

WOUND HEALING AND CRITICAL CARE

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The use of negative pressure wound therapy: Recommendations by the wound healing association of southern africa (WHASA)

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Introduction: Negative pressure wound therapy as a treatment modality is supported by a large body of evidence, including RCTs, cohorts and case series, which have demonstrated the benefits of NPWT in managing chronic and acute wounds. While there is a large body of evidence available on NPWT, even the RCTs are often considered of poor quality, but this has more to do with the known challenges of conducting trials on wound care products usually due, not least of all, to the heterogeneous nature of wounds and patients. This is well known, but such guidelines give greater credence where this “best available evidence” is used with clinical experience, i.e., evidence-based practice.

Problem: As clinical scenarios vary, so do clinical indications for NPWT. Even if it were possible to develop guidelines for the use of NPWT, there would always be cases that fall outside of these guidelines but where its use would be indicated. Similarly, there may be cases for which NPWT is not ideal but that fall within the guidelines for its use. Recommendations embedded in a purely academic perspective might not represent clinical practice and could be problematic to apply in clinical settings.

Purpose: WHASA believes that advanced wound management lends itself toward a genuine “evidence-based medicine” approach, where practitioners should make conscientious, explicit, and judicious use of current best evidence in making decisions about the care of the individual patient. They are integrating individual clinical expertise with the best available external clinical evidence from systematic research. WHASA, as a multidisciplinary organisation incorporating a team approach towards wound healing and the primary resource for healthcare professionals to foster research and education while

advancing wound management, has produced these best practice recommendations to further evidence-based wound care using NPWT in South Africa. These recommendations aim to promote optimum outcomes with NPWT cost-effectively and are the collaboration between wound care specialists across multiple surgical disciplines.

Methods: An expert panel consisting of an interprofessional group of wound care specialists and specialist surgeons were identified. A quick and dirty search of the current literature was done and scrutinised for relevance. Literature assessed for relevance and adapted to the South African (SA) context, drawing from the best available international research and clinical expertise, complemented a South African experience uniquely when making treatment decisions for individual SA patients.

Results: Recommendations follow those of the European Union of Wound Healing Societies and are not the result of a further comprehensive literature review, which had been done extensively for the EWMA guidelines. ([https://ewma.org/fileadmin/user_upload/EWMA.org/Project Portfolio/EWMA_Documents/JWC_EWMA_supplement_NPWT_Jan_2018_appendix.pdf](https://ewma.org/fileadmin/user_upload/EWMA.org/Project%20Portfolio/EWMA_Documents/JWC_EWMA_supplement_NPWT_Jan_2018_appendix.pdf)).

Conclusion: WHASA, therefore, supports the recognition by EWMA that, while the ongoing controversy regarding high-level evidence in wound care, in general, is well-known, there is a consensus that clinical practice should be evidence-based. This can be difficult to achieve due to confusion about the value of the various approaches to wound management; however, we must rely on the best available evidence.

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