Cambridge English for
Nursing
MEDICAL TECHNOLOGY

UNIT 3 Wound management

a **Listen to a group discussion following a lecture on wound bed preparation. What three methods of wound management do they discuss?**
Technology 3

b **Listen again and mark the following statements True (T) or False (F).**
Technology 3

1 Anne used larval therapy for wounds such as pressure ulcers.
2 In larval therapy, the mesh covering the maggots is kept dry.
3 Maggot debridement therapy is a different procedure to larval therapy.
4 According to Stephanie, there are no disadvantages to using hyperbaric oxygen therapy.
5 Hyperbaric oxygen therapy decreases antibacterial effects.
6 VAC dressings require a transparent seal placed directly over the wound bed.
7 Henry and Stephanie have different protocols for changing VAC dressings.

c **Read the conversation and check your answers to Exercise b.**

John: Now, I'd like you to form small groups and discuss your experience of new or innovative methods of wound management used in your country.
Henry: OK, Anne, would you like to go first?
Anne: Yes, well, non-healing necrotic wounds, the hospital I was working at in Warsaw used larval therapy for debriding non-healing necrotic wounds such as pressure ulcers.
Henry: Was it successful?
Anne: Surprisingly, yes. The maggots are specially bred in sterile conditions and are placed under mesh in the wound bed.
Henry: Why mesh?
Anne: It stops the larvae escaping. The mesh is covered with moist swabs every day to prevent the larvae from drying out. The larvae are replaced every few days until the wound can be treated with conventional dressings.
Henry: Stephanie, do you use the same treatment in the US?
Stephanie: Yes, it's sometimes called maggot debridement therapy, or bio-debridement.
Henry: OK, your turn next, Stephanie.
Stephanie: Er, um, for chronic wounds our hospital has had some success with hyperbaric oxygen therapy, which as you know enhances the wound healing process and increases growth factors and antibacterial effects. That's the upside. The downside is access to the equipment and, as always, cost.
Henry: I've had quite a bit of experience using VAC dressings. We have a VAC unit on our unit.
Stephanie: Is it the same procedure as in the US? What's your VAC dressing change protocol?
Henry: We use gentle irrigation to clean the wound. It's important to cut the foam to the size of the wound to avoid maceration of the wound edges.
Stephanie: Yeah, so far it's the same procedure.
Henry: Then you place the end of the drain tube over the first layer of foam and cover with another piece of foam.
Stephanie: Then the transparent membrane seal, right?

Henry: Yeah, that's the most important part. If you don't get it right you don't get the vacuum action, then connect the other end to the VAC unit and programme it to produce the required level of pressure. Once the vacuum is switched on the air is sucked out of the foam, which causes it to collapse inwards drawing the edges of the wound in with it.

Stephanie: Yeah, that's the same as our protocol.

Share your knowledge

Discuss the following questions in class or with a colleague and compare your experience.

Do you use any of these treatments in your country?

If not, what treatments do you use for chronic wounds?

Are you familiar with any alternative (non-mainstream) treatments for chronic wounds?