

WOUND MANAGEMENT NEWSLETTER

SPRING 2025: VOLUME 2 / ISSUE 3

Incontinence-associated dermatitis (IAD) (stool and/or urine)



Intertrigo dermatitis (perspiration, friction and bacterial/fungal bioburden)



Peri-wound moisture-associated dermatitis (wound exudate)



Peri-stomal moisture-associated dermatitis (effluent from stoma)



WARMER WEATHER AND WOUNDS

Moisture-Associated Skin Damage (MASD) is suggested by the International MASD prevention and management recommendations as a complex condition that is becoming increasingly recognised in clinical settings. Prolonged exposure of the skin to bodily fluids can compromise its integrity and barrier function, leading to increased permeability and vulnerability to injury. Individuals affected by MASD often endure ongoing symptoms such as pain, burning sensations, and itching (pruritus), all of which can significantly impact their quality of life. MASD is classified as an irritant-contact dermatitis It is typically caused by prolonged exposure to irritants such as urine, stool, perspiration, saliva, intestinal fluids from stomas, and wound exudate.

MASD serves as an umbrella term that encompasses several specific types of skin damage related to moisture:

- Incontinence-Associated Dermatitis (IAD)
- **Peristomal Dermatitis** associated with devices such as colostomies, ileostomies/ileal conduits, urostomies, suprapubic catheters, or tracheostomies
- Intertriginous Dermatitis (Intertrigo) occurs in areas where skin surfaces touch or rub together
- Peri-wound Maceration moisture-related breakdown of skin surrounding a wound

The most common MASD is IAD in primary care that can quickly become severe, particularly in warmer weather, it can worsen in due to heat, humidity, and sweating, which increase skin moisture and friction. These conditions heighten the risk of skin breakdown, irritation, and infection.

Care Strategies key points:

MASD management pathway Surrey

IAD management pathway Surrey

- Focus on risk assessment, prevention, and structured rotuines for daily living activities to maintain skin integrity
- Prompt cleansing, appropriate continence management products of the correct absorbency and breathable clothing are essential to protect skin and manage IAD effectively in warmer months.
- Ensure formulary choice of moisture barrier products effectiveness against moisture, irritants and friction
- Promote supported self-care:
- ☐ Encourage patient engagement and education
- Consider individual capacity and willingness
- ☐ Ensure access to support and guidance





Ulcer Recommendations Summary*

Identification & Immediate and Necessary Care

Immediately escalate to the relevant clinical specialist, those with the following 'red flag' symptoms/ conditions:



- Acute infection.
- · Symptoms of sepsis.
- Acute or suspected chronic limb threatening ischaemia.
- Suspected acute deep vein thrombosis
- Suspected skin cancer.
- Bleeding varicose veins.

Arrange for a comprehensive assessment to be undertaken within 14 days

- Treat any wound infection.
- Clean wound and surrounding skin and apply emollient.
- · Record digital image(s).
- Apply a simple, low adherent dressing with sufficient absorbency.
- For those without red flag symptoms, offer mild graduated compression.
- Signpost to relevant, high-quality information.

*For full guidance, see the NWCSP Leg Ulcer Recommendations.

C National Wound Care Strategy Program

LEG ULCERS IMMEDIATE AND NECCESARY CARE

National Wound Care Strategy Programme (NWSP) leg ulcer summary (2023) NWCSP lower limb summaries

Check RED FLAGS *Immediately escalate to the relevant clinical specialist, those with the following 'red flag' symptoms/ conditions to treat or manage:

- □ Acute infection.
- □ Symptoms of sepsis.
- □ Acute or suspected chronic limb threatening ischemia.
- □ Suspected acute deep vein thrombosis (DVT).
- □ Suspected skin cancer.
- □ Bleeding varicose veins.

Action for any lower limb wound: Wound hygiene and infection guide Surrey

- •Treat any wound infection.
- •Clean wound and surrounding skin and apply emollient.
- •Record digital image(s).
- •Apply simple, low adherent dressing with sufficient absorbency.

For those without red flag symptoms:

Lower limb compression decision tool Surrey

- •Offer mild graduated compression either with stockings or bandages.
- •Signpost to relevant, high-quality information.

"You can apply light compression of 20mmhg prior to Doppler in the absence of RED FLAGS. Please consider NWCSP lower limb recommendations and local Lower limb decision tool"

DID YOU KNOW?

National Wound Care

Strategy Programme

All local	and national	l guidance is i	available via	this link	Surrey	<u>/ Heartlands</u>	Wound N	√lanage	<u>∍ment</u>

- Flaminal Forte is an antimicrobial gel, in Surrey wound formulary it is only approved for Pilonidal sinus, post-surgery and if recommended by hospitals at discharge. Any other wounds please swap to an alternative formulary antimicrobial dressing if there is infection and indicated, if you are unsure you can make contact with your local Tissue viability nurses or syheartlandsicb.surreywounds@nhs.net for more information.
- Pilonidal sinus does not have to be packed, follow hospital instructions to ensure packing is required initially, at reassessment in primary care decision can be made to stop this. Please see latest research Postoperative Packing of Perianal Abscess Cavities (PPAC2): randomized clinical trial available in Surrey Heartlands Wound Management



WOUND FORMULARY / ONPOS CHANGES

JAN - MAR 2025 - THE FOLLOWING ARE NEW AND /OR REPLACEMENT PRODUCTS:

Kliniderm Silicone border added
Biatain Silicone border is moved to under TVN /Specialist access, if you require this instead of Kliniderm contact local TVNs or wound management team
Cavilon Advance approved and added to TVN access for severe cases of MASD under the review of TVN
MediHoney® range by Integra have ceased manufacturing and are no longer taking orders. MediHoney wound gel & MediHoney
apinate is replaced with Advancis® Activon (squeeze tube 20g) & Algivon (alginate sheet).
Reminder Flaminal Forte is only approved in Surrey for post Pilonidal sinus surgery, for any other reason contact your local TVN or
Surrey wounds email

Background to Wound Dressings Available in Surrey Heartlands:

Any proposed changes to the wound dressing available must be submitted to the Surrey Wound Management Formulary Group, accompanied by clear justification and evidence demonstrating a gap or the need to replace existing options. If the proposal is approved by the Formulary Group, a business case is then presented to the Area Prescribing Committee for final approval. Once approved, the wound products will be added to the Formulary/ONPOS for use.

National guidance supports formulary compliance to ensure consistent practice across NHS organizations. Using bulk ordering systems like ONPOS/NHSSC reduces waste and ensures dressings are readily available. The formulary includes a wide range of antimicrobials, foams, absorbents, and skin tear products to cover most wound types. Prescriptions should be requested only for atypical wounds and under specialist guidance, in line with FP10 prescribing principles. Dressings on FP10 - prescribing principles for primary care - December 2021.pdf

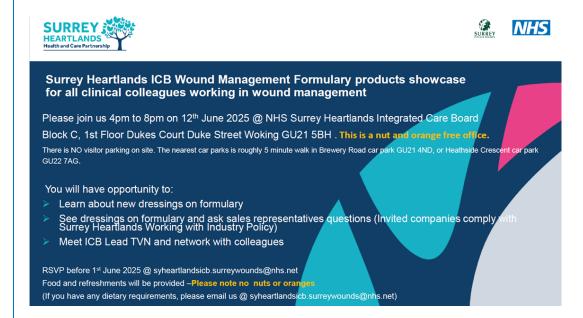
OTHER UPDATES

Surrey wide Events & education: Contact Wound management email syheartlandsicb.surreywounds@nhs.net for invitation and bookings.

Wound formulary / ONPOS Webinars 30-minute sessions: after Area prescribing Committee meeting to update all clinicians delivering wound care to notify of any changes to dressings formulary / ONPOS.

&

Wound Formulary Event:





Please let the Wound Management Team know:

- **■** If you need a bigger size of dressing on formulary.
- **■** If there is a change in your base name.
- Missed items or missing full delivery needs to be reported within 3 working days of the delivery.
- Update contact details for ONPOS account holders (email address/leavers).
- **≡** Feedback on Newsletter and suggest topics of interest.

ONPOS Caps & Justifications:

- ONPOS justifications require clear reasoning.
- **■** State clinical reasons & patient Initials.
- ≡ If recommended by TVNs, state TVN name, patient initials, date suggested to start and course complete.
- Orders with repeated lack of reasoning may be cancelled.
- ≡ Caps are generous and based on population, if you need more, please get in touch with wound management team.

WOUND MANAGEMENT TEAM

Contacts:

Medicines Optimisation Team-MRU

Samantha Lane

Ksenija Markovic

email us

@syheartlandsicb.surreywounds@nhs.net

Wound management formulary group committee:

If you are passionate about wounds, would like to be part of WMFG and are interested in making crucial decisions in wound care, please get in touch. Meeting run every 2-3 months, this is a working group and commitment to attend regular is expected.

Useful links:

ONPOS - Online Non Prescription Ordering Service

Surrey Heartlands Wound Management (clarity.co.uk)

Guidelines: Wound management (res-systems.net)

<u>Dressings on FP10 - prescribing principles for primary care - December 2021.pdf.</u>