

# Wound Care

And The Tie-Over Bandage

# OR

# What the heck do I do with this

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Emergency Clinician  
Medical Director  
MedVet Toledo

# House Keeping FYI

- Current hours
  - Still closed Tuesday /Wednesdays
  - Watch for weekly updates
- Dr. Brouwer- radiologist
  - Available for outpatient US
  - Wednesdays
- New Computer System
- Hey ...
  - we have available shifts if you want to give ER a whirl!



# WOUNDS

- The most common type of wound we see
  - Dog bite wounds
  - Traumatic
    - Vehicular
    - Lacerations
    - Abscesses



# What to do ???

- Considerations

- Type of wound
  - In that golden period?
  - Older
  - Contain everything but the kitchen sink
- Location of wound
  - Extremity VS trunk
- Cost concerns
  - We have to be as transparent as possible

- Golden period
  - 6-8hr after injury
  - Minimal trauma/contamination/inflammation
- Older & Kitchen Sink
  - Consider options
  - More coming up
- Bandaging



# Lavage, lavage and more Lavage.....



Maybe not quite this much....

# ER CONSIDERATIONS (for nonbite wounds)

- Providing options for your clients
- Clean wound
  - Simple
    - Clip/clean/staple
      - +/- topical lidocaine
      - Pain control
      - Hydromorphone / Acepromazine
  - Larger but clean
    - DKT ( Dexmedetomidine/Ketamine/Butorphanol w/ atipamazole)
    - Clip /clean
    - Suture or staple
- Typically
  - Dilute Chlorhexidine solution ( 60ml / gallon water)
  - Copious Sterile Saline



# Bite Wounds / Dirty Wounds

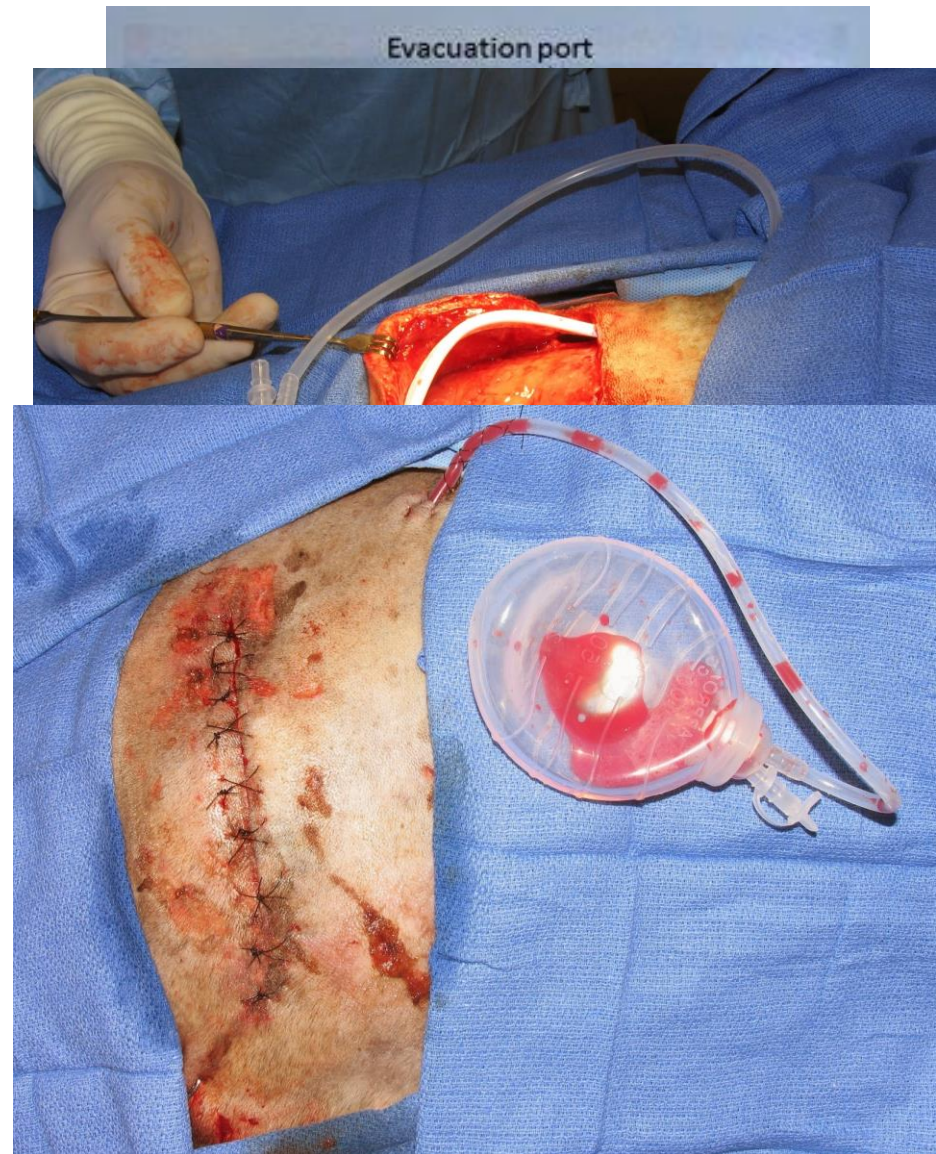
- More than meets the eye
  - More damage
  - Inherently dirty
- Leave open
- Heal from inside out
- Considerations
  - JP Drains
    - Why would you choose these?
    - Cost
    - Convenience
    - Expectations
  - Tie Over bandages





# Jackson Pratt Drains

- Best for large areas of dead space
- If owner is unable to commit to daily bandage changes
- Have to be clear on expectations
- Air tight seal
- Stockinette/Coat
  - Attach grenade
- Client education
  - How to manage at home
  - Drain log
  - Copies available via email



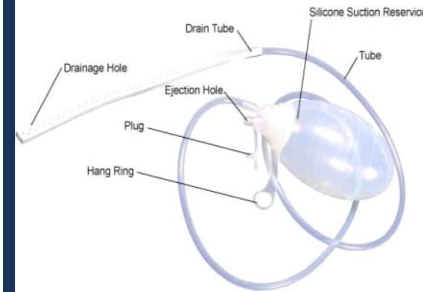
# Client Documents

## JP Drain Log

| Time | Date | Amount | Color/Clarity |
|------|------|--------|---------------|
| AM   |      |        |               |
| PM   |      |        |               |
| AM   |      |        |               |
| PM   |      |        |               |
| AM   |      |        |               |
| PM   |      |        |               |
| AM   |      |        |               |
| PM   |      |        |               |
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| AM   |      |        |               |
| PM   |      |        |               |
| AM   |      |        |               |
| PM   |      |        |               |
| AM   |      |        |               |

## Client Education

### How to care for a Jackson-Pratt Drain



A Jackson-Pratt Drain (also called a JP drain) is a closed-suction medical device that is commonly used as a post-operative drain for collecting bodily fluids from surgical sites. The device consists of an internal drain connected to a grenade-shaped bulb via plastic tubing. The purpose of this drain is to prevent buildup of fluid inside a closed space, which may cause disruption of the wound and the healing process or become an infected abscess. The bulb can be emptied and the fluid can be measured. The fluid inside usually starts out looking bloody with possible small clots and as the body heals, the fluid may change to light pink, light yellow, or clear. The drain stays in place about 3-5 days until the amount of fluid coming out is decreasing. You can schedule a drain removal with your regular veterinarian as the drainage diminishes or as otherwise directed. Depending on how much fluid drains from the surgery site, you will need to empty the bulb every 8 to 12 hours. Before leaving the hospital, you should be shown how to:

# Why tie overs?

- Easy to place
- Fast procedure
  - relatively
- Great for certain locations
  - Or highly movable areas
- Allows for daily monitoring of wound debridement
- Can eventually replace without sedation
- Movement is not restricted



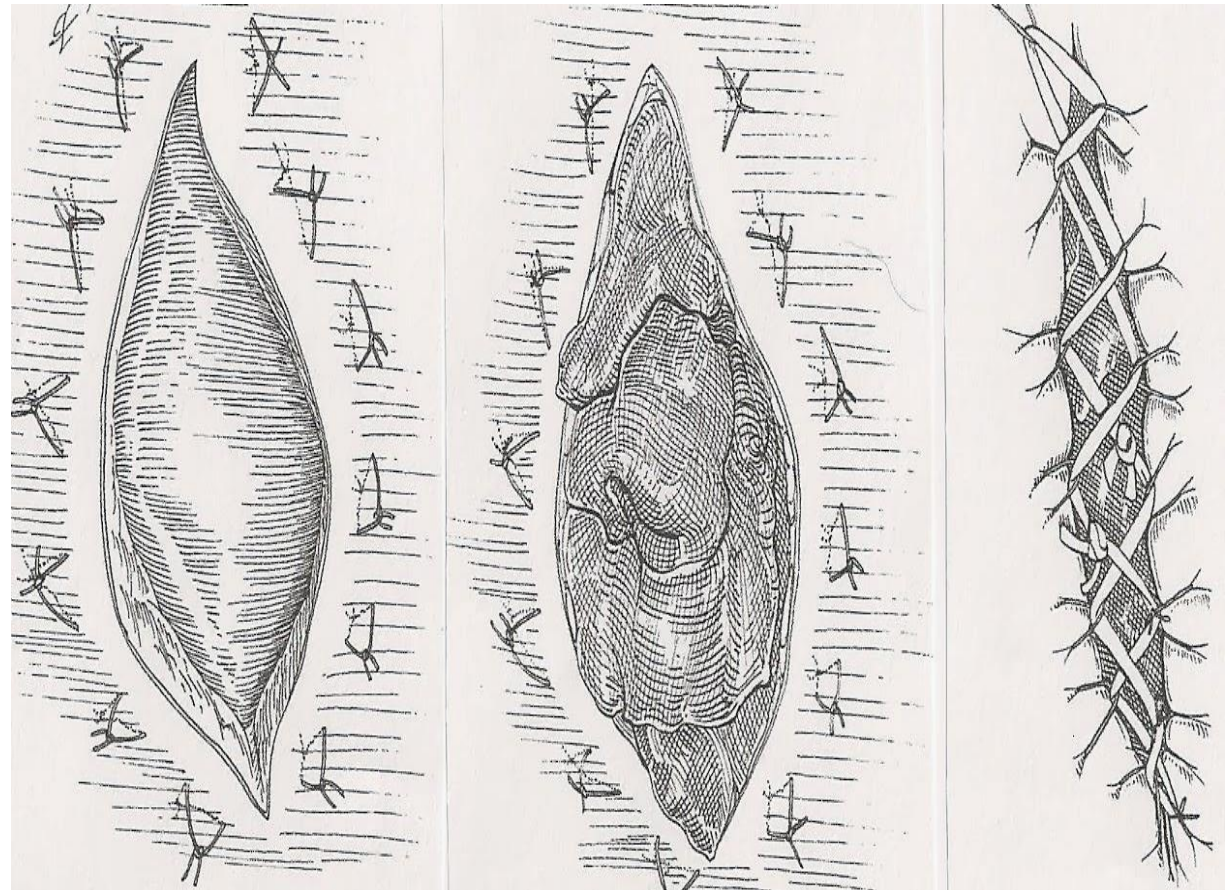
# Hershey: 8mo Lab; attacked by 2 dogs

- Stabilize the patient initially
  - Pain control
  - Injectable broad spectrum Abx
    - Unasyn
    - We do not always jump to enrofloxacin
  - Clean/cover wounds if able
- Once stable
  - Anesthesia
  - Extensive clip and clean
  - Explore wounds
  - Decide on best course of action
- To be fair....
  - Would likely refer this ....
- Photos courtesy of Stephen Birchard DVM , MS, Diplomate ACVS



# What do you need ?

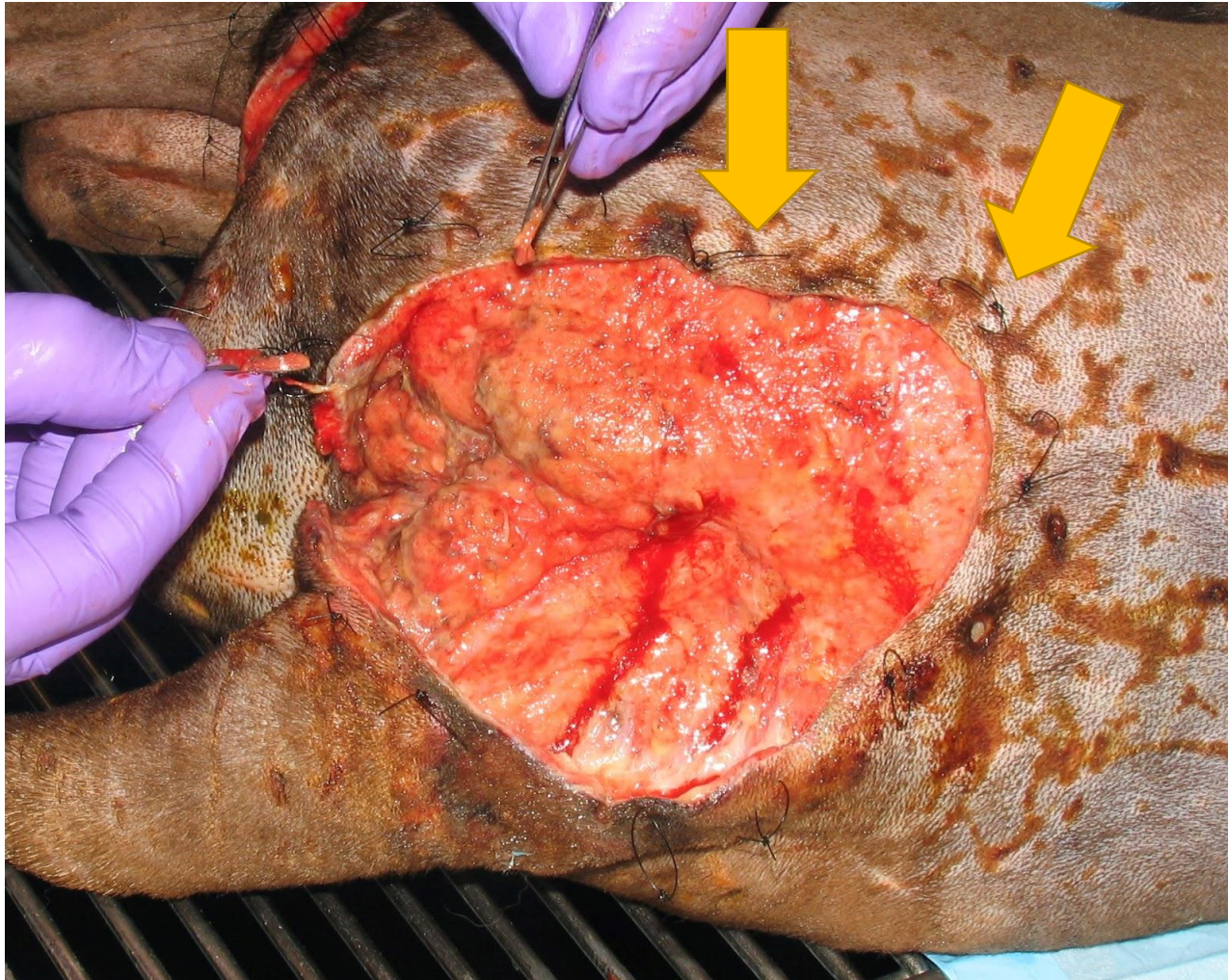
- Suture
  - 2-0
- Gauze
  - Or Lap sponges
- Saline
  - LOTS
- Sugar
- Honey
- Umbilical tape
- Surgical drape



# Hershey



- Wound exploration
- Copious lavage
- More lavage
- Debride
- Place holding sutures
- Pack wound
- Lace up
- Debride wounds- Daily



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- More lavage
- Debride
- **Holding sutures**
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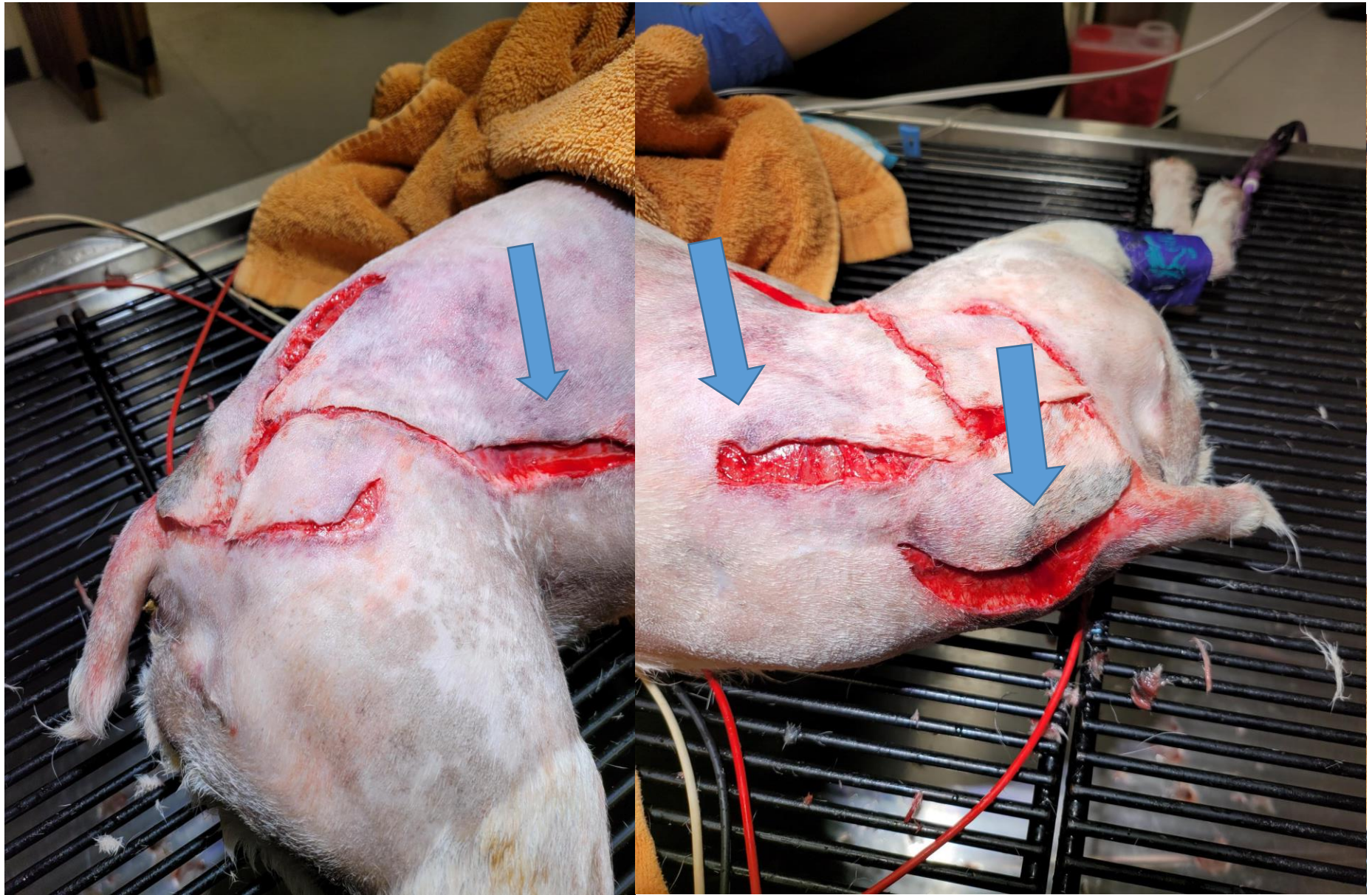
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# What about Sugar?

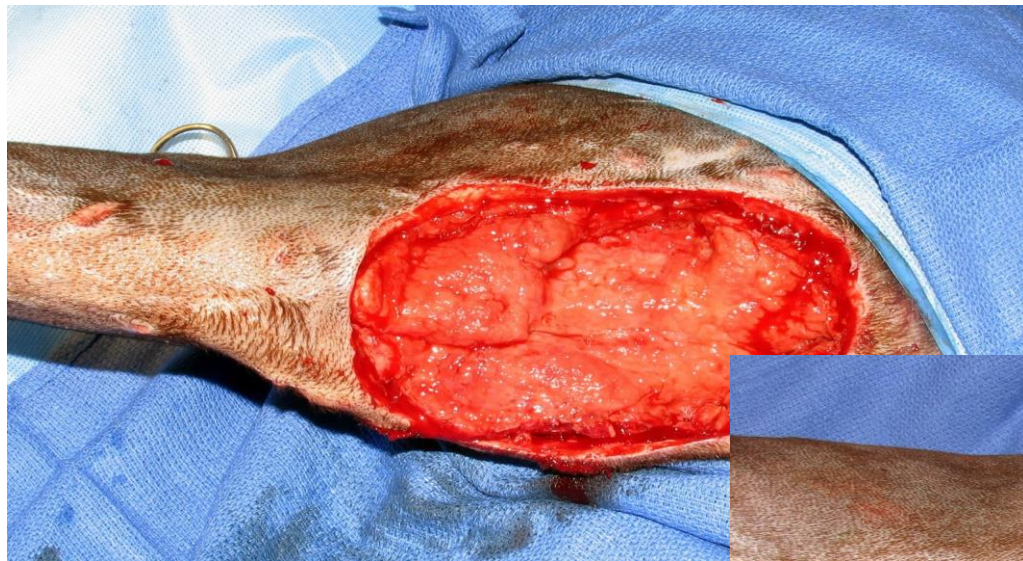
- Absorbent
- Antibacterial
- Promotes healthy granulation tissue
- Soaks up contaminated fluids
- Inexpensive
- Honey works well too!
  - Manuka medical grade
- Do not close wound with sugar in place
  
- Hershey got sugar too!





# Getting back to Hershey

- Thigh wound
  - 14days into healing
- Thigh wound closed



# Recovery continues

- Dorsal wound 21days into healing



- Closed with an advancement flap

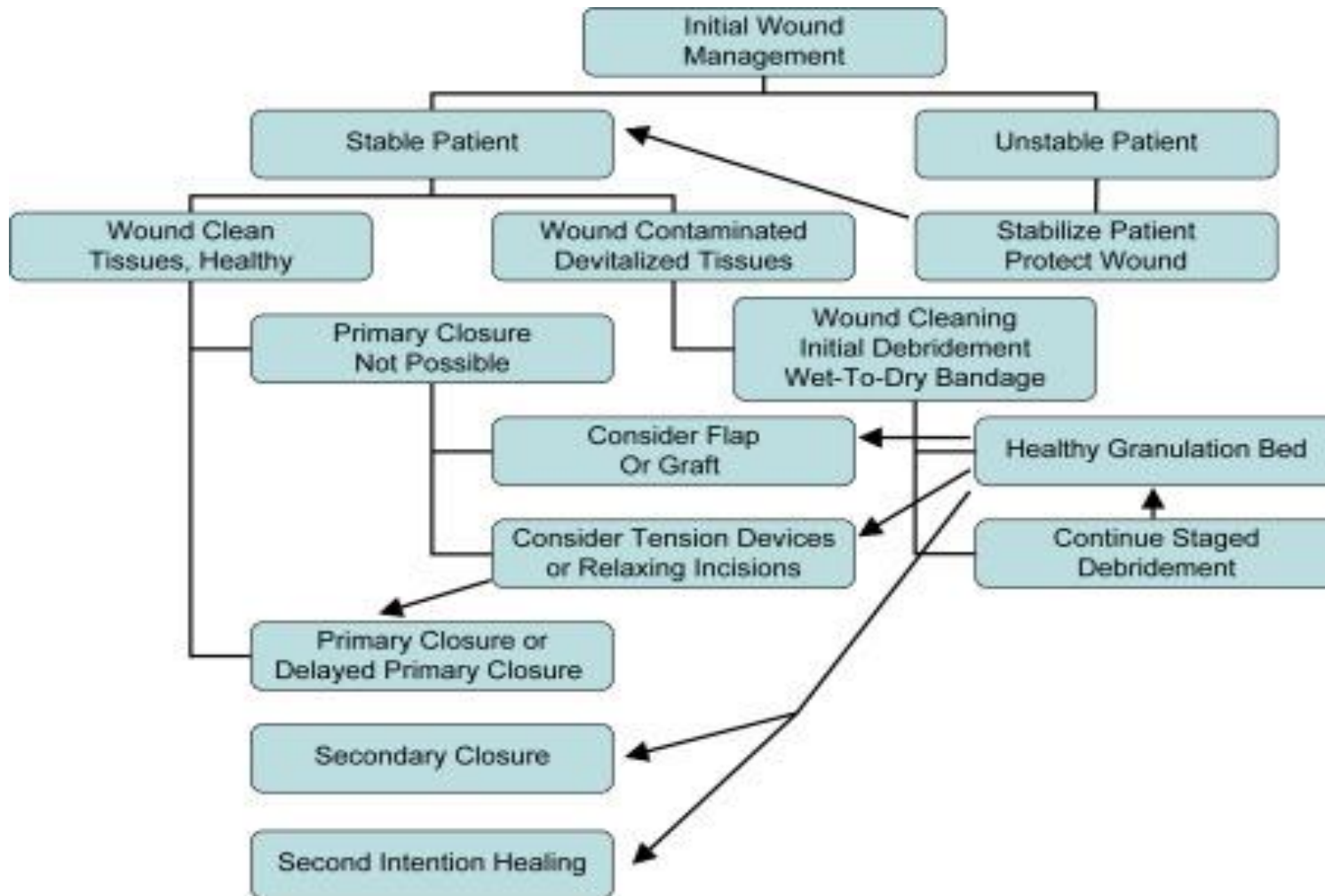


# Hershey several months later





# Wound Care Flow



# Few more FYI

- Dr. Stephan Birchard
  - Veterinary Key Points Blog
  - Many helpful articles!
- Specialty Consults
  - MedVet Specialty availability