

Challenging the status quo: Prioritising patient comfort and holistic outcomes in cavity wound care

This follow-up article builds on the call to challenge traditional cavity wound management by prioritising patient comfort and holistic outcomes. It offers guidance on communicating treatment options to patients while illuminating their lived experiences and perspectives in navigating these challenges.

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The first article in this series explored cavity wound management from a clinical perspective, examining treatment approaches, case outcomes and practitioner insights (Kingston, 2025). While that focus provided essential grounding in evidence-based practice, the patient experience is often overlooked in traditional wound care and warrants equal attention. Healthcare systems today face rising demands: cost pressures, workforce capacity constraints and increasingly complex wounds (Guest et al, 2020). Yet amid these systemic challenges, understanding the patient's perspective and involving them in treatment decisions can significantly improve adherence, self-management and healing outcomes (WUWHS, 2020).

Pain is not merely a clinical symptom to manage; it is a lived experience that profoundly affects quality of life. For patients with cavity wounds, pain during dressing changes, the frustration of stalled healing, and the emotional toll of prolonged treatment can be as debilitating as the wound itself (Price et al, 2008; Redmond et al, 2025). This article shifts the lens to explore cavity wound management through the patient's eyes, examining how treatment choices impact comfort, dignity, independence and overall recovery. In doing so, it challenges traditional fibre-based approaches and considers how newer options, such as enzyme alginogels like Flaminal® (Flen Health), may enhance patient-centred care, particularly where reducing dressing-related pain and treatment burden is a priority.

Understanding cavity wounds: the patient's perspective

Cavity wounds can develop from a range of underlying causes. Common types include surgical wound dehiscence, pressure ulcers, diabetic foot ulcers, venous leg ulcers and traumatic wounds (Guest et al, 2020). Cavity wounds are characterised by tissue loss extending beneath the skin surface, creating

hollow pockets that pose unique management challenges (Wounds UK, 2025). From a clinical standpoint, these wounds require careful assessment of depth, undermining, exudate levels and infection risk (Kingston, 2025). However, for patients living with cavity wounds, the experience extends far beyond these measurable parameters.

Patients frequently report frustration when wounds fail to progress as expected (Goodridge et al, 2006; Rosenberg et al, 2023). This emotional response is not uncommon; chronic wounds are associated with significant psychological impacts including, anxiety, depression, loss of independence, and social isolation (Gray et al, 2019; Probst et al, 2023). The inability to participate in normal activities, concerns about wound appearance and odour, and the constant reminder of illness can profoundly affect mental wellbeing.

Physical discomfort compounds these emotional challenges. Pain during dressing changes is particularly distressing. In an international survey of over 2,000 patients with chronic wounds, more than 30% experienced dressing-related pain most or all of the time, with approximately 60% reporting that it took longer than one hour for pain to subside after dressing changes (Price et al, 2008).

These lived experiences underscore an important reality: cavity wounds are not simply clinical problems requiring technical solutions. They are profound disruptions to daily life that demand a holistic, patient-centred approach. When patients experience less pain and feel empowered to participate in their own care, healing outcomes improve (WUWHS, 2020; Costello and Pranjic, 2024).

Recognising the impact of cavity wounds on both physical and psychological wellbeing is essential to delivering patient-centred care. Asking open, patient-focused questions can help clinicians better understand individual concerns, experiences and support needs [see Box 1].

Key words

- Cavity wounds
- Case study
- Flaminal®

Declaration of interest

The article has been supported by an educational grant from Flen Health®.

Management approaches: shifting toward patient-centred solutions

Traditional cavity wound management has relied heavily on fibre-based ribbon dressings, with clinicians employing a “packing” technique to fill dead space and manage exudate (Timmons and Johnstone, 2022). While this approach has clinical rationale by preventing premature closure and supporting healing from the base upward, it presents significant challenges from the patient perspective. Ribbon dressings require careful placement to avoid overpacking, which can cause excess internal pressure and lead to ischemia and delayed granulation (Vowden, 2016; Timmons and Johnstone, 2022; Wounds UK, 2025). Patients frequently report discomfort during both application and removal, particularly when fibres adhere to the wound bed or surrounding skin (Price et al, 2008). Daily dressing changes increase the burden on both patients and healthcare services.

Newer alternatives, particularly products such as Flaminal® Forte and Flaminal® Hydro, offer a fundamentally different approach, as they come as dressings in a tube that can conform to any wound bed shape and fill dead space. These enzyme alginogels combine three key functions:

- Antimicrobial protection through a patented enzyme system (glucose oxidase and lactoperoxidase), which can destroy a broad spectrum of microbes absorbed in Flaminal® (De smet et al, 2009)
- An alginate base that absorbs excess exudate
- Support for continuous autolytic debridement.

The formulation allows direct application into cavity wounds without requiring internal packing, eliminating the risk of overpacking-related complications (Costello and Pranjić, 2024; Wounds UK, 2025).

From a patient-centred perspective, these characteristics translate into tangible benefits. The conformability of enzyme alginogels means they can adapt to irregular wound architecture without creating internal pressure. Application and removal are typically less painful than with traditional ribbon dressings (Costello and Pranjić, 2024). Most significantly, the ease of application enables patient self-management in appropriate cases. A recent case series demonstrated that 85% of patients in acute settings became independent in wound management when treated with Flaminal®, with 70% of patients across both acute and community settings able to self-care or share care with healthcare professionals or family members (Costello and Pranjić, 2024).

This shift from clinician-dependent to

Box 1. Questions to ask your patient

- What concerns you most about your wound right now? Would it be the pain, healing time or managing it yourself?
- Do you experience pain from the wound itself (in situ) or mainly during dressing changes?
- How does your wound affect your daily activities and quality of life?
- Do you experience any pain or discomfort, especially during or after dressing changes? If so, how would you describe it?

patient-enabled care has implications beyond convenience. When patients can participate in their own wound management, they often experience improved psychological wellbeing, a greater sense of control and enhanced quality of life (Matsuzaki and Upton, 2013; WUWHS, 2020). Moreover, dressings such as Flaminal® can be used in combination with negative pressure wound therapy when needed, offering versatility that rigid ribbon dressings are unable to provide (Flaminal® Instructions for Use, 2021; Kingston, 2025).

The fundamental question shifts from “Will this work clinically?” to “Will this deliver optimal outcomes within the context of the patient’s daily life?”

Effective cavity wound management must balance clinical efficacy with patient experience, considering not only healing trajectories but also pain levels, treatment burden, the ability to self-care, and the impact on daily activities. When healthcare professionals engage patients in these discussions, treatment choices become collaborative rather than prescriptive, potentially improving both adherence and outcomes (WUWHS, 2020).

Reflective practice is essential to support patient-centred care. Clinicians should consider both the clinical evidence and the individual patient’s experience when planning wound management strategies. **Box 2** provides questions to guide professional reflection, while **Box 3** offers prompts to explore the patient’s perspective directly.

Evidence in action: empowering patients through versatile dressings

A case series by Costello and Pranjić

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More information on Flaminal® can be found by scanning the QR code above

Box 2. Reflective questions for practice

- Am I choosing this dressing based on current evidence and patient needs, or out of habit?
- Does this treatment approach support the patient's ability to self-care and maintain independence?
- What would 'successful treatment' look like from this patient's perspective?

Box 3. Questions to ask your patient

- How would you feel about a treatment that is easier to manage yourself, even if it is different from what you've had before?
- What would make dressing changes less stressful or more comfortable for you?
- What matters most to you during this wound journey?
- What do you feel confident doing on your own when it comes to caring for your wound, and where would you like more support?
- How important is it for you to participate in your own wound care?

(Costello and Pranjic, 2024) provides compelling evidence for the patient-centred benefits of enzyme alginate dressings in cavity wound management. The retrospective review examined 30 patients across acute and community healthcare settings in Ireland, with 15 patients selected from each setting. All patients were treated with Flaminal® Hydro or Flaminal® Forte as the primary wound dressing over a 12-week monitoring period.

The study assessed outcomes using validated measures including visual analogue scale (VAS) pain scores, tissue type documentation, exudate management, time to wound closure and supported self-care metrics. Patients presented with diverse wound types

including post-surgical dehiscence, leg ulcers, pressure ulcers and moisture damage. In the acute setting, all patients were treated with the primary aim of achieving complete wound closure, while in the community setting, three patients had symptom management rather than complete closure as their treatment objective.

Pain reduction was the most striking finding. Average VAS scores decreased dramatically from 9.4 out of 10 prior to commencing Flaminal® to 0.6 out of 10 by the end of the 12-week period. Critically, after just four weeks of treatment, VAS scores had decreased by 6.9 points to an average of 2.5 out of 10 [Figure 1].

All 30 patients (100%) experienced pain reduction, with the majority showing marked improvements by weeks 2–3. Pain reduction was documented as a primary objective in 53% of patients, yet even those where pain was not the primary focus experienced relief.

Self-sufficiency and independence improved dramatically. In the acute setting, 85% of patients became independent in wound management throughout the treatment period [Figure 2], a finding that healthcare professionals documented led to increased independence and reduced anxiety.

Across both settings, 70% of patients were able to either self-care or share care with healthcare professionals and family members [Figure 3]. This shift reduced nursing time requirements while enhancing patient ownership of their wound management.

Reduced dressing frequency provided another quality-of-life benefit. Many patients started with daily or alternate-day dressing changes, reducing to every 3–4 days as treatment progressed. Notably, 17% of patients reduced dressing frequency after only two weeks of treatment, 15% after three weeks, and

Average pain scores decreased substantially during treatment with Flaminal®, from 9.4 at baseline to 2.4 at week 4 and 0.6 by week 12.

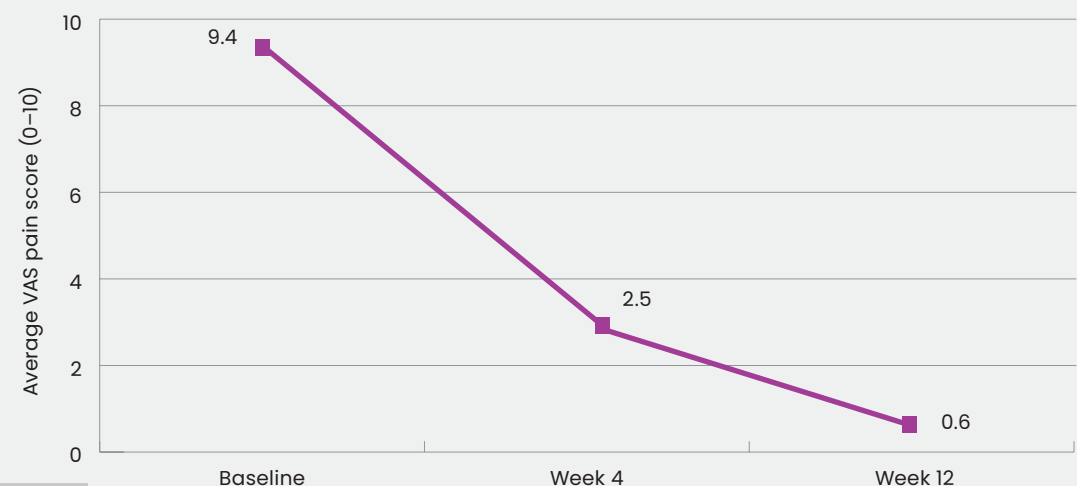


Figure 1

Figure 1. Pain reduction over the 12-week treatment period.

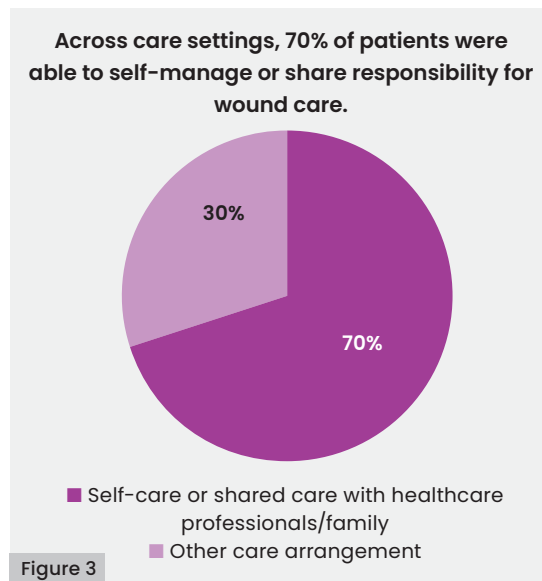
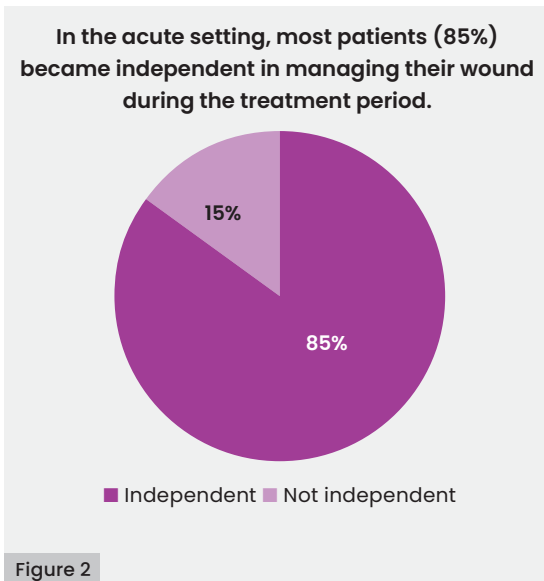


Figure 2. Patient independence in wound management (acute setting).

Figure 3. Patient participation in wound care.

10% after four weeks [Figure 4]. This reduction decreased treatment burden while maintaining clinical effectiveness.

Case studies: lived experiences from real patients

The following three cases, detailed clinically in the first article of this series (Kingston, 2025), are revisited here through the patient experience lens. Each case illustrates how treatment choice profoundly impacts comfort, dignity and healing trajectory.

Case 1: "I just want my wound to heal" – from frustration to relief

A 75-year-old woman developed partial wound dehiscence following an emergency laparotomy with ileostomy formation. Initial treatment involved daily packing with a fibre-based ribbon dressing over eight weeks. During this period, she reported "aching, mild pain present [at the] lower abdominal surgical

site" and expressed feeling "frustrated that her wound appears static." Despite daily clinical attention, her wound actually worsened, with increasing depth and new undermining developing between the two original dehiscence sites. Documentation from the final acute community team visit noted that the alginate rope dressing had "become gel-like and stuck to the base of the wound," making removal difficult and highlighting both patient discomfort and clinical challenges with the chosen approach.

Following referral to tissue viability services, the treatment regimen changed to Flaminal® Forte in combination with negative pressure wound therapy. The patient's experience transformed. She reported "no discomfort" from the new regimen, found the system "easy for her to use," and remained "happy and impressed" with her progress. Later visits documented her as being "pleased" with continued wound development. Within one week of starting the

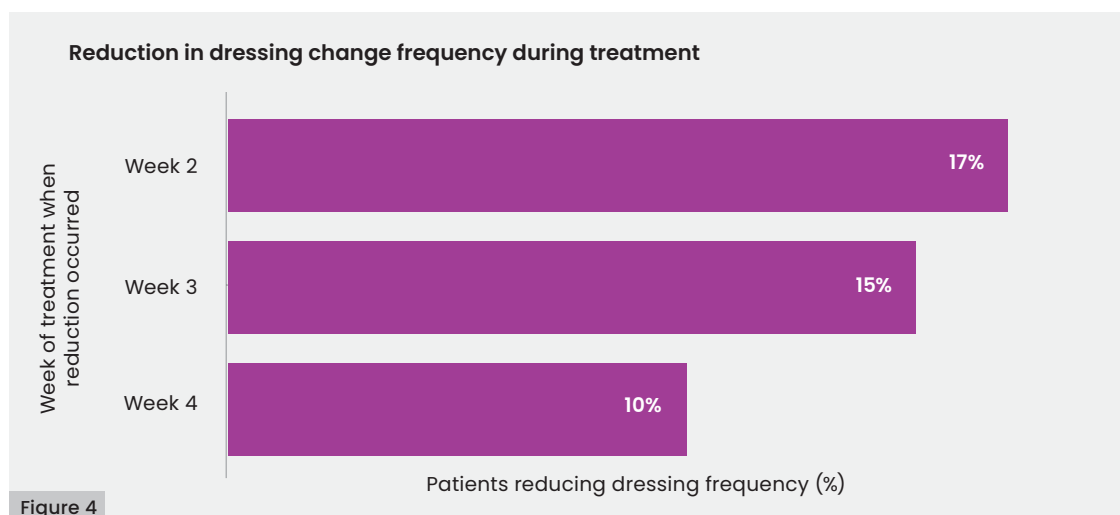


Figure 4. Timing of reduction in dressing change frequency during treatment. Dressing frequency decreased in 17% of patients by week 2, 15% by week 3 and 10% by week 4.

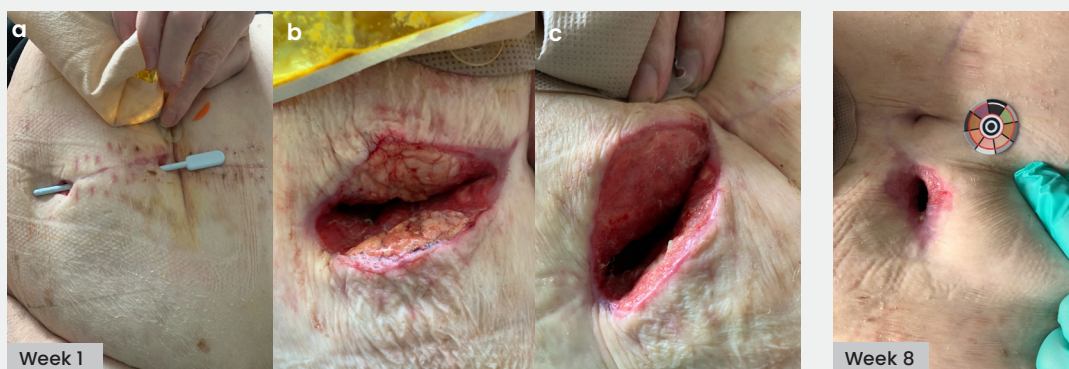
reduced by 22%, with visible granulation tissue. Complete healing was achieved by week 17.

The contrast is stark: eight weeks of daily ribbon packing resulted in wound deterioration, persistent pain and patient frustration. Once internal dressings causing pressure were removed and an enzyme alginogel approach was adopted, the patient experienced both physical healing and emotional relief. Visit frequency reduced, allowing greater independence, and she was ultimately “extremely grateful” to “move on with her life with no limitations.”

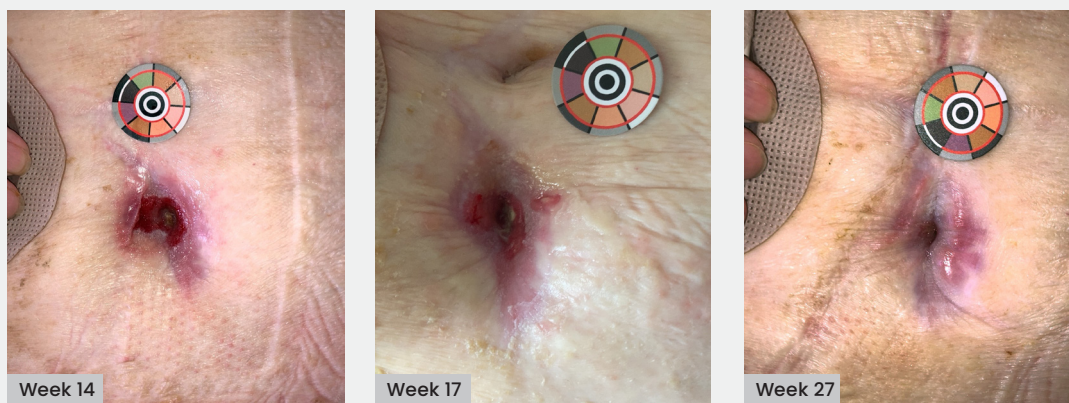
Case 2 – “It felt undignified” – regaining control and comfort

A 71-year-old woman was referred to community nursing following emergency abdominal surgery with ileostomy formation. Two open cavity wounds on her abdomen were identified at the initial community visit. Early management involved daily application of fibre-based rope dressings. The patient reported “a great deal of discomfort when ribbons were being put in place” and described the practice as “undignified.” This language is telling: beyond physical pain, the treatment method affected her sense of personal dignity.

Case 1 – “I just want my wound to heal” – from frustration to relief



a. Wound at initial assessment; b. Wound at initial assessment following surgical opening; c. Wound at initial assessment following debridement



Case 2 – “It felt undignified” – regaining control and comfort



new regimen, her wound circumference had reduced by 22%, with visible granulation tissue. Complete healing was achieved by week 17.

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Despite daily dressing changes over the first two weeks, the wounds remained static, with persistent undermining and poor periwound skin condition. By week 2, documentation noted extensive undermining (15cm at 12 o'clock in the upper wound), suggesting internal tissue damage from ribbon placement. When Flaminal® Forte monotherapy was trialled in week 3, applied directly into the cavity without internal packing, measurable improvement occurred within days. The wounds became “too narrow” for ribbon placement, indicating that natural wound contraction was occurring without internal resistance.

A brief reintroduction of rope dressing in

week 4 coincided with wound stagnation. Once Flaminal® Forte monotherapy was reinstated, healing resumed rapidly. By week 7, both sites were fully healed. Reduced discomfort meant greater dignity during care, and faster healing meant quicker return to normal life. This case underscores that patient dignity matters, when treatment respects both healing needs and patient comfort, outcomes can also improve.

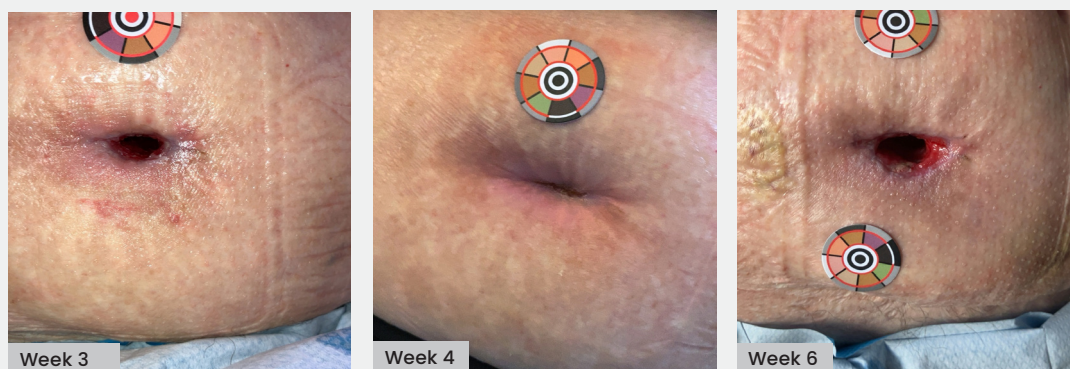
Case 3 – “The discomfort was getting worse” – finding a balanced approach

A 72-year-old woman with a background of hypertension and hypercholesterolaemia was referred to community nursing services following an elective ileostomy reversal. Although the hospital discharge summary stated that there were no complications and included instructions for daily wound care, the patient presented with a cavity wound measuring 3cm in depth and 4cm of undermining. The wound had been packed with ribbon dressing on discharge and was initially re-dressed in the community using the same approach, secured with an adhesive secondary dressing.

In the first week post-discharge, the dressing regimen involved twice the volume of ribbon packing compared to the initial hospital application, although the rationale for this escalation was not recorded. By day 6, the wound remained 3cm deep with unchanged undermining. A swab result subsequently revealed a heavy growth of *Escherichia coli* and oral antibiotics were prescribed. Despite this, wound width increased to 2.5cm and surrounding tenderness escalated, prompting concerns about dressing-related tension. Minor periwound trauma was noted and several potential suture remnants were observed at the wound edge.

After over a week of static healing and increased discomfort, a thinner ribbon dressing was trialled alongside a switch to negative pressure therapy. Within two days, the wound

Case 3 – “The discomfort was getting worse” – finding a balanced approach



area reduced from 2.8cm² to 2.5cm² and undermining decreased to 3cm. The wound continued to progress rapidly over the next two weeks, with depth reducing to 2cm, undermining resolving and external measurements dropping to 1.1cm². At this point, the dressing regimen involved negative pressure therapy without internal packing.

Although brief reintroduction of internal filler led to a minor increase in undermining, once the wound was again managed without internal dressings, healing resumed. The site eventually healed fully by week 7 and the patient was discharged from care. This case highlights how reducing internal dressing bulk in cavity wounds, particularly where infection or tension is present, can relieve pressure, enhance patient comfort and accelerate healing.

Summary: prioritising patients for better outcomes

The evidence presented throughout this article demonstrates that patient-centred cavity wound management is not merely compassionate—it is clinically effective. When treatment reduces pain, supports self-care, and respects patient dignity, healing outcomes improve alongside quality of life.

The case series by Costello and Pranjinic (Costello and Pranjinic, 2024) provided compelling quantitative evidence: 100% of patients experienced pain reduction with marked improvements by weeks 2–3, 85% self-sufficiency in acute settings, 70% able to self-care or share care across both settings, and reduced dressing frequency freeing both patients and healthcare resources. Individual cases illustrated these statistics in human terms: patients able to drive to appointments, play golf, tolerate compression therapy and resume normal activities not despite their wounds, but because their treatment supported rather than hindered their lives.

The three detailed cases from clinical practice (Kingston, 2025) reinforced this message. Ribbon-based approaches, while clinically rational, frequently resulted in patient reports of pain, frustration, and indignity. Phrases like “frustrated that her wound appears static,” “undignified,” and “increasingly tender” reveal the human cost of treatment choices. In contrast, enzyme alginogel dressings enabled descriptions like “no discomfort,” “easy for her to use,” and “able to move on with her life with no limitations.”

From a health system perspective, patient-friendly approaches offer economic benefits through reduced visit frequency, decreased nursing time requirements, and faster healing trajectories (Kingston, 2025; Costello and Pranjinic, 2024). When patients can self-manage or share care with family members, healthcare resources

stretch further. When pain is minimised, costly complications like treatment avoidance or hospital readmission decrease (Upton et al, 2012). When wounds heal faster, total treatment costs decline despite potentially higher unit costs for advanced dressings.

The challenge to the status quo, therefore, is clear: clinicians must expand their decision-making framework beyond “What will heal this wound?” to include “How will this treatment affect this patient’s life?” This requires:

- Asking patients about their experience and preferences, not just their wound characteristics
- Critically examining whether treatment choices reflect current evidence and patient needs, or simply ingrained habits
- Considering patient comfort, dignity and independence as clinical outcomes worthy of measurement
- Being willing to reconsider traditional approaches when they cause unnecessary discomfort or limit patient participation
- Supporting patient self-care through selection of treatments that enable rather than prevent independence.

The evidence shows that when we prioritise patient comfort, clinical outcomes follow. Enzyme alginogels like Flaminal® exemplify how innovative approaches can support this broader shift toward patient-centred cavity wound management, supporting patient comfort and enabling a safe and easy-to-use option for self- or shared care. What is essential is the adoption of solutions that address not only the wound itself but also the needs and experiences of the person living with it.

By listening to patients, involving them in decisions, and adapting our approaches to support their goals and preferences, we can achieve better healing outcomes while respecting dignity, autonomy, and quality of life. In challenging the status quo, we acknowledge that the most sophisticated clinical knowledge must be tempered by compassion, and that truly excellent care recognises the patient as an expert in their own experience. ●

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