Periwound health: new definition, new recommendations



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I'm delighted to have been invited to present the best practice recommendations on the Prevention and Management of Periwound Skin Complications at this year's Wounds UK conference (LeBlanc et al, 2020). These recommendations were devised by the International Skin Tear Advisory Panel (ISTAP) based on existing evidence and reviewed externally by 14 health professionals from seven different countries including Canada, UK, Brazil, Republic of Ireland, Switzerland, South Africa, and Indonesia. Consensus statements, of which there are 13, had to reach a level of 80% agreement to be included. The statements are summarised and discussed here for information.

The first statement in the document characterises the description of the 'periwound' which is defined as, 'the area around a wound that may be affected by wound-related factors and/or underlying pathology' (LeBlanc et al, 2020). This definition is based on the view that it is often challenging to quantify the periwound area according to proximity/distance. Implicit in the definition is also the need to consider not only the wound but also the underlying pathology in case of other causes that need to be managed.

Why is the periwound important? It is not uncommon for the skin surrounding a wound to be vulnerable to damage. Wound-related factors that can be harmful include exposure to exudate and the matrix metalloproteinases that the exudate contains, also presence of infection, which can lead to maceration, denudement, excoriation, erosion, and skin stripping. Dressing adherence or allergic reactions can exacerbate periwound damage (Bianchi, 2012). The importance of the periwound area is represented in four consensus statements:

- ▶ Periwound damage is a risk factor for delayed wound healing and may increase the risk of wound infection.
- ➤ Healthcare professionals and caregivers/ individuals should manage modifiable intrinsic and extrinsic factors to promote and maintain skin integrity in the periwound, minimise

damage and support healing

- ▶ Not all periwound damage is avoidable
- Exudate management is key to avoiding periwound damage.

Any individual with a wound can experience periwound complications therefore a structured approach to the assessment of risk factors is required. The best practice document sets out 28 risk factors for periwound complications that need to be considered. Factors can be intrinsic or extrinsic as well as modifiable and/or non-modifiable. The key messages are captured in two consensus statements;

- ➤ When caring for an individual with a disruption in skin integrity, those providing care should take a detailed history of the individual's health status (including a head-to-toe skin assessment), with a particular focus on the periwound
- ➤ A structured wound assessment should include the integrity of the periwound.

Actions to prevent complications in the periwound area should be taken into consideration and be based on the best available evidence. Drawing on existing and established clinical practice, the benefits of wound and periwound skin cleansing should be considered, being mindful of the solution and technique used. Of equal importance is judicious dressing selection, the recommendations for which are based on the World Union of Wound Healing Societies guidelines (WUWHS, 2019). Assessment of the periwound should be undertaken at each dressing change as should the consequences of changing risk factors, which should be managed appropriately. These preventative aspects are summed up in two of the four consensus statements. The other two statements related to prevention highlight the need for antimicrobial stewardship as well as an interdisciplinary team approach. A key consideration is collaboration with a specialist if periwound damage is complex, beyond a health professional's knowledge and skill, or persists despite practice interventions.

The final section of the recommendations focuses on the need for increased awareness and education on the periwound. Education should include not only health professionals, but also patients and relatives/carers, the context for which relates to the overall importance of skin integrity. The suggestion is that 'periwound health' should be incorporated into existing wound care programmes and healthcare quality improvement strategies. The final consensus statement acknowledges that further research is required to fully understand the impact periwound skin health has on wound healing and infection control.

Overall, the document aims to raise awareness of issues relating to the periwound and to enable all

clinicians to consider the periwound appropriately when managing wounds. Our hope is that the recommendations are implemented into clinical practice to minimise the risk of periwound complications and improve outcomes.

REFERENCE

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