Wounds UK

Leg washing and periwound care

EXPLAINED

Everything you need to know about but were afraid to ask

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Glossary

ANTIMICROBIAL: An agent that kills microorganisms and limits their growth, so is used to manage infection or reduce infection risk
BUCKET WASHING: Washing and soaking the leg using a bucket of warm water
CHRONIC LEG ULCER: A long-lasting (chronic) wound that takes more than 2 weeks to heal
LEG WASHING: Washing the leg and periwound before dressing a wound
NON-HEALING WOUND: A wound that may have the potential to heal, but is not healing due to patient-related, care-related or environmental factors
OCTENIDINE: An antimicrobial agent used to cleanse the skin
VENOUS LEG ULCER: An ulcer that occurs in the presence of venous disease and is usually located in the gaiter area of the leg (from the ankle to mid-calf)
WASH MITTS: A ready-to-use hand mitt used as an alternative to traditional bucket washing

Effective cleansing of the leg and periwound area

Effective cleansing of the leg and periwound area can have a huge impact on patients' wellbeing and wound healing. Washing a patient's leg is a therapeutic, non-invasive, holistic intervention designed to promote healing and improve patient quality of life (Cooper et al, 2016).

The effective skin care regimen for patients with leg ulcers includes washing (Lindsay, 2007; Lindsay and Stephens, 2008). This has traditionally been done through bucket washing, which involves:

- Soaking the leg in a clean bucket of warm water
- Removing dry scales and wound edge encrustations
- Gently cleansing the leg using soap substitutes
- Thoroughly drying the limb, particularly between the toes (Cooper et al, 2016).

Not all patients are able to wash their own legs and the periwound area, so the simple act of washing, regardless of the setting, should be considered a reasonable component in improving patient quality of life and wellbeing. Leg washing also affords the clinician time to observe the whole limb in detail, and to soften dry and scaly skin to optimise healing (Cooper et al, 2016).

Special attention should be given to periwound management, which may be achieved through effective and gentle cleansing, as promoting periwound health can lead to:

- Improved healing
- Decreased infection risk
- Reduced dressing frequency and associated cost
- Reduced pain and discomfort
- Improved quality of life (Woo et al, 2017).

Patients generally value the washing process, as it may be the only time they get their leg washed, particularly if they have been in compression and might be aware of odour (Cooper et al, 2016). However, leg washing is often not carried out, because there are logistical barriers, the clinician does not have time, or may not be confident with this aspect of care (Lindsay, 2007; Cooper et al, 2016).

The limitations of bucket washing

Leg washing depends on the care environment and it is much easier in some settings than others. With bucket washing, legs are washed in a bucket or bowl and a jug may be used to pour water over the leg. However, these are not always available, or there may not be suitable space to do this safely; plus, filling and carrying heavy buckets of water may be difficult for some clinicians or put them at risk of injury (Cooper et al, 2016). There have been frequent cases of community health staff not being allowed to use a patient's kitchen or being able to access hot water to carry out leg washing (Dhoonmoon and Dyer, 2020).

Depending on the suitability of the environment, there may be increased infection risk due to water quality or potentially contaminated equipment such as bowls or towels. Time constraints can also limit the ability to offer this service on every care visit. Washing the legs of patients can be time-consuming and challenging for district nurses, despite care plans stating that legs should be washed at least once a week (Cooper et al, 2016).

Leg washing in practice

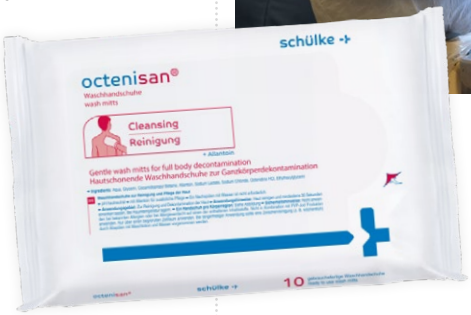
Introducing octenisan® wash mitts

With an ageing population and increasing numbers of leg ulcers, new solutions are needed to reduce the burden on healthcare staff and systems caring for patients.

octenisan® wash mitts are designed for bedside washing of the whole body and are particularly useful for washing individual limbs such as the leg. They are ready-to-use and don't require any water, providing an efficient and convenient way of cleaning and caring for the skin. They are gentle and suitable for patients with fragile skin that is at risk of damage.

In community studies, the wash mitt has met the expectations of patients and clinicians by:

- Promoting good skin care
- Reducing infection
- Improving the quality of patient care.

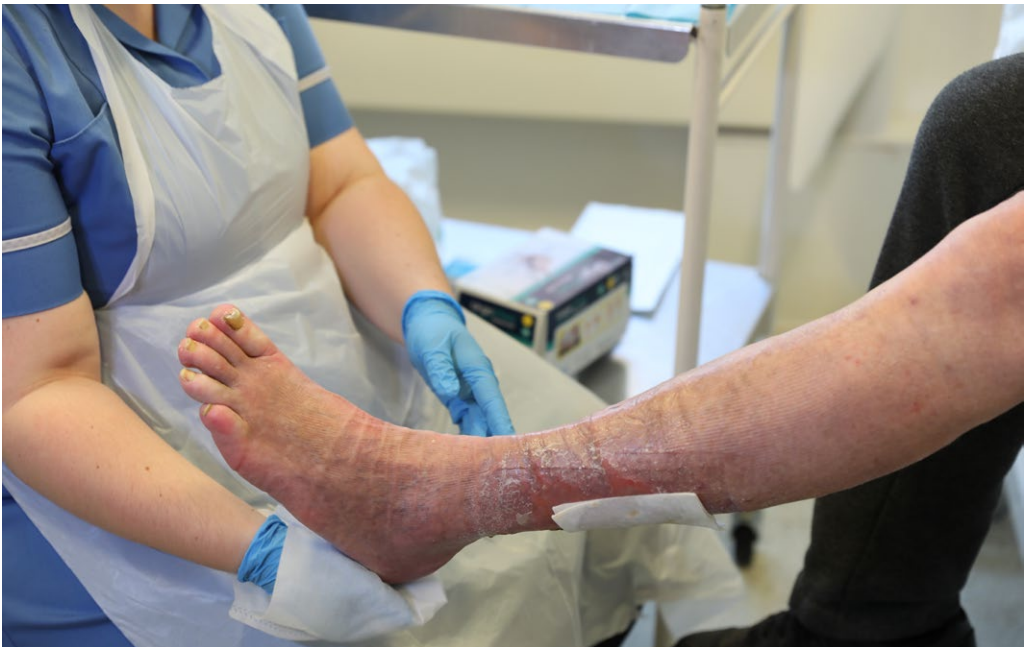


Patients have been shown to prefer wash mitts to bucket washing (Dhoonmoon and Dyer, 2020). In a community study using wash mitts for leg ulcers, patient comments included, 'my skin felt much cleaner' and 'the mitts were better at removing dead and dried skin'.

The same study also showed that using wash mitts to clean the periwound area around venous leg ulcers resulted in a significant reduction in the prescription of antibiotics for wound infection. Additionally, there were no reported cases of *pseudomonas*, which would usually be a common infection in patients with chronic leg ulcers.

Improved communication between patients and clinicians was also reported, with patients becoming notably more engaged in the self-management of their leg.

Unlike washing solutions, which require a leave-on period and then rinsing, octenisan® wash mitts do not need to be rinsed and the skin dries quickly, without leaving any sticky



or unwanted residue on the skin. As well as being a much faster process, the need to pour water over the leg is eliminated. Because the mitts are easily portable and do not require water, it means they can be used anywhere, which will benefit a larger number of patients.

In a 12-month study, staff reported a preference for the wash mitts because of their ease of use and efficacy. Additionally, traditional bucket washing has caused an increasing number of musculoskeletal injuries due to staff carrying heavy buckets of water, resulting in the need for sick leave. In the same study, there were no such injuries following the switch to wash mitts, reducing staff absence levels (Dhoonmoon and Dyer, 2020).

As well as improving patient and clinician experiences, use of the wash mitts may result in overall cost savings, due to:

- Reduced clinician time needed for leg washing
- Reduced incidents of infection and complications
- Improved healing, reducing need for resources
- Reduced levels of staff injury and subsequent absence.

How wash mitts work

octenisan® wash mitts can be used as an alternative to bucket washing. The benefits include:

- Especially gentle to skin
- Ready-to-use, no rinsing required
- Easy application due to practical mitt dimensions
- Colour- and perfume-free
- Broad-spectrum action, capable of tackling multidrug-resistant organisms.

The wash mitts contain octenidine, a broad-spectrum antimicrobial, which has a residual antimicrobial effect on the skin lasting for at least 24 hours, and may result in a better preventative outcome (Brill et al, 2015). Octenidine is effective and well-tolerated, and has been proven in practice to help clinicians to reduce infection risk and improve wound care for patients (Greener, 2011).

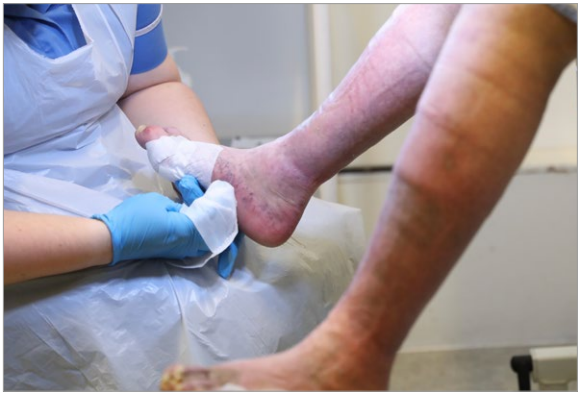
Steps on how to wash the leg and periwound area effectively

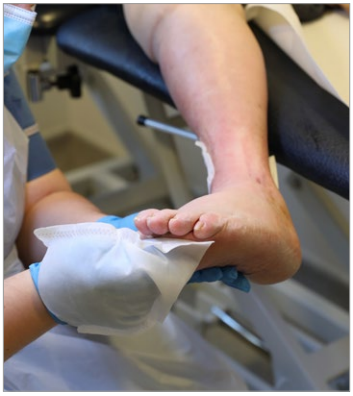
- If needed, the packaging can be heated in the microwave (30 seconds/600 W) or cooled in advance for refreshing washing
- Open the softpack carefully and take out an octenisan® wash mitt
- Clean the skin gently in a circular motion and leave the impregnation solution on for at least 30 seconds
- Make sure the skin is completely moistened, especially between the fingers, toes, and any other skin folds
- Rinsing afterwards with water is not necessary.

Case snapshot

- 70-year-old female patient with multiple recurring infected leg ulcers
- Skin on legs and feet were very wet, with extensive maceration and clear evidence of *pseudomonas*
- Periwound cleansing with wash mitts twice weekly was recommended
- Within a week, the patient reported less green exudate and reduced malodour
- The patient reported 'feeling cleaner than she had for a long time' and the wound bed appeared drier
- The patient's legs were completely healed within 6 months
- When the patient returned to the clinic for assessment, improvement had been maintained and no further infections were observed (Dhoonmoon and Dyer, 2020).

Checklist for leg and periwound care in practice (adapted from LeBlanc et al, 2018; 2021)





- ☐ Has the patient been given an individualised care plan?
- ☐ Has a structured assessment been carried out with a focus on the periwound?
- ☐ Is the patient able to look after their leg and keep it clean?
- ☐ Does the patient need help with washing their leg and the periwound area properly?
- ☐ Is careful monitoring and ongoing assessment of both the leg and periwound skin being carried out?
- ☐ Is the patient encouraged to monitor their own skin for any changes?
- ☐ Have modifiable intrinsic and extrinsic factors been managed to promote and maintain skin integrity in the periwound, minimise damage and support healing?

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