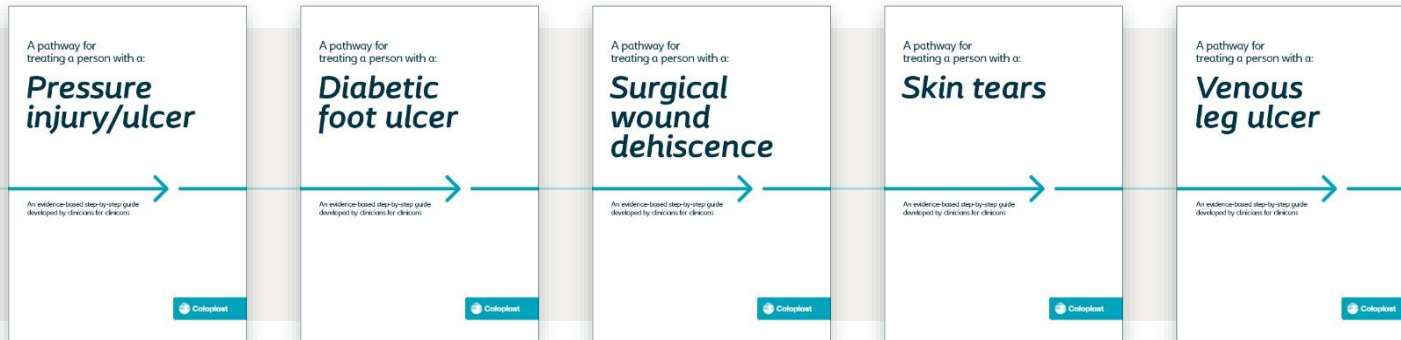


Wound Type-Specific Pathways: Promoting Consistent Care with Step-by-Step Guides to Wound Healing



Wound Care faces global challenges*



1

Lack of education

2

High turnover of staff

3

Inconsistency of care

*Anthropological study 2019



To overcome the 3 main challenges clinicians face in clinical practice, focus on the following is needed:



Access to education & guidance

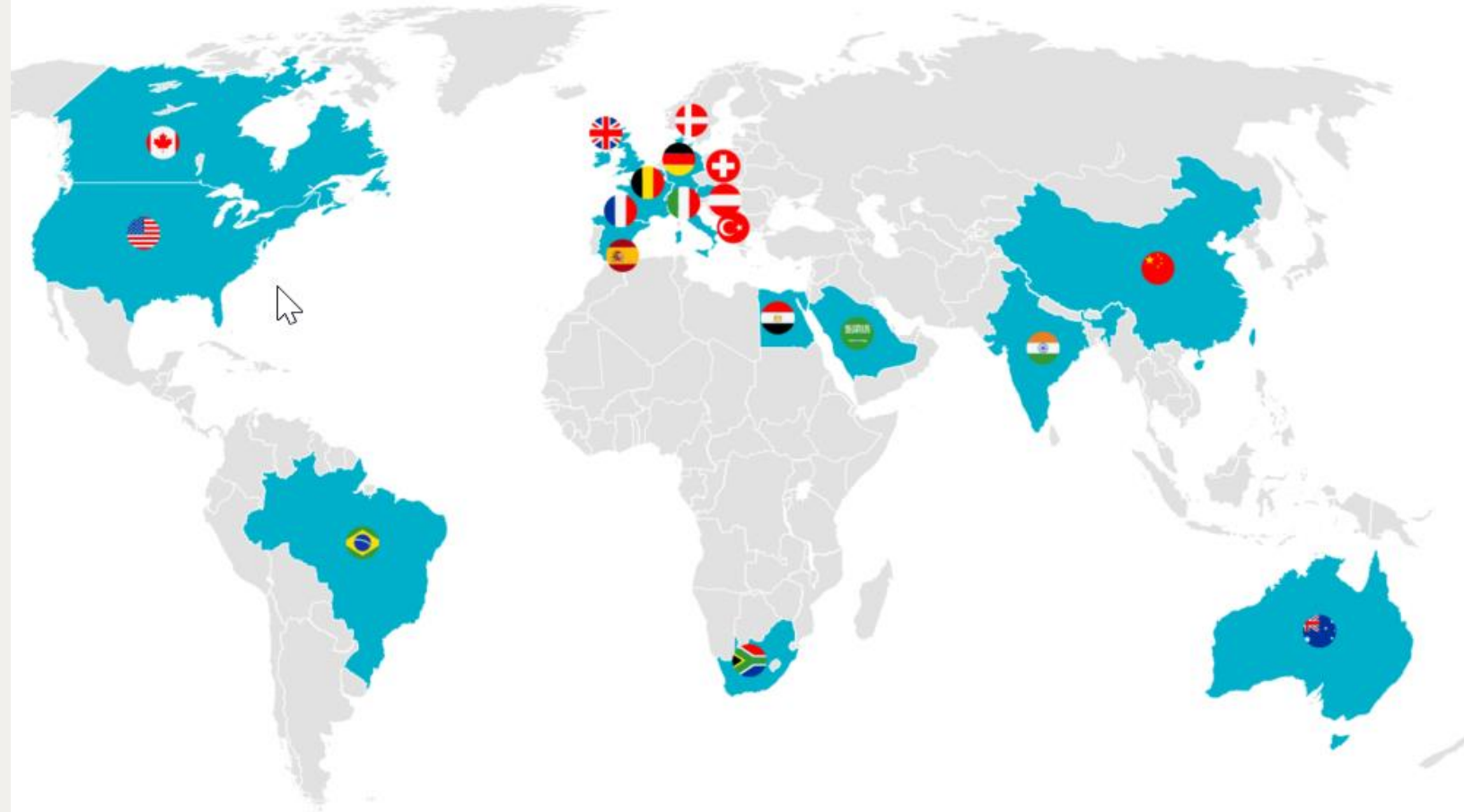


Simplified evidence-based guidelines

Before publishing
'just another'
pathway, we set
out to reach a
global consensus
on best practices
for chronic wound
management

85

Wound Care **Specialists**
from **19** countries around
the world participated in 2019



The consensus meeting:

The overall purpose was to discuss optimal wound management for chronic wounds

- The focus of the consensus project was also to discuss **how to manage the gap between the wound bed and the wound dressing**



The evidence was published Wounds International 2020

Managing the gap to promote healing in chronic wounds



Published September 2020

Closing the gap between the evidence and clinical practice a consensus report on exudate management



Published September 2020

Preventing and treating infection in wounds: Translating evidence and recommendations into practice



Published December 2020

Advancing practice in holistic wound management: A consensus-based call to action



Published December 2020

... and used to develop a 'Wound Care Pathway'



Provide access to
education & guidance



Easy-to-use
step-by-step
guide

...by developing a **simplified**
evidence-based pathway

The result was a new pathway for wound care:

The Wound Care Pathway



A step-by-step and evidence-based approach to wound healing



Developed with input and feedback from more than 2,200 Healthcare Professionals



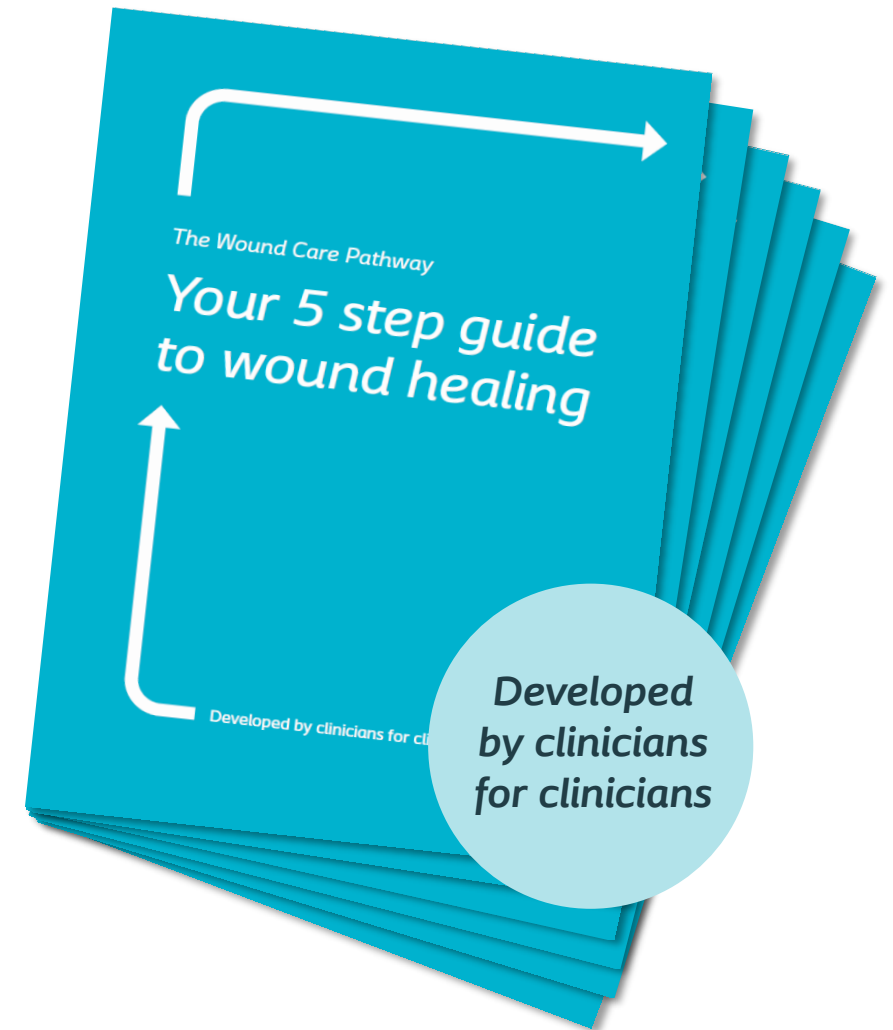
A response to the educational need expressed by Healthcare professionals



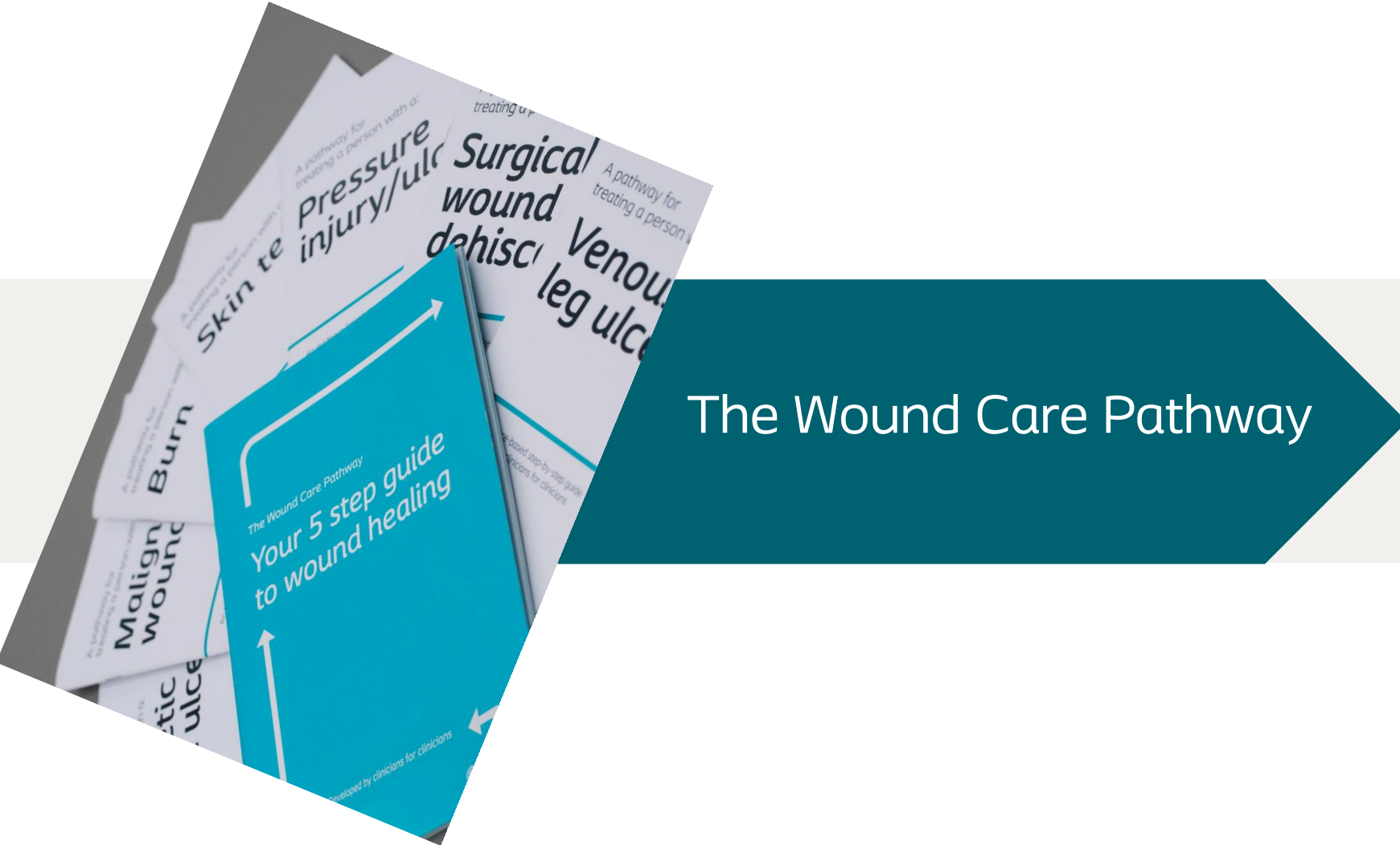
Developed to support the Non-Specialists in wound care



Gap management should be a natural part of wound assessment and management



Wound Type Specific Pathways were always part of the plan



Wound Type Specific Pathways:

Providing guidance for **non-specialists** on how to manage specific wound conditions



“THE MISSING LINK”

We have developed Pathways for 5 wound types

01



Venous Leg Ulcers

02



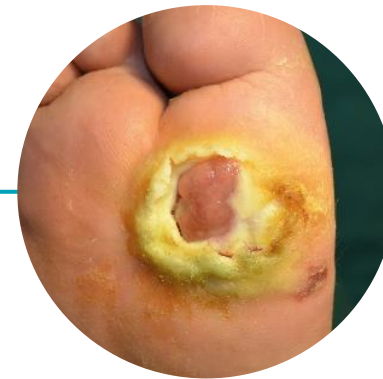
Pressure Ulcers

03



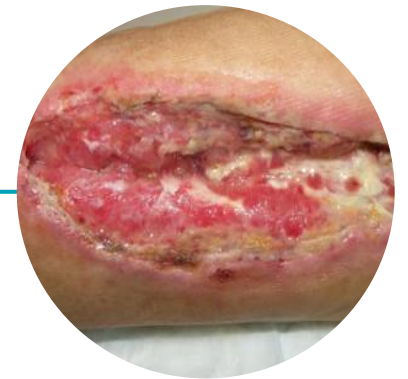
Skin Tears

04



Diabetic Foot Ulcers

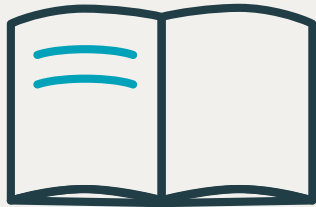
05



Surgical wounds

Feedback for the Pathways was collected through a number of activities

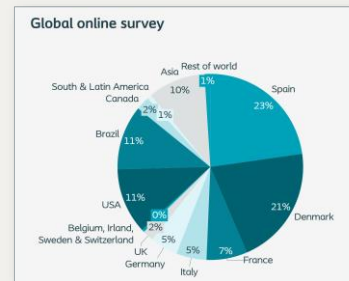
October 2022



Literature review to establish the evidence-based foundation for the Pathways

135 publications identified

January 2023



Global survey sent out to Specialists and Non-Specialists

2200 responses!



June 2023



Local focus group meetings in 6 countries to receive feedback on the Wound Type Specific Pathways

July 2023

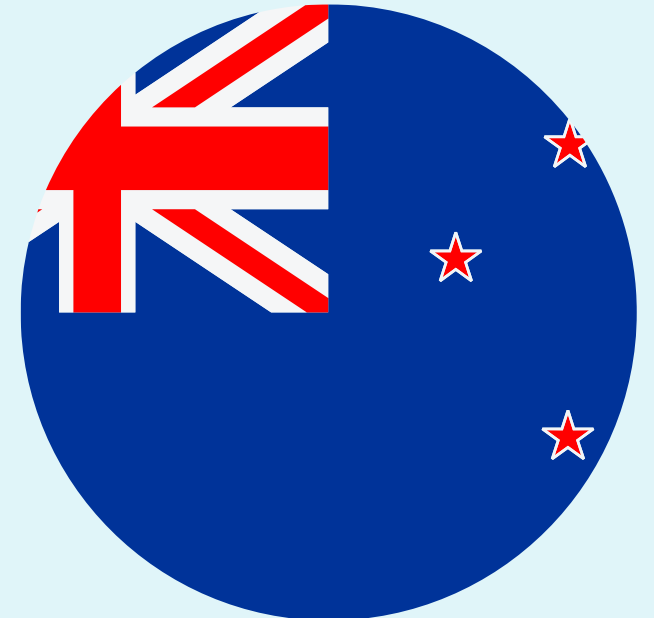


Review and approval of the content from the Expert group

Validation of the Pathways in 6 countries

Wound Type Specific Pathways

ANZ Localisation





**From Global Expert Panel
to Local Expert Panel;
Carrying the journey
forward ...**

The Pathways contains essential guidance

- Definition of wound type
- How to assess
- How to **diagnose**/identify/categorise
- How to develop a treatment plan
- How to manage the wound
- How to choose a dressing and additional therapies
- How to monitor progression
- When to consult a specialist or refer

The Pathway for Pressure Ulcers:

A pathway for treating a person with a Pressure injury/ulcer

Developed by **clinicians for clinicians**

Take a shorter way to wound healing

What is a pressure injury/ulcer?

What does it look like?

Step 1: How to assess a pressure injury/ulcer

Step 2: How to develop a treatment & care plan

Step 3: How to manage a pressure injury/ulcer

Step 4: How to choose dressing & additional therapy

Step 5: How to monitor progression

When to refer or contact a specialist

Glossary of pressure injury/ulcer terms

“The pathways simplify complex research evidence and translate it into simple and practical for non-specialists.

They have the potential to improve care and outcomes for patients and reduce clinician’s workload.”



Dr. Caroline Dowsett, United Kingdom
Member of the Global Expert Panel

Summary:

The Wound Type Specific Pathways:



A step-by-step and evidence-based approach to wound healing



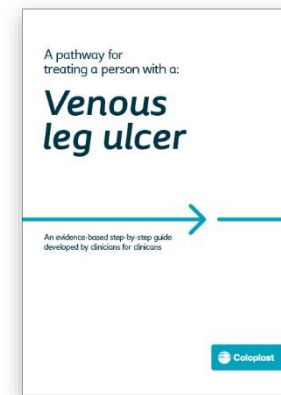
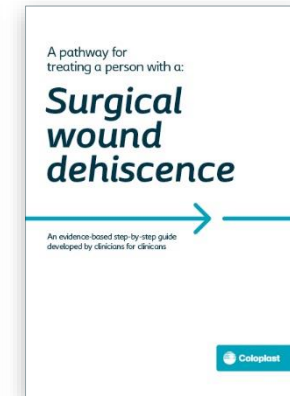
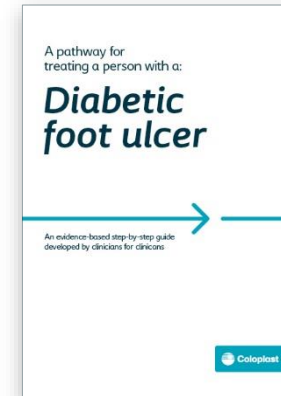
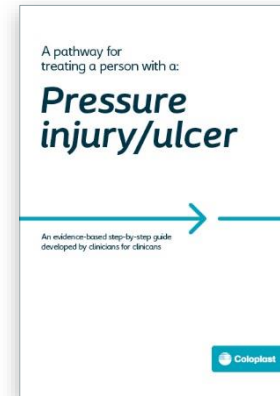
Developed with input and feedback from more than 2,200 Healthcare Professionals



A response to the educational need expressed by Healthcare professionals



Developed to support the Non-Specialists in wound care

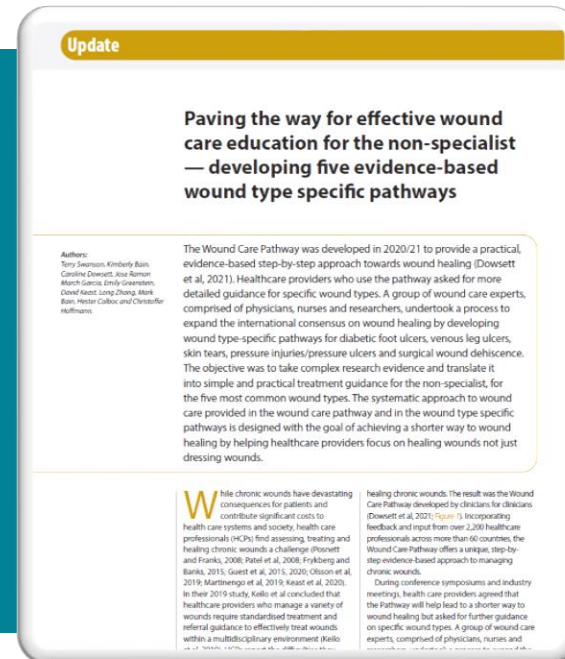


*Developed
by clinicians
for clinicians*

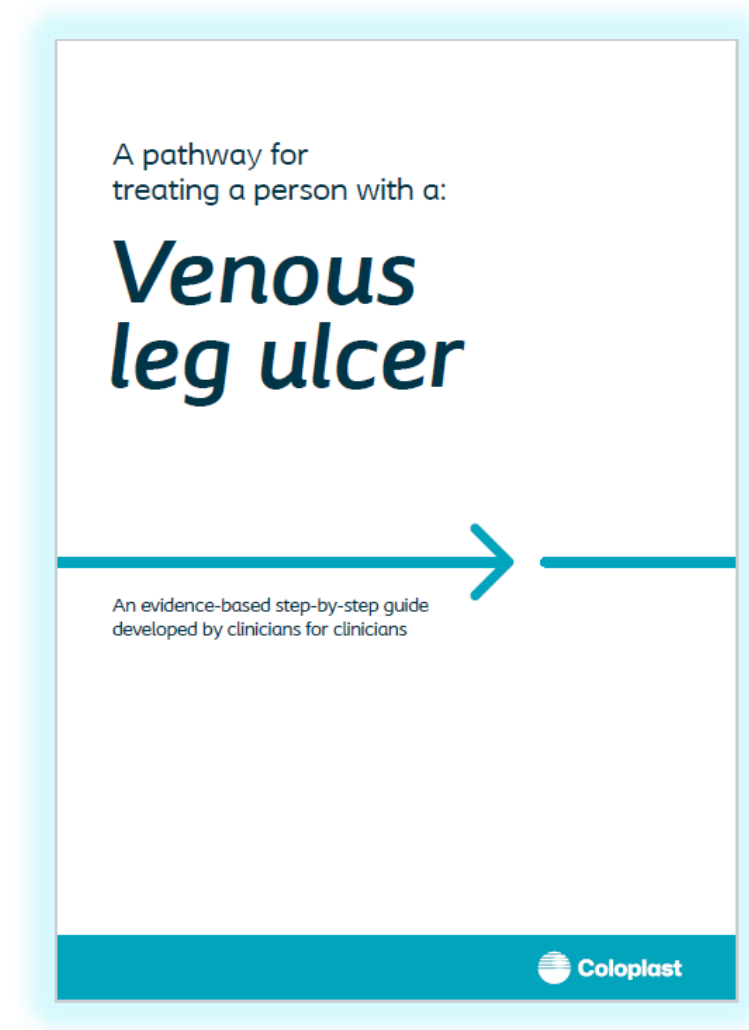
The process and development of the Wound Type Specific Pathways was published in Wounds International Sep 2023

The publication addresses:

- The challenge with chronic wounds with focus on the 5 most common wound types
- The methodology and literature review for the development of the Wound Type Specific Pathways
- An overview of the management principles for each wound type



A pathway for treating a person with a Venous Leg Ulcer



Developed by **Clinicians** For **Clinicians**

The Wound Type Specific Pathways:

- Have been developed from the feedback and input from over 2200 health care professionals
- Take an evidence-based approach
- Are aligned with the latest evidence
- Do not replace established guidelines; they align with and simplify international and national guidelines

Authors and Contributors are referenced which include from Australia Terry Swanson and the Coloplast ANZ Wound Advisory Board.

Developed by **clinicians** for **clinicians**

This Pathway was developed with feedback and input from over 2200 health care professionals in the field of wound care. It offers a unique evidence-based approach to managing pressure injuries and lets you put the latest evidence in wound care to use in real life.

Authors:

Terry Swanson, Nurse practitioner, Australia; Dr. Caroline Dowsett, United Kingdom; Dr. Jose Ramon March Garcia, Spain; Emily Greenstein, Nurse practitioner, USA; Dr. David Keast, Canada; Dr. Long Zhang, China; Dr. Hester Colboe, France

Coloplast ANZ acknowledges the contributions of members of the Coloplast Wound Advisory Board and ANZ Subject Matter Experts in the localisation of this document.

Clinical references:

1. National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide. Emily Hoelder (Ed). Cambridge Media: Osborne Park, Western Australia, 2014.
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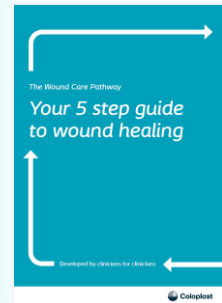
Take a shorter way to wound healing

The aim is to provide an optimal healing environment for venous leg ulcers

It is an important reminder to refer to local protocols and individual scope of practice

Included in the following pages are:

- **QR codes - dark teal** to access helpful **tools**
- **QR codes – light teal** to **dive deeper** into subjects
- **Book icon** – To link to relevant information in **The Wound Care Pathway** blue book, can be downloaded via a **QR code** on this page if you see the book icon return to this page to access the Wound Care Pathway




Take a shorter way to wound healing

By following the steps in this pathway, you can provide an optimal healing environment for skin tears and reduce the risk of complications that could lead to delayed healing or worse.

Any advice included here needs to work in conjunction with your local protocols and your individual scope of practice.



Whenever a QR icon appears you can scan the correlating QR code at the bottom of the page.

 To access helpful tools, scan the blue QR codes.

 To dive deeper into subjects, scan the light blue QR codes.



The guidance provided in this book, is best understood in combination with the detailed guidance available to you in [The Wound Care Pathway](#). Whenever the book icon appears you can look up further information there.

Scan to download
The Wound Care Pathway

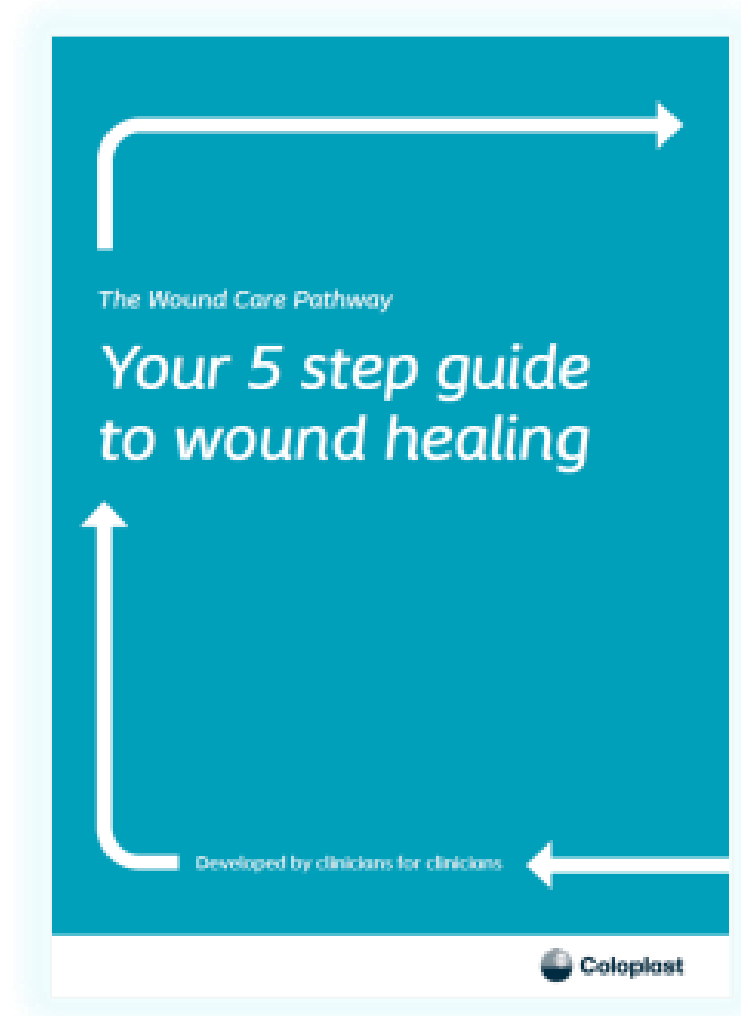


The Wound Care Pathway

We all want patients living with chronic wounds to have fewer days with wounds. But finding the shortest way to wound healing can be a challenge.

By following the **Wound Care Pathway** you will be sure, you are doing your best to provide an optimal healing environment and prevent complications that could lead to delayed healing or worse.

The **Wound Care Pathway** was developed by clinicians for clinicians, and helps you put the latest evidence in wound care to use in real life.



The Wound Type Specific Pathway for treating someone with a **Venous leg ulcer** begins with: **What is a Venous leg ulcer?**

Here you will find information on the following:

- The definition of a Venous Leg Ulcer
- A **light teal** QR link to a website for a deeper dive into more information on Venous leg ulcers and clinical recommendations

What is a venous leg ulcer?

A venous leg ulcer is an open, often painful, sore in the skin on the leg below the knee. The ulcers usually develop on the inside of the leg and take more than 2 weeks to heal.

Most common cause

Venous leg ulcers are caused by venous hypertension, such as chronic venous insufficiency.^{1,2,3,4}

Characteristics

A venous leg ulcer usually presents as a shallow ulcer with irregular margins and appears over the area of atrophic and/or pigmented skin.⁵



Scan to learn more about
Venous leg ulcers

What does it look like?

Images are included to assist with understanding what is seen in practice.

Let us now take the 5 Steps of treating a person with a Venous Leg Ulcer together



Step 1 – How to **assess** a Venous Leg Ulcer

This step reminds us to conduct a **holistic patient assessment**:

- There are **reminders of important considerations** to include in your assessment of a person with a venous leg ulcer
- There is **advice to consider the use of a validated assessment tool** for the lower limb assessment and also the **reminder to check for oedema** and look at all changes in the skin



The light bulb icon brings your attention to an important point to keep in mind – in this case considerations to make in assessment of **different skin tone**

Light teal QR links help you navigate to more information to take a deeper dive into assessment of the lower limb

Assess | Develop treatment plan | **Manage wound**

Step 1
How to **assess** a venous leg ulcer

- Begin with a holistic patient assessment.
- Proceed with a lower limb assessment using a validated assessment tool (i.e. Leg Ulcer Measurement Tool LUMT).
- Then begin your wound assessment using a validated wound assessment tool (i.e. Triangle of wound assessment).
 - Make note of wound size, wound bed, amount and type of exudate, condition of wound edge and periwound skin and signs of infection
 - Also check position of the ulcer – malleolus or gaiter area
- Make your assessment by checking for oedema and looking for:
 - Maceration
 - Stasis dermatitis
 - Lipodermatosclerosis
 - Hyperkeratosis

When you are looking for ulceration in a leg, all changes in the skin (including colour and texture should be thoroughly assessed⁸)

Scan to learn more about LUMT

Scan to learn more about Hyperkeratosis of the lower limb

Choose dressing | **Monitor progression** | Know when to refer

- Be sure to check for signs of venous insufficiency, by looking for:
 - Oedema – measure circumference of ankle, foot and calf.
 - Signs of vascular insufficiency – inspect arterial flow and perfusion.
 - Signs of venous hypertension – inspect legs for varicose veins – (reticular phlebectasia), skin changes (i.e. small widened blood vessels (telangiectasia), and changes in pigmentation.



Keep in mind: In the case of venous disease, lipodermatosclerosis and haemosiderin staining are easier to see in pale skin. For patients with dark skin tones feel for the hardening in the skin and compare the affected leg to the other leg for comparison of colour and swelling⁸

- You should also consider:
 - Patient's BMI (Body Mass Index) – a BMI of between 53-59 is usually when lymphedema occurs⁸
 - Other risks and complicating factors such as: patient mobility, prolonged sitting or standing, calf muscle pump, gait, comorbidities, medications, family history, etc.

Scan to learn more about assessing arterial flow and perfusion (page 5)

How to **classify (diagnose)** a Venous leg ulcer

When sure that the wound has been correctly identified as a Venous Leg Ulcer here is guidance for next steps


- Excluding arterial insufficiency
-  A very important point is highlighted here - identifying when to refer
-  An important point to note for people with diabetes

Assess | Develop treatment plan | **Manage wound**

How to **diagnose** a venous leg ulcer


→ When you are dealing with a venous leg ulcer, it is important to also diagnose the leg to exclude arterial insufficiency.

→ Use the ABPIs (Ankle Brachial Pressure Index) as a means of differential diagnosis and to assess the leg for ischemia². (At a minimum, pulse palpation is mandatory – follow local policy)




Explore pulse at multiple locations on ankle and foot without gloves

→ Be sure to measure pulse on both locations on the ankle – posterior tibial artery and dorsal pedal artery

 **Always refer if:**

- If you measure no pulse in both locations on the ankle
- If you don't know whether it is venous or arterial ulcer, or an unknown aetiology
- If you are unsure of the diagnosis or the Doppler does not match the presenting signs and symptoms

 **Keep in mind:** People with diabetes can have calcification which means their ABPI can be falsely elevated⁸. Caution should be exercised with this group. If wave forms on Doppler are biphasic or triphasic and pulse is palpable, it is generally safe to apply compression therapy. In case of ABPI >1.3 or if there are discrepancies between ABPI and clinical signs refer.

Step 2 How to develop a **treatment and care plan**

Step 2 supports you in deciding on next steps.

- Remembering to determine the need for additions to standard treatment
- Proceeding according to the result of ABPI to consider use of compression therapy


A **Light teal** QR code is also included here to take you to a deeper dive into Practice Guidelines


Choose dressing | Monitor progression | Know when to refer

Step 2 How to develop a **treatment & care plan**

→ Once your diagnosis of the leg has excluded arterial insufficiency, you are ready to determine the need for any additions to the standard treatment planning procedure.

→ You should proceed according to the result of your ABPI:

- In case your ABPI is more than 0.8, arterial involvement can be ruled out and compression therapy  can be considered at 40mmHg.
- In case your ABPI is between 0.5 and 0.8 refer for advice regarding level of compression.
- In case your ABPI is less than 0.5 do not compress and refer immediately for vascular assessment.

 Scan for the European Society of Vascular Surgeons Clinical Practice Guidelines

Step 3 How to **manage** a Venous leg ulcer


Step 3 supports you in making decisions for the management of a Venous Leg Ulcer. Important points are made in relation to:


- Wound bed cleansing and debridement
- Periwound skin management
- Pain assessment
- Compression therapy
- Assessing for signs of infection at each dressing change

There is a **dark teal** QR link linking you to the IWII (International Wound Infection Institute) International Guideline and wound infection continuum to support you with identifying signs of infection and providing further best practice guidance

Assess | Develop treatment plan | **Manage wound** |

Step 3
How to **manage** a venous leg ulcer

- First, prepare the wound bed by cleansing and debriding the wound to remove debris and necrotic or indolent tissue. Cleansing of the full leg with a pH-appropriate cleanser is recommended to reduce odour and to protect the skin surrounding the ulcer. If possible get the patient to shower.
- Be prepared to manage exudate to protect the periwound skin, as venous leg ulcers are often highly exudating. (This will reduce over time with the correct level of compression therapy).
- Frequently undertake a patient reported pain assessment, as leg ulcers are ranked as the most painful compared to other wounds.²
- Apply compression therapy for patients with active venous ulceration and an ABPI above 0.8 – and refer for vascular assessment and monitoring. (Compression therapy aims to improve venous return and reduce venous hypertension. Compression is usually graduated and can include bandages, wraps, calf pumps and compression hosiery.^{1,9})
- Choose the correct type of compression by taking relevant factors into account: The severity of the disease, the anatomical characteristic of the leg/ankle, required frequency of applications, and the functionality of the patient: Patient preference, mobility, lifestyle and likely concordance.⁹
- Check for signs of infection at each dressing change, as infection and biofilm are common in venous leg ulcers. Use the IWII infection continuum and management guide. 

 Scan to access
The IWII Infection Continuum
& Management Guide (page 56)

Step 4 How to **choose a dressing** & additional therapy


In Step 4 we now start to consider dressings and additional therapies. Points are made with important reminders such as:


- Exudate management
- Managing the Gap between the wound bed and dressing to avoid exudate pooling and reduce the risk of infection
- Skin integrity
- Infection management
- Adjunct therapies

A **dark teal** QR code is also included to link to a Wound Management Dressing Guide

Choose dressing | Monitor progression | Know when to refer

Step 4 How to **choose dressing** & additional therapy

→ Choose a dressing that helps you effectively manage exudate, as venous leg ulcers are typically highly exuding. 




→ Make sure the dressing is able to conform to the wound. It should leave no gap between dressing and wound bed in order to effectively manage exudate and bacterial balance.
– For highly exuding wounds consider a superabsorbent dressing.

→ Look for dressings that are atraumatic upon removal – it should not cause further damage to the wound bed or periwound skin – but should ideally help decrease pain and odour for patients.

→ If you suspect infection use a dressing with antimicrobial properties.

→ Consider adjunct therapies like NPWT when appropriate.



 Scan to access the Wound Management Dressing Guide (page 17)

Step 5 How to monitor progression

Step 5 provides important information for monitoring progression and identifying when to refer or contact a specialist:

- Reminder to monitor venous leg ulcers at least every 4 weeks
- Monitor oedema and compression
- When to consider contacting a vascular specialist
- When to reassess and what to consider including in that reassessment
- Reminder to discuss prevention strategies with patient

A **Light teal** QR code is also included here to take you to a deeper dive into VLU non-healing and reoccurrence risks

Assess	Develop treatment plan	Manage wound
Step 5 How to monitor progression		
<p>→ You should monitor venous leg ulcers at least every 4 weeks. Specifically look for distortion or modification of the shape of the leg.</p> <p>→ Measure oedema reduction or redistribution at every dressing change and action taken as needed to amend the compression regime.</p> <p>→ In case, the wound is not healing with therapeutic compression refer to a vascular specialist, if that has not already been done.</p> <p>→ In case ulcer has not healed after 12 weeks, reassess differential diagnosis. Also revisit holistic patient assessment to assess if factors such as low haemoglobin, immune function deficits or other co-morbid conditions are affecting healing. You should also re-consider other risk factors such as patient's lifestyle, past compression usage, etc.</p> <p>→ Discuss prevention strategies with patient such as skin care, life long compression hosiery, physical exercise (ankle & dorsal reflection, gait, calf muscle pump), weight control, etc.</p> <p>For patients with healed venous leg ulcers, long term compression should be considered to reduce the risk of recurrence. </p>		
 Scan to learn more about VLU non-healing and recurrence risks		

When to refer or contact a specialist



Attention is drawn to situations where you would consider referral to a specialist:

- If the ABPI is less than 0.8 and patient is symptomatic
- If the clinical signs and Doppler readings don't match
- When to consider referral to a vascular surgeon
- If not healing after 12 weeks or there is re-occurrence
- When there are unusual or concerning findings

Choose dressing

Monitor progression | Know when to refer

When to refer or contact a specialist

- ① If ABPI is less than 0.8 and patient is symptomatic refer to vascular surgery.
- ① If clinical signs and symptoms and Doppler do not match.
- ① In the case venous insufficiency is suspected or diagnosed, consider referral to a vascular surgeon to determine if surgical or endovascular therapies are appropriate.
- ① If an ulcer has not healed after 12 weeks and reassessment is not conclusive as to why healing is not progressing.
- ① If ulcer re-occurs after healing, refer to a vascular specialist.
- ① Whenever wounds with an unusual appearance or wounds that appear in unusual locations, fail to respond to appropriate care they should be referred for biopsy to rule out skin cancer.
- ① Also refer in case...
 - you detect acute infection of leg or foot (e.g. increasing unilateral redness, swelling, pain, pus, heat)
 - you detect symptoms of sepsis
 - you detect acute or chronic limb threatening ischemia
 - you suspect acute deep vein thrombosis (DVT)
 - you suspect skin cancer
 - you suspect lymphatic involvement

Glossary of Venous leg ulcer terms

The Glossary supports you in understanding important and commonly used terminology which may not be familiar to you



The book icon reminds you that more information and a further Glossary can be found in the Wound Care pathway.

Glossary of venous leg ulcer terms

Venous insufficiency – is a condition in which the veins fail to return blood efficiently to the heart. Symptoms include swelling of the legs and pain in the extremities.

Ischemia – is a lack of blood supply to a certain part of the body, which may cause tissue damage due to lack of oxygen and nutrients.

Oedema – is a build-up of fluid which causes the affected tissue to become swollen and can be localized or more general.

Maceration – occurs when skin is in contact with moisture for too long. Macerated skin looks lighter in colour and wrinkly and may feel soft or soggy to the touch.

Stasis dermatitis – is when there is venous insufficiency, or poor circulation in the lower legs, leading to skin discoloration, pain, itching and sores.

Lipodermatosclerosis – is a chronic inflammatory condition characterised by subcutaneous fibrosis and hardening of the skin on the lower legs.

Hyperkeratosis – is a thickening of the skin's outer layer.

Haemosiderin – is a brown iron-containing pigment usually derived from the disintegration of extravasated red blood cells.

Malleolus or gaiter area – the region of the leg located circumferentially around the lower leg from approximately mid-calf to just below the ankle.



For a glossary of general wound care terms consult [The Wound Care Pathway](#)

Coloplast Professional

And finally the last page provides links to further education including e-learning and webinars on Skin Tear management, other wound topics and also ostomy and continence topics at Coloplastprofessional.com.au

The Coloplast Professional website is also the location where other Wound Type Specific Pathways (e.g. DFUs) and the Wound Care pathway can be downloaded.



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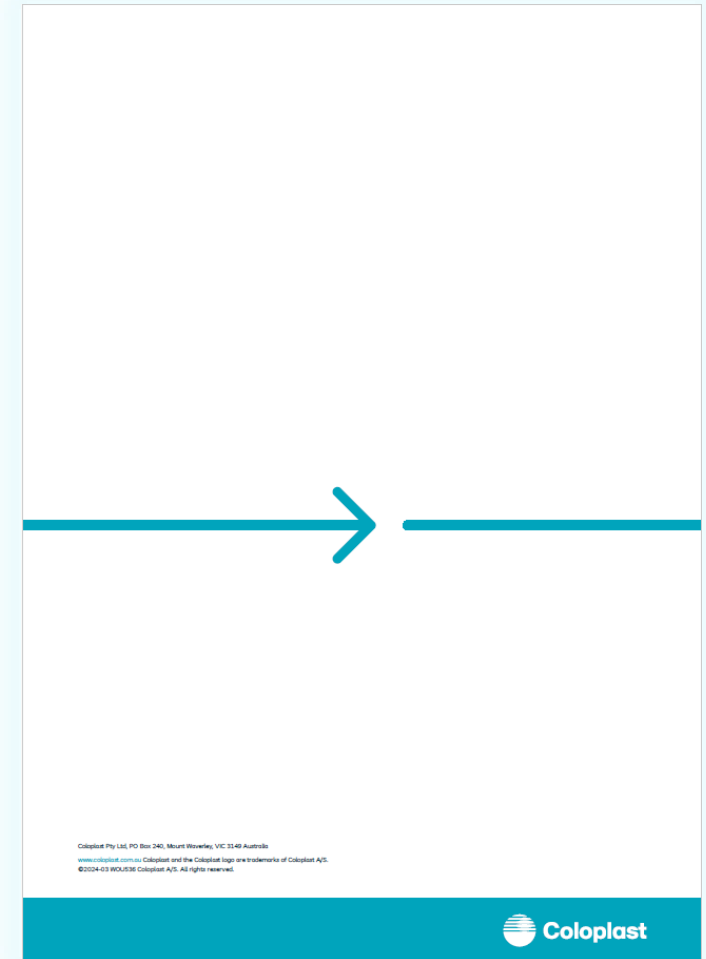


Summary

The Wound Pathways

- will support you in **delivering evidence based care** to confidently achieve **optimum outcomes**
- will **support education** related to Venous leg ulcers
- will connect you with original sources of **best practice guidelines**

Any Questions?



How to access the Pathways

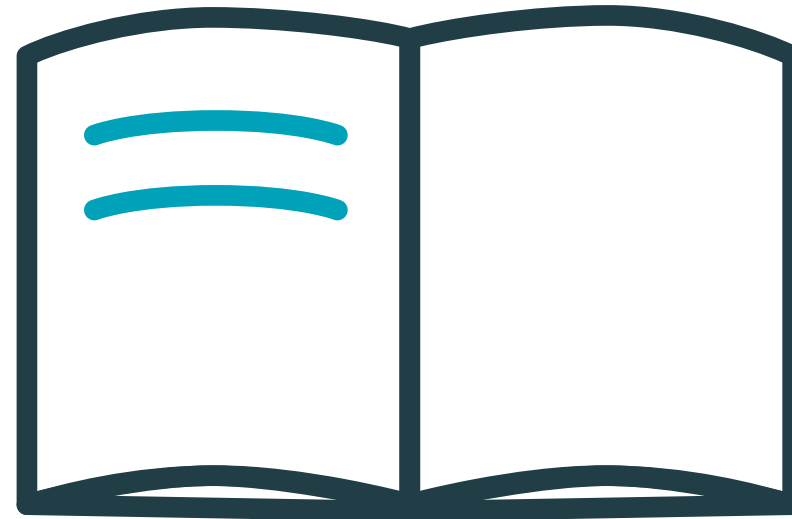
- Electronic Copies:

Available on the Coloplast Professional Educational Platform www.coloplastprofessional.com.au



- Hard copies:

Please visit our trade table or contact your local Coloplast Wound Care Representative



Thank you!



Coloplast