



**National Wound Care  
Strategy Programme**



**Surgical  
Wounds**

# Surgical Wound Complications Recommendations

Jacky Edwards

Clinical Lead for Surgical Wound Complications

Working in partnership with

**Health  
Innovation  
Network**

© National Wound Care Strategy Programme (2024). Permission is granted to use content for non-commercial purposes when credited to the National Wound Care Strategy Programme. Any other reproduction and use of NWCSP logos and branding requires permission from the publishers.

# Clinical Recommendations and Pathway

- The clinical pathway identifies what good looks like and offers an evidence-informed standardised pathway of care to guide care to prevent and manage surgical wound complications in England.
- It demonstrates what best practice should look like and is based on:
  - NICE SSI/Sepsis Guidelines
  - NICE Perioperative Care Guideline
  - Association for Perioperative Practice: Infection Control
  - Get It Right First Time (GIRFT) Recommendations
  - WUWHS Surgical Wound Dehiscence
  - ISWCAP International Best Practice Guidelines
  - WHO SSI Guidelines



# Surgical Wound Complications:

## Surgical wound dehiscence (SWD)

- The separation of the margins of a closed surgical incision, with or without exposure or protrusion of underlying tissue, organs or implants. Separation may occur at single or multiple regions, or involve the full length of the incision, and may affect some or all tissue layers.

## Surgical Site Infection (SSI)

- An infection related to an operative procedure, that occurs at, or near, the surgical incision within 30 days of the procedure, or within 90 days if prosthetic material is implanted at surgery.

## SWD increases the risk of SSI and vice versa.

- A dehisced surgical incision may or may not display clinical signs and symptoms of infection.
- Not all infected or inflamed wounds dehisce<sup>1</sup>.

1. World Union of Wound Healing Societies (2018) Surgical wound dehiscence: Improving prevention and outcomes. Wounds International

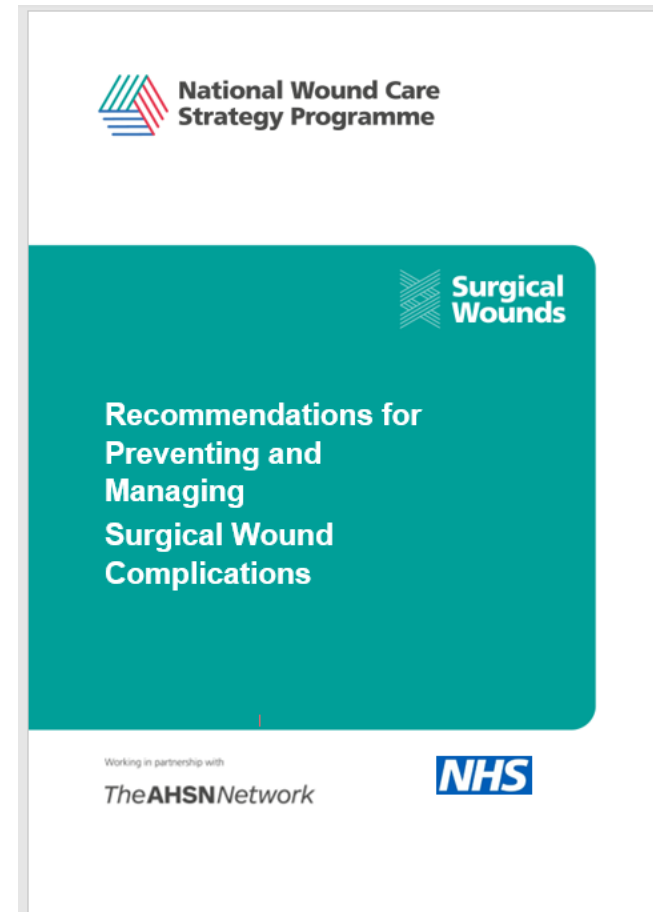
# What do the recommendations cover?

- The recommendations and pathway describe best practice for care in all health care settings (including hospitals, general practice and community providers as well as care homes and other care providers).
- They are suitable for use for those with both physical and mental health needs.
- Seek to inform and support care delivered by all health and care professionals who care for people at risk of surgical wound complications.
- Seek to standardise care and improve decision making.



# Process

- Previously published in 2021.
- They are aspirational and represent what good looks like.
  - We are aware that implementation could be challenging.

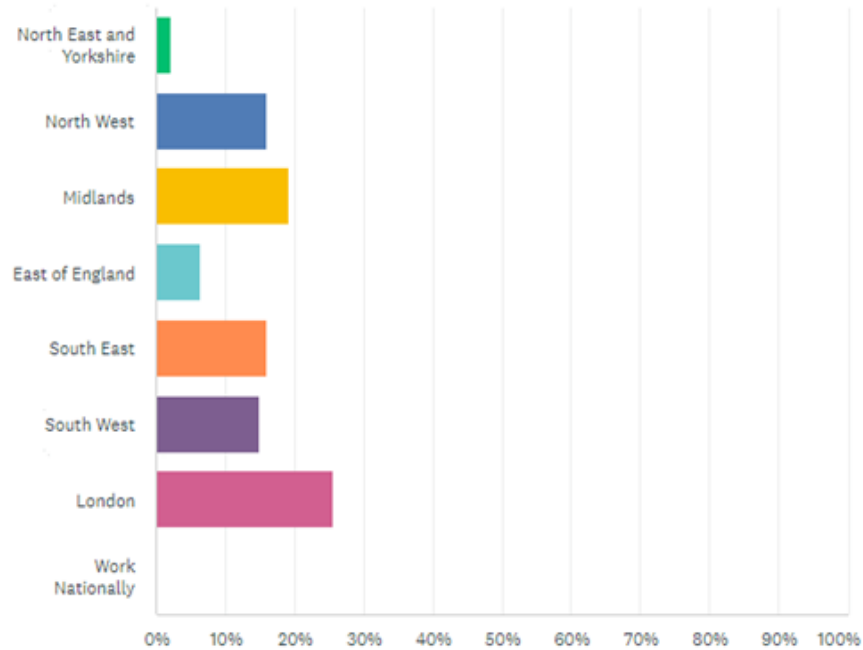


# Data and responses

111 Total Responses

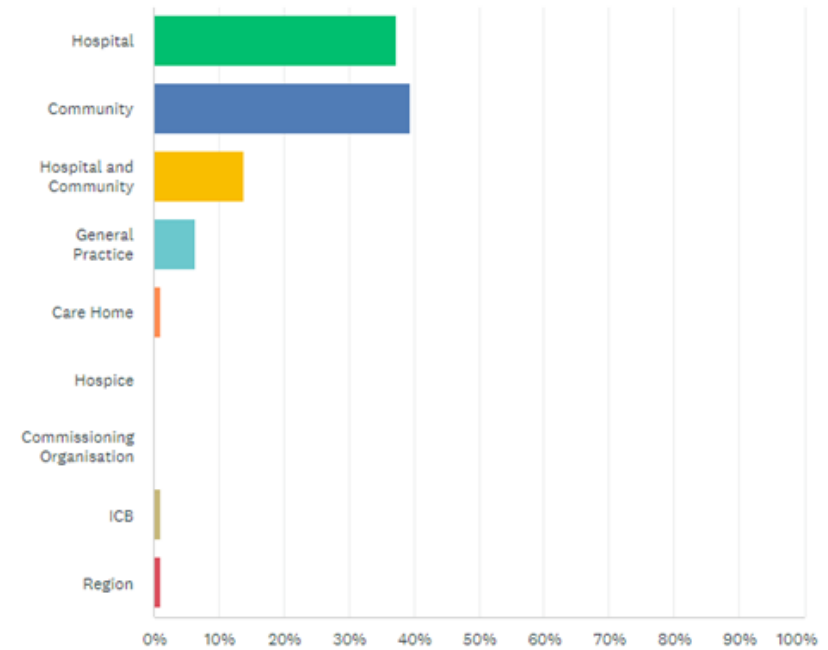
Which NHS region are you based in?

Answered: 94 Skipped: 16



Where do you mainly work?

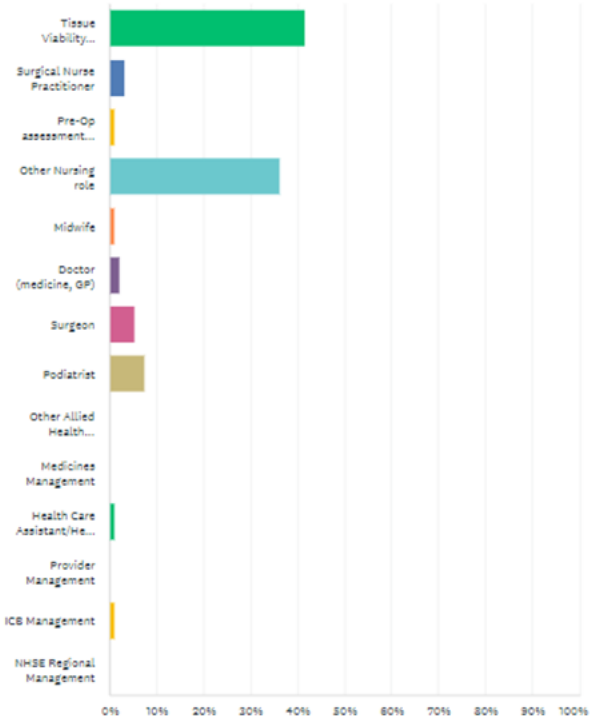
Answered: 94 Skipped: 16



# Responding as

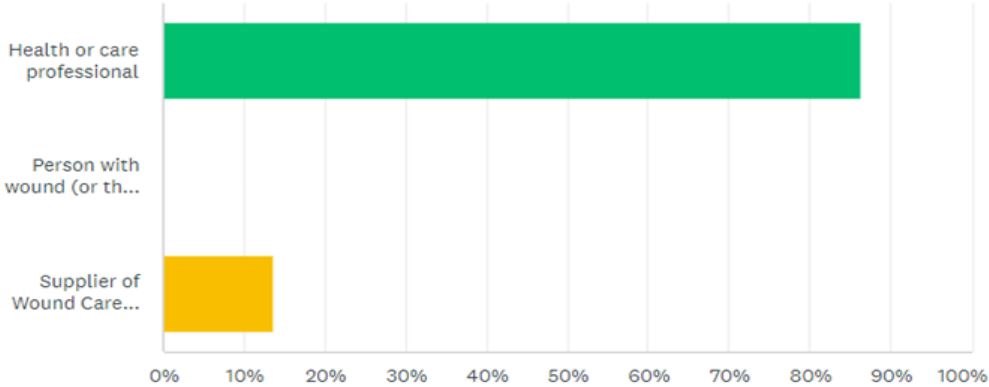
What is your current role?

Answered: 94 Skipped: 16

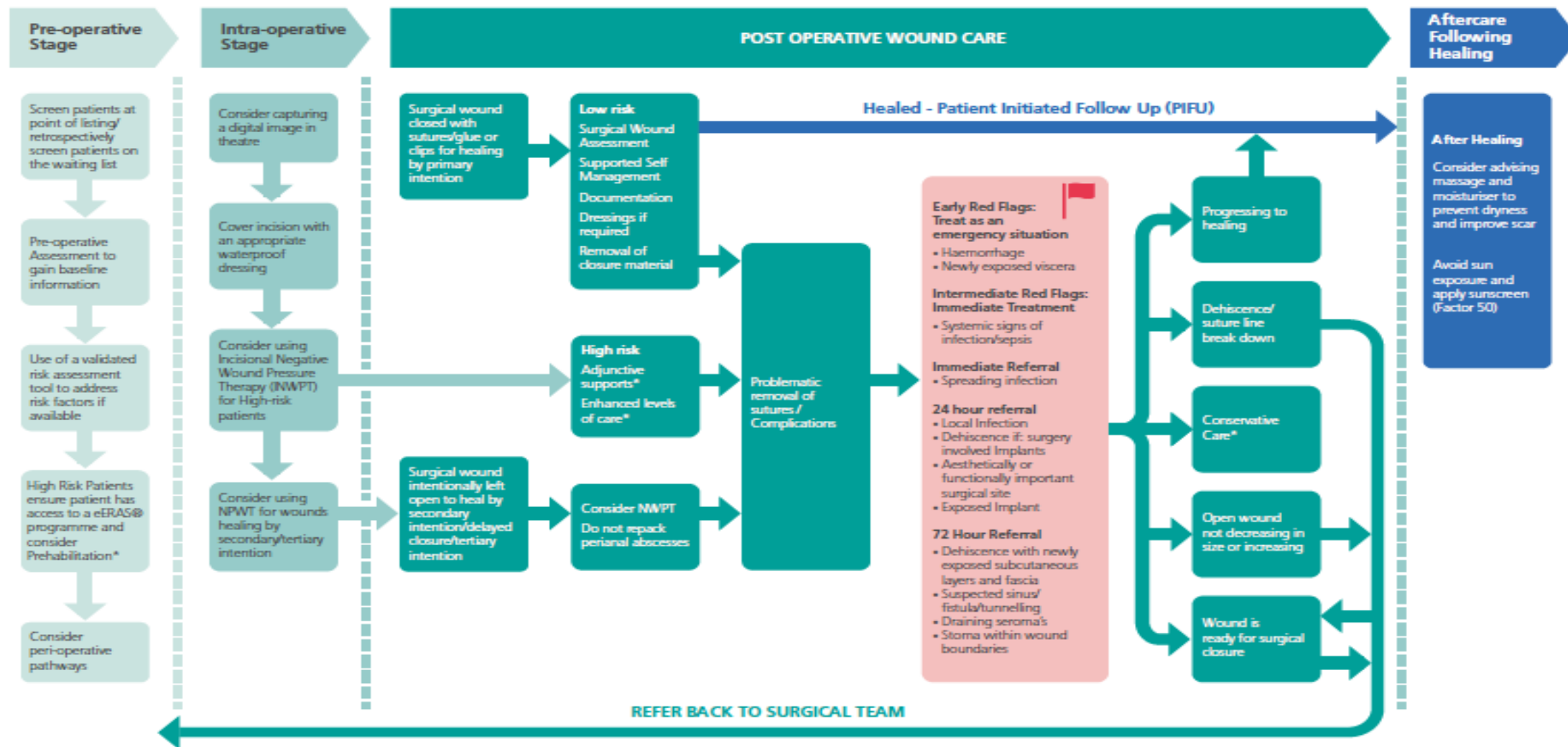


Are you responding as a:

Answered: 110 Skipped: 0



# Surgical Wound Complications Clinical Pathway



\*For full guidance, refer to the NWCSP Recommendations for Preventing and Managing Surgical Wound Complications.



# Main Themes

Photograph  
in Theatre

Dressings

Grading  
Tool

(I)NPWT

PIFU

Aftercare

# Photograph in Theatre



Increase in day case to 85%, only image may be theatre image



Can be used as a reference image



Will give signs for potential dehiscence - e.g. edges not in close opposition, closure method under significant tension

# Dressings



Significant variation across surgical specialities despite NICE guidance.



Good rationales for why there are differences, so the new recommendations reflect this.

# Grading Tools



Surgical Wound Dehiscence Grading Tool - concern about assessment and validation



Agree so suggestion is to **consider** using a tool (SWDGT/TIME CDST)



SWDGT currently being validated in UK and worldwide, so could be adopted following publication

# (Incisional) Negative Pressure Wound Therapy



(I)NPWT was initially not advocated.



NPWT a useful tool in managing wounds healing by secondary intention and heavily exuding wounds



Surgical colleagues agreed Incisional NPWT should be **considered** on a case-by-case basis for high-risk patients.

# Patient Initiated Follow Up (PIFU)

- Access back to the surgical team was the main concern.
- PIFU will allow patient to access.
- Appointments not made until patient requests so no extra workload.
- Lasts 6 months so should cover the majority of surgical wound complications.



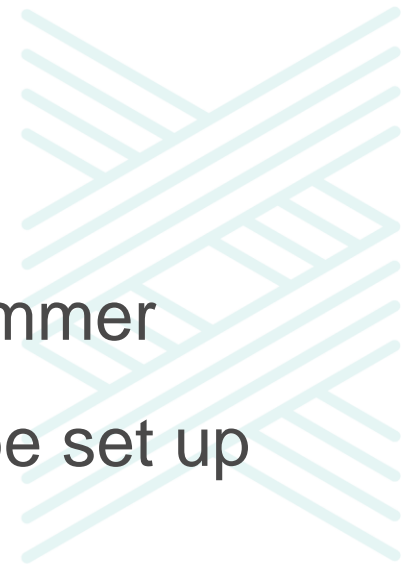
# Aftercare

- Some concern that this is not usual practice and only done in plastic surgery.
- Actually used across a wide range of surgical specialities and advocated by NHSE.
- <https://www.nhs.uk/conditions/scars/>



# Supporting Resources

- Essentials of Surgical Wounds - available now
- Management of Surgical Wounds - Autumn
- Management of Surgical Wound Complications - Autumn
  
- Patient information leaflet Surgical Wounds - Summer
- Patient Information Leaflet Surgical Wound Infection - Summer
- Surgical Wound Assessment - Task and Finish Group to be set up soon







**National Wound Care  
Strategy Programme**



**Surgical  
Wounds**

**Thank you for your  
attention**

Any Questions?

[Jacky.Edwards@mft.nhs.uk](mailto:Jacky.Edwards@mft.nhs.uk)

Working in partnership with

**Health  
Innovation  
Network**

# Connect with us



[www.nationalwoundcarestrategy.net](http://www.nationalwoundcarestrategy.net)



[NatWoundStrat](https://twitter.com/NatWoundStrat)



[NatWoundStrat@mft.nhs.uk](mailto:NatWoundStrat@mft.nhs.uk)



Connect with us on LinkedIn

