University of Huddersfield Repository

Ousey, Karen and Gillibrand, Warren P.

An investigation into the incidence, causes, progression and treatment of pre-tibial lacerations in the elderly

Original Citation


This version is available at http://eprints.hud.ac.uk/7784/

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

http://eprints.hud.ac.uk/
P 1  

AN INVESTIGATION INTO THE INCIDENCE, CAUSES, PROGRESSION AND TREATMENT OF PRE-TIBIAL LACERATIONS IN THE ELDERLY

Warren Gillibrand¹, Karen Ousey¹.

¹University of Huddersfield (Huddersfield, United Kingdom)

Aim: The aim of this paper is to present data collected following a project investigating incidence of pre tibial lacerations (PTL’s) in 2 Accident and Emergency Departments (A & E), current practice and effectiveness of their management

Methods: A systematic literature review was undertaken to determine current state of the evidence in PTL’s; a prospective cohort observation/audit of current practice and management of PTL, including healing time, complications, and infection rates. Using a combination of a patient data electronic recording system and direct observational data in the accident and emergency departments, patients were identified who presented with a skin tear/flap laceration sustained to the skin anterior to the tibia and then followed up for a three month period. Demographic, biochemical, co-morbidity and skin tear data were retrieved or recorded.

Results: The literature search and review demonstrates that there is considerable information on specific dressings but less evidence in overall interventions and management. Results from the prospective observation of patients presenting with PTL’s, have highlighted that incidence within the 3 month period of data collection is low, (n=19); however care interventions for treatment and management were varied dependent upon the practitioner’s personal preference as to choice of treatment.

Conclusions: Further analysis of the prospective study data is required to establish treatment changes as patients progress from acute to primary care services. Whilst incidence is low, the potential for high cost and intensive service intervention in those patients who do not readily heal, is high.

P 2  

A CLINICAL EVALUATION ON THE TREATMENT OF YOUNG CHILDREN WITH HEEL INJURIES USING A HYDROBALANCE DRESSING

Jolanda Alblas¹, G Trompen¹, G Elzinga¹, H Spits¹, R Kicks¹, A Post¹, M Van Gent¹.

¹Boven IJ hospital (Amsterdam, Netherlands)

Aim: This paper presents the results of a clinical evaluation conducted in 20 young children (average age was 5 years old) that suffered from spoke wheel accidents. In the Netherlands parents use the bicycle for transport and take their toddlers with them. Accidents happen frequently causing very painful heel flap injuries, which often become infected.

Methods: Conventional dressings and Moist Wound Healing dressings (MWH) are in use. Although most of the injuries heal, dressing changes cause a lot of anxiety and distress for both the children and their parents. For the study wound treatment existed of cleansing with iodine*** and rinsing with saline. A HydroBalance* + PHMB dressing was applied, covered with a foam*** and fixed with a retention bandage. The primary dressing was left in place until epithelialization. Wound inspection was every three days for 14 days. During visits the reduction in wound size, wound bed status, epithelialization, pain during dressing changes and occurrence of an infection, was evaluated.

Results: In N = 20 complete epithelialization occurred in an average of 7.2 days. There were no infections noted. The children were less anxious as during the clinic visits they did not experience pain.

Conclusion: Wound healing was fast and child and parent friendly. The treatment was effective, reducing dressing changes and visits.

*Suprasorb® X + PHMB and **Suprasorp P are products of Lohmann & Rauscher GmbH
***Betadine® is a product of BBraun