

Wound care

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Within hours of the wound being surgically closed, the dead space fills up with an inflammatory exudate. Within 48 hours of closure a layer of epidermal cells from the wound edge bridges the gap. Consequently, sterile dressings applied in theatre should not be removed before this time. Wounds should be inspected only if there is a concern about their condition or the dressing needs changing. Inspection of the wound should be performed under sterile conditions. If the wound looks inflamed, a wound swab can be taken and sent for microbiological examination, but this can be unreliable. Infected wounds and haematomas may need treatment with antibiotics or even wound washout. If a surgical procedure is performed it gives an opportunity to collect samples for bacteriology (before any antibiotics, if the patient's general condition allows), to excise dead tissue and to control any bleeding. Depending on location, the wound may require packing if it is contaminated or if non-viable tissue remains. The dressing should then be changed regularly until the wound is clean. Skin sutures or clips are usually removed between 6 and 10 days after surgery. The period can be shorter in wounds on the face or neck, or longer for tougher tissues such as the back. Wound healing is delayed in patients who are malnourished or in those who have vitamin A and C deficiency. Steroids also inhibit the adequate healing of wounds as they inhibit protein synthesis and fibroblast proliferation. Poorly controlled diabetes delays wound healing and increases the risk of infection at the surgical site (see also Chapter 3).

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