides, Infection Management poster and Patient Information Leaflet for C-Sections.

3. Background

The Guideline was developed and implemented due to an increase in site acquired infections post caesarean section. Selecting the optimal dressing for surgical wounds is important. Evidence suggests that wound dressings should remain undisturbed for a minimum of 24 hours to maximise protection and reduce the risk of bacterial contamination (Reilly 2002)ⁱ.

A study carried out by Clark et al (2009)ⁱⁱ found that a combination of an absorbent and hydrocolloid dressing, appeared to significantly reduce infection rates and blistering on wounds of patients following orthopedic surgery. Further benefits shown in this study was a reduction in inflammation, dressing costs and length of hospital stay. The dressing combination is designed to stay in place for up to 7 days and is interactive and fully water proof.

4. Roles and Responsibilities

Registered Health Care Practitioners are responsible for:

- Informing patients of the wound dressing protocol in the event of a caesarean section operation.
- Liaising with carers and the interdisciplinary team to promote compliance of dressing protocol, ensuring that Interdisciplinary Women Focused Care Plans are in place and interventions are recorded and dated in line with the Board's Record Keeping Policy.

- Maintaining and updating their knowledge, skills and competence in line with their roles and responsibilities to care for women who undergo caesarean section operations.
- Seeking the advice of the Tissue Viability Service where appropriate, whilst maintaining ongoing responsibility for the woman's episode of care. Referring all wound complications to the Tissue Viability Service.

5. Datix Reporting

Record incidence of women who develop wound complications/infections during an episode of care in the woman's maternity record, using the correct documentation – the Wound Assessment Chart (adult) and completing an on-line Datix form for all C-Section wounds that have wound dehiscence.

6. Tissue Viability Service

The Tissue Viability Service will support the implementation and updating of this guideline, as required or at review date.

7. Risk Factors for C-Section Wound Complications

Many factors can potentially lead to a woman developing wound complications. These will be influenced by both extrinsic and intrinsic factors, which must be considered when performing a holistic assessments and developing a plan of care.

Extrinsic	Intrinsic
Friction	High/ low BMI
Increased moisture	Reduced mobility / Immobility
Shearing	Sensory impairment
	Altered level of consciousness
	Poor nutritional intake and dehydration
	Prolonged surgery
	Poor tissue perfusion/oxygenation
	Incontinence
	Excess moisture
	Acute/Chronic/Terminal illness/ Diabetes
	Certain medications
	Psychological factors
	Previous tissue damage or wound healing complications
	Colonisation with a resistant organism

Underlying medical conditions will vary from woman to woman. It is also recognised that in some cases it is not always possible to prevent or manage some risk factors. Care planning should reflect this.

8. Post Operative Wound Inspection and Wound Assessment

When undertaking wound assessment all staff must follow NHS GGC standard infection control precautions.

Wound dressing inspection should take place as per woman centered plan of care (note: this can be carried out with dressing in place) and be documented. Refusal to allow inspection should be documented and the risks fully explained to the woman and documented

If a woman shows signs of wound complications or infection the dressing should be removed using an aseptic non-touch technique. Wound assessment and treatment plan documentation must be completed using the NHSGGC Wound Assessment documentation. This will assist staff in planning and implementing appropriate ongoing woman centered wound management.

If purulent exudate is present, then a sample should be obtained for microbiology analysis. If the wound is swabbed this should be undertaken using the Levine technique (Angel *et al* 2011ⁱⁱⁱ, Gardner *et al* 2006^{iv}).

Appropriate dressing product selection should be based on the wound management objectives and specific woman's needs. Refer to Appendix 2 protocol flowchart.

Discuss wound management with the woman/carer (as appropriate) to ascertain their understanding of the condition. Consider any underlying factors that may compromise wound healing and refer to appropriate team member for support.

If a Surgical Site Infection (SSI) is suspected this should be referred to the clinical team lead and the Infection Control Surveillance Team should be notified. Determination of SSI is based on the Standardised Centre for Disease Control and Prevention (CDC) definitions (Mangram *et al* 1999^v, Moller *et al* 2008^{vi}, Bradbury and Fletcher 2011^{vii}). Full details of the national Caesarean Section SSI Surveillance programme can be accessed at:

<http://www.hps.scot.nhs.uk/haic/sshaip/guidelinedetail.aspx?id=31554>

9. Women Discharged to Primary Care or Other Health Care Setting

Provide wound products for one dressing change if using an absorbent dressing and hydrocolloid.

Provide products for up to 7 days if alternative dressing is used.

10. Review

This guideline will be reviewed every three years.

ENDS

11. References

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The Hospital Infection Control Practices Advisory Committee available at:
<http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/SSI.pdf>
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- vii. Bradbury S, Fletcher J, (2011) Prontosan made easy. *Wounds International* 2 (2) : 1-5
www.woundsinternational.com

APPENDIX 1

PECOS Codes for Wound Products

Refer to current wound management formulary for details and codes for dressings recommended within this guideline.

Further information for wound products can be accessed via StaffNet and Tissue Viability Web pages.

Tissue Viability Service (Acute) New Core Product List of Dressings 2017

MATERNITY

Generic Group	Name of Dressing	Sizes	Unit of issue	Pecos codes
Hydrocolloid Adhesive Thin Dressing	Duoderm Extra Thin	5 x 10cm	1 box (10)	034857
		10 x 10cm	1 box (10)	031658
		9 x 25cm	1 box (10)	165452
		9 x 35cm	1 box (10)	165469
Honey based Topical Application	MediHoney	20g	1 box (5)	210060
Non-adherent contact layer with silicone	Atrauman	7.5 x 10cm	1 box (10)	052295
		10 x 20cm	1 box (10)	052301
Non-Adherent Anti-microbial silver Alginate	Silvercel	2.5cm x 30cm	1 box (25)	137282
		11cm x 11cm	1 box (10)	137251
		10cm x 20cm	1 box (5)	137268
Hydrocolloid Dressings	Urgoclean Rope	20 x 15cm	1 box (10)	210527
		2.5 x 40cm	1 box (5)	214754
Soft polymer and Foam Dressings	K/Iniderm Lite Bordered	4 x 5cm	1 box (10)	215669
		5 x 12.5cm	1 box (5)	215546
		7.5 x 7.5cm	1 box (5)	216659
		10 x 10cm	1 box (5)	214457
		15 x 15cm	1 box (5)	214464
Absorbent dressing pad	Zetuvit	20 x 20cm	1 box (15)	4137743
		10 x 20cm	1 box (25)	413771
		20 x 40cm	1 box (10)	4137761
		20 x 25cm plus	1 box (10)	413713
Povidone Iodine Fabric Dressing	Iradine	5cm x 5cm	1 box (10)	039654
		9.5 x 9.5cm	1 box (10)	039661
Durable Barrier Cream	Sorbaderm Cream	28g tube	1 tube	168954
Durable Barrier Film	Sureprep Barrier Film	1ml applicator	1 box (25)	208361
		28g spray	1 box (1)	208265
Wound Cleansing/Irrigation Solution	Prontosan wound cleansing gel	30ml	1 box (each)	169603
		50g	1 (each)	193585
	Prontosan Gel X	250g	1 (each)	171743
		40ml	1 box (5)	176694
Prontosan cleansing fluid	350ml	1 box (12)	133895	
Dressing pack with measuring tape	Universal sterile procedure pack		Each	178650

APPENDIX 2

Caesarean Section Wound Dressing Protocol Flowchart Women and Childrens Directorate

