Surgical patients are at risk of developing post-operative wound complications, including blistering and infection, especially following orthopaedic surgery. Incidences of wound blistering have been reported in the literature of between 6 - 24%. Wound blisters can increase wound pain, delay wound healing and increase the susceptibility to wound infection. Consequently, the length of an ‘in patient’ hospital stay can be prolonged, increasing costs and adversely affecting the morbidity/mortality rates. Currently, the literature is equivocal as to whether the choice of wound dressing has an effect on wound complication rates.

Nursing staff should choose the appropriate wound dressing. The wound dressing should be left intact for as long as possible. Currently, the literature is equivocal as to whether the choice of wound dressing has an effect on wound complication rates. Seventeen international, prospective participants were invited onto the Delphi panel. Two rounds of the Delphi process were completed; the first and refined 2nd questionnaires were delivered via email. Descriptive statistics relating to respondents opinions of treatment of wound blistering and wound dressing characteristics were derived for each data set independently; the results from the 2nd round analysis were additionally cross-checked against the results from the 1st round. Inferential statistics were not derived for either round of the survey due to the small sample size.

A nursing survey questionnaire was developed using item pool analysis from national policy, prior published research and research group agreement/consensus. The wound dressing should conform easily to the wound area. An ideal wound dressing to help prevent the formation of wound blisters should be easy to apply. The dressing should allow for variation of the wound area. The dressing should increase pain on removal. The dressing should be easy to remove. The dressing should conform easily to the wound area. The dressing should increase pain on removal. The dressing should be easy to remove. The dressing should allow for variation of the wound area.

The primary wound dressing should be the first to assess a wound post-operatively. Nursing staff should choose the appropriate wound dressing. The wound dressing should be left intact for as long as possible, providing there is no excessive oozing or signs of infection.

REFERENCES: