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Wound Care: A Common Industrial Injury

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Open wounds are common industrial injuries seen across professions. When a patient arrives for evaluation and treatment of the wound one of the first questions the clinician will address is if the wound needs to be closed or not. Various factors contribute to the clinician's decision including depth of the wound, size of the wound, location of the wound, avulsion or irregularity of tissue, and medical history of the patient. If sutures are indicated it will allow the wound to heal faster, have lower risk of infection, and leave less of a scar.

At the initial evaluation the clinician will also determine if a tetanus vaccine is indicated or not. Tetanus infection is contracted by bacteria that live in dirt, and can potentially lead to death. Tetanus vaccinations are recommended every 10 years for a simple, clean, minor wound, and every 5 years if the wound is notably contaminated or severe.

Whether the wound has been sutured, stapled, or is left to heal on its own, the associated wound care is the same. The basic rule of thumb is wounds are to stay clean and dry. That being said, personal hygiene still has to happen and it is not always feasible to keep the wound dry for this. Soapy water while showering or hand washing is not a problem, but it is recommended to wait 24-48 hours to do so, and be sure to allow the wound to thoroughly dry out after. Do not submerge wounds - no baths, no swimming. When in a clean, controlled environment it is recommended to leave the wound undressed to allow for it to air out and prevent maceration. Otherwise, the wound should be covered with a simple Band-Aid or non-adherent dressing, changed 1-2 times a day, and always remain clean and dry. During dressing changes it is imperative to check the wound for signs of infection. These include redness, swelling, warmth, drainage, increased pain, fevers or chills. If any of these develop the patient should seek immediate medical evaluation.

Irrigation is key for prevention of infection and usually done in office using saline. Healthy patients with minor wounds typically do not require antibiotic prophylaxis, other than bite wounds. Bite wounds almost always receive antibiotic therapy. Patients may also be given antibiotics based on personal medical history potentially creating an immunocompromised state, level of contamination of the wound, any open fractures, retained foreign bodies, and depth and extent of the wound.

Uncomplicated wounds typically heal within 7-10 days, and sutures, if placed, are likely to be removed during this time frame as well. Sutures may stay in longer if on a location with a significant amount of tension or movement, such as a joint. Sutures may stay in for a shorter period of time, such as 3-5 days, if on the face, lips or mouth because of high rate of healing and cosmetic outcome. Following suture removal the clinician may choose to apply steri-strips which are small pieces of medical tape. The strips will fall off a few days later. Once the wound is healed, it is recommended to utilize sunscreen on the area or wear clothes that cover it to prevent further scarring.