



**Clinician Summary-Draft
Wound Care Including Pressure Support
Surfaces and Negative Pressure Therapy
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Produced by:

The Health Resources Commission

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<http://www.oregon.gov/OHPPR/HRC/index.shtml>

Pressure Support Surfaces

Background: Pressure support surfaces have been developed to reduce the incidence and aid in the treatment of pressure ulcers.

Conclusions:

1. No evidence was found to support the use of pressure reducing surfaces for individuals not at risk for pressure ulcer development.
2. Consensus regarding critical risk factors has not been established; Pressure ulcer risk assessment tools used today have a low predictive value.
3. Generally accepted, but not validated risk factors for developing pressure ulcers include immobility, cognitive impairment, heavy sedation, old age, diabetes, urinary and fecal incontinence, circulatory impairment, or poor nutrition.
4. Limited evidence fails to show a difference between most of the included interventions and nursing care.

Patient Selection:

There were no definitive patient selection criteria for utilization or selection of pressure ulcer support surfaces for patients at risk for pressure ulcer development identified.

Clinician summaries are by their nature summaries of more in-depth reviews. For further information please see the full HRC report at:

http://www.oregon.gov/OHPPR/HRC/EBRTech.shtml#Pressure_Ulcer_Prevention_Tx

Negative Pressure Wound Therapy

Background: Negative pressure wound therapy (NPWT) is proposed to improve outcomes in patients with potentially impaired wound healing.

Reported Contraindications to Negative Pressure Wound Therapy (NPWT) include active bleeding, anticoagulant use, difficult wound hemostasis, exposed vital organs, inadequately debrided wounds, untreated osteomyelitis, necrotic tissue with eschar, malignancy in the wound, or fistulas to organs or body cavities.

Conclusions/Summary of Evidence

Moderate evidence indicates that NPWT improves wound healing in carefully selected patients who have wounds that are refractory to or have failed standard therapies, which are not suitable candidates for surgical wound closure or are at high risk for delayed or non-healing wounds.

Limited fair evidence supports the use of NPWT, as an adjunct to standard wound care, in patients with acute or subacute wounds or wounds that have received skin grafts, when delayed healing or non-healing is likely due to factors such as compromised blood flow, diabetic complications and similar situations.

Insufficient evidence to determine a comparative difference in efficacy/effectiveness for the comparison of NPWT vs. other treatments in the care of open abdominal wounds or partial thickness burns.

Insufficient Evidence: patient selection criteria for NPWT have not been well defined.

Fair evidence (short-term randomized controlled trials and medium to long-term case series and retrospective controlled studies) indicates that, in general, NPWT is a safe technology with only minor, reversible side effects comparable with those experienced with standard wound dressings.

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http://www.oregon.gov/OHPPR/HRC/EBRTech.shtml#Negative_Pessure_Wound_Therapy