

Wound Irrigation and Packing

Nurse 1: Hi Renee.

Nurse 2: Hi Wendy.

Nurse 1: What are we going to do today? Today we are going to irrigate and pack a wound.

Nurse 2: This gentleman has had a previous surgery. We know that from looking at the chart but we can also see evidence of an incision. Some staples are intact and the wound there did not heal, for whatever reason. The first thing you want to do is look at the wound. We've pulled the dressing off and noted the type of drainage. Is there any odor? Now I'm looking at the wound and assessing it. I'm looking to see how large it is. I want to see what the wound bed looks like because the wound bed has to be pink before it's going to heal.

In the past we used to do wet to dry saline compresses. Do you remember that? We would put saline soaked gauze in. We would let it dry out and then we would rip it out basically debriding it. What they found was we actually damaged some of the good cells. So now they've come up with all kinds of really great products to help us to heal wounds a lot quicker.

Nurse 1: So do we have to, as a nurse, know what all those products are or are we given some guidance around that?

Nurse 2: Eventually when you've worked with wounds a lot you will get to know what the products are. They will change over time. Even we can see in our lifetime as nurses what we have now is very different compared to even 10 years ago. So there should always be some resources [to provide the nurse with guidance]. I know locally we have a wound practices manual and that is updated by our wound care experts.

So you can see that I've already set up my field. I've offered analgesic to my patient so they are nice and comfortable. The field might look a little bit different than for a simple dressing change. You'll notice that I have a syringe with an irrigation tip.

Nurse 1: Why don't you just use a normal syringe ... meaning without that tip on it?

Nurse 2: I'm going to put the tip into the wound and I'm actually going to irrigate the wound because we're trying to clean out that slough. I don't know if you can see that but there's some yellow tissue that needs to come off. The length of it [the irrigation tip] helps me to probe the wound to see if there are any tunnels going anywhere. If there are [tunnels] we have to think about how are we going to clean and heal those.

Nurse 1: So those come separate from the syringes and you have to put it together. Is there any guidance about what size syringe we need to use?

Nurse 2: So the literature says 10 pounds per square inch. And the 10 ml syringe with this type of irrigation tip will work. That may change over time too. So again you need to be familiar with what [equipment] your agency has for you.

You'll notice that I left it on the edge of the field because I'm going to actually put clean gloves on to do my irrigating. I've also have this product. It's called hydro gel. What it does is it provides a moist healing environment and also helps to debride [the wound]. So that slough in the wound bed that we see, this product should take that off nicely in a few days.

I've put it into my tray in its own compartment. I'm going to impregnate the gauze with it before I pack it into the wound. I also have some skin prep. So part of what we're assessing when we assess the wound is the peri wound skin. If it looks like it's starting to become macerated we can put some skin prep on which is just like it's like painting another layer of skin. It adds some protection.

Nurse 1: What is maceration?

Nurse 2: It is the skin starting to break down. You know when you sit in the bathtub too long and your skin goes a little bit white? Sometimes the wound will do that to this surrounding skin. If there's a lot of moisture coming out of the wound and if the outer dressings aren't changed frequently enough, breakdown can happen. So you always want to keep your good skin good.

So Wendy you'll see that I've draped around the patient because when I start irrigating the wound there will be saline leaking out. Some nurses will use a kidney basin and put it at the right angle and have the patient turn a little bit so that it drains out that way. I've also even used a brand new Yankeur suction and put that into the wound as I'm irrigating.

Nurse 1: Oh so you're irrigating it and then pulling it out.

Nurse 2: Yes all you're doing is protecting the bedding from a mess.

So I have some saline in my syringe and what I'm going to do... So that's a sterile tip. The sterile tip is being introduced into the wound and I'm going to start at 12:00 and I'm going to put it in as far as I can. I'm looking to see how deep the tunnel is. So that tunnel is about three centimeters. As the clock goes, I'm just going to poke and probe and see if there are tunnels and where they are. So far I have one at twelve o'clock. And of course you go deep in the wound.

Nurse 1: How much irrigation solution do you use?

Nurse 2: Great question. Sometimes the wound care nurse will give you guidance and suggest how many milliliters of saline to use. If you don't have any direction you irrigate until clear. You can see now that the solution coming out of here is clear. Now I'm going to discard my syringe. Now there's a lot of saline sitting in the wound.

Text in video: the wound is irrigated each time the dressing is changed. See specific wound guidelines about volume used to irrigate. The volume of irrigation solution is dependent on the size of wound and amount of exudate.

Nurse 1: You have a whole lake in there.

Nurse 2: Yes. I'm just going to get some gauze and just soak that up a little bit. So now this would be the time to clean the skin around the incision. So you noticed that I discarded my forceps. And I've just grabbed a new one. I'm just going to clean the skin around here.

Wendy, I've changed to my sterile gloves because now I'm going to take my gauze and I'm going to impregnate it with the hydro gel. Impregnate means get it really goopy and moist because that moist healing environment is what that wound needs. I just squirted it directly from that container into my field.

Nurse 1: I have seen some people use the hydrogel and just put it directly into the wound.

Nurse 2: Yes I've seen that too. I looked at the literature and I believe it preferred that you would impregnate gauze. It didn't give a rationale.

Nurse 1: I would think that... what was the purpose again that you said?

Nurse 2: That it helps to debride and it helps to provide moisture.

Nurse 1: So if you didn't have anything to hang onto it, how would it debride? You would have to have it in there.

Nurse 2: I would agree. Like I said the literature wasn't strong so... and like I said I have seen nurses do that. So if I had to, I could get a q tip and I could pack the gauze into the wound but I think this is large enough that I can just use my small finger.

With students I always say it's like vacuuming out a room you go to the furthest corner and then you make your way out. So you pack into the deepest crevices or tunnels or whatever you're finding and then we're going to fill up the rest of the wound with the gauze. So if I got to this point and I realized my gauze didn't fill that cavity I would go and choose a larger size because you only ever want to put one piece of gauze into a wound. And you want to make sure that all the tissue is in contact with gauze that has some hydro gel. Otherwise those tissues are going to dry out and then they're going to be longer in terms of healing. And now I would choose a cover dressing and in this case I would probably put an abdominal pad because abdominal pads aren't highly absorbing so it's not going to wick this moisture away from the hydrogel.

Nurse 1: Would it impede the healing if we put too much in that?

Nurse 2: If you put in too much packing? Definitely because you have to think about those capillaries. So if you jam packed your packing in there the capillaries become occluded. Then the red blood cells and the white blood cells can't come to the area to clean.