

A research roundup of recent papers relevant to wound care

This section brings together information found online and published in other journals about wound healing research. The aim is to provide an overview of the papers selected.

MULTICENTRE RANDOMIZED CONTROLLED TRIAL COMPARING THE EFFECTIVENESS AND SAFETY OF HYDROCELLULAR AND HYDROCOLLOID DRESSINGS FOR TREATMENT OF CATEGORY II PRESSURE ULCERS IN PATIENTS AT PRIMARY AND LONG-TERM CARE INSTITUTIONS

Chamorroa AM, Vidal Thomas MC, Mieras AS et al (2019) *Int J Nurs Stud* 94:179–85

The objective of this prospective multicentre study was to compare the efficacy of hydrocellular dressings with hydrocolloid dressings when used for up to 8 weeks for the treatment of category II pressure ulcers. Patients were recruited from primary and long-term care facilities in Majorca. Category II pressure ulcers were assigned one of the dressings for the duration of the study. Patients were enrolled in the study for 8 weeks, during which the healing of their wound was being monitored. Blinded confirmation of healing was completed by an assessment committee. A total of 169 patients with a pressure ulcer were enrolled (84 received hydrocellular dressings and 85 hydrocolloid dressings). Participants were well matched for gender and the care setting. The results of the study found that the hydrocellular patient group achieved better healing at 8 weeks (90.7% vs. 77.1%, $p=0.039$) and a shorter average healing time (3 weeks vs. 4 weeks, $p=0.015$). At 8 weeks the hydrocellular dressing group had a smaller proportion of ulcers that were unhealed (3.9% vs. 7.1%) and a smaller proportion of ulcers that progressed to a higher category or infection (5.3% vs. 15.7%), although these differences were not statistically significant. This study of patients with category II pressure ulcers indicated that hydrocellular dressings were superior to hydrocolloid dressings in terms of healing at 8 weeks and time required for healing. No cost analysis is presented in the findings. Pressure ulcers affect patient wellbeing and quality of life,

making prevention imperative where possible. Early treatment of causative factors and the ulcer itself can halt progression.

WHAT FACTORS INFLUENCE COMMUNITY WOUND CARE IN THE UK? A FOCUS GROUP STUDY USING THE THEORETICAL DOMAINS FRAMEWORK

Gray T, Wilson P, Dumville J, Cullum N (2019) *BMJ Open* 9(7): e024859

The authors used the theoretical domains Framework (TDF) to structure questions at a qualitative focus group in a community setting in the North of England. Forty-six clinical professionals who cared for patients with wounds and eight non-clinical professionals who were responsible for procuring wound care products participated across six focus group interviews. The analysis of themes suggests the environmental context and resources, knowledge, skills, social influences and behaviour regulation to best explain the variation in wound care and the underuse of research evidence. Financial pressures were perceived as having a negative effect on the continuity of care, the availability of wound care services and workloads. The authors found that practice was based mostly on experiential knowledge, personal preference, highly influenced by colleagues, patients and the pharmaceutical industry, not by research evidence. Research has found unwarranted variation in wound care, with an underuse of evidence-based practice and overuse of interventions with uncertain patient benefit. The study results provide new insights into the role that experiential learning and social influences play in determining wound care and the limited influence current research has, suggesting that it is not translated into clinical practice. Workforce pressures and limited resources are perceived to impede care by reducing patient access to services and the ability to provide holistic care. The authors concluded that closer collaboration between university and healthcare organisations may offer a supportive solution. Implementing new models of care and sustaining changes in practice is linked to a strong and ongoing commitment to research use among clinical professionals.