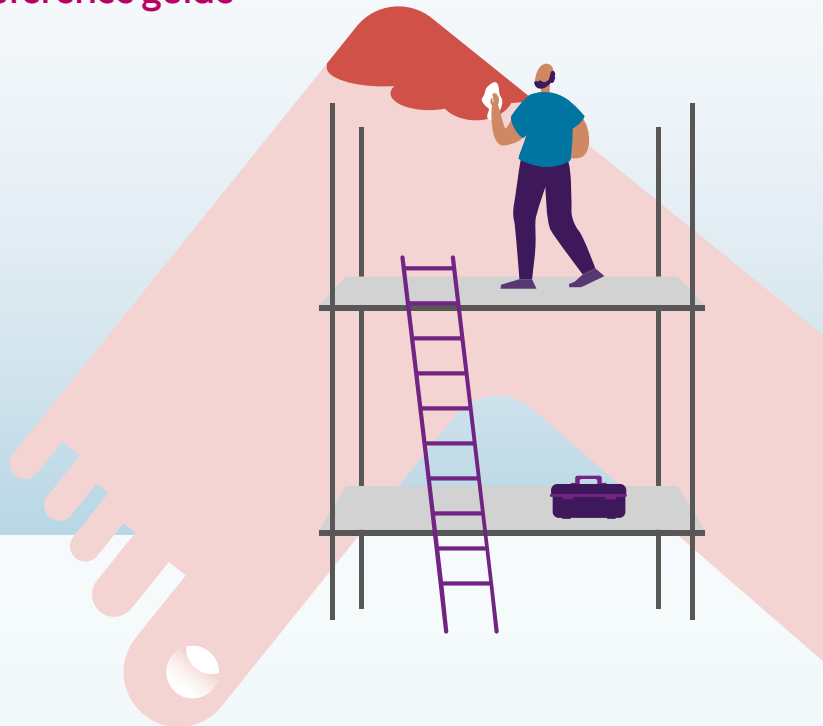




Wound Hygiene

How to embed Wound Hygiene into a Proactive Wound Healing strategy

Your handy reference guide



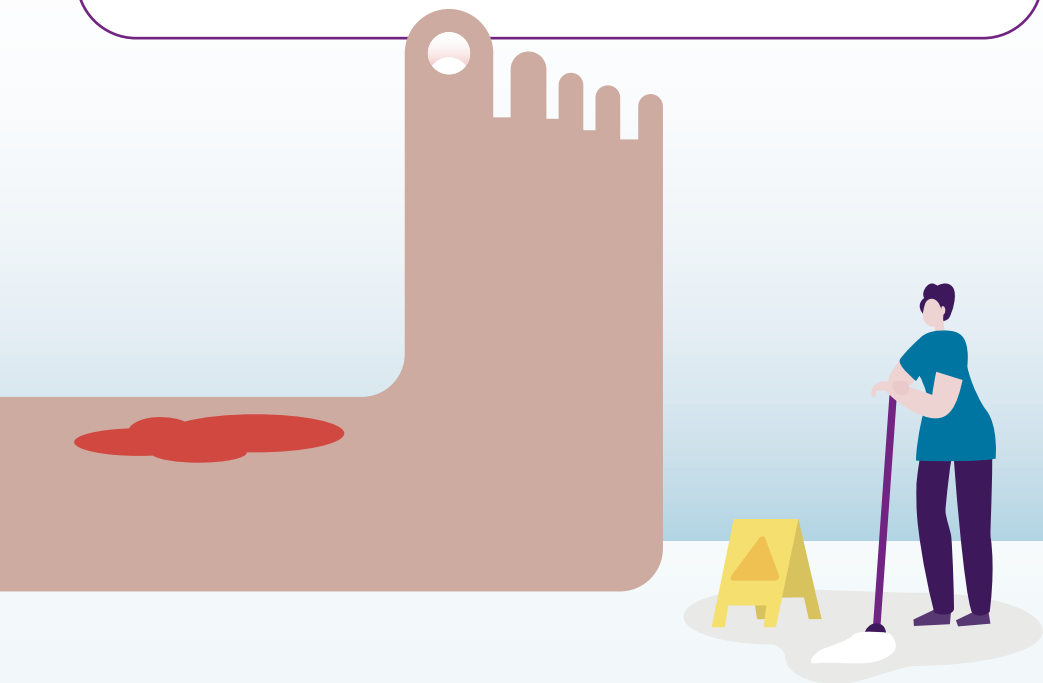
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Reframing the way we talk about wounds

By referring to wounds as chronic, we're more likely to consider them incapable of progressing towards healing. We should instead discuss wounds as hard-to-heal – which remain hard-to-heal until fully healed. Though it might not be easy or quick, healing is a possibility.

NEW Definition: Hard-to-heal wound

A wound that has failed to respond to an evidence-based standard of care – typically one that exhibits exudate, slough, and an increase in size by the third day of its occurrence. These conditions allow biofilm to develop and thrive, which in turn causes the wound to regress and prevents healing. All hard-to-heal wounds contain some level of biofilm. Due to the speed, biofilm can form and reform, a hard-to-heal wound remains hard-to-heal until it has fully healed.^{1,7}



Biofilm: the primary barrier to healing

Although other underlying host factors may also present obstacles to healing, it is increasingly acknowledged that a majority – if not nearly all – hard-to-heal wounds contain biofilm, a key barrier to healing.²⁻⁴

Strong evidence supports the prevalence of biofilm in hard-to-heal wounds.⁴

- Meta-analysis on prevalence of biofilm in chronic wounds was conducted by a panel of international expert clinicians and scientists⁴
- Nine published studies involving 185 chronic wounds were identified⁴
- Biofilm was reported in 78.2% of chronic wounds, confirmed by microscopic techniques.⁴

Definition: Biofilm

Microbial cells adherent to a living or non-living surface, embedded in a self-produced matrix of extra-cellular polymeric substances (EPS). It's tolerant to antimicrobial agents and can result in persistent inflammation and infection.⁵⁻⁶

All wounds would benefit from Wound Hygiene⁷

What is Wound Hygiene?

A four-step, anti-biofilm intervention strategy that gives every wound the best chance of healing. It's proven to improve healing rates, reduce antibiotic prescriptions and improve quality of life.

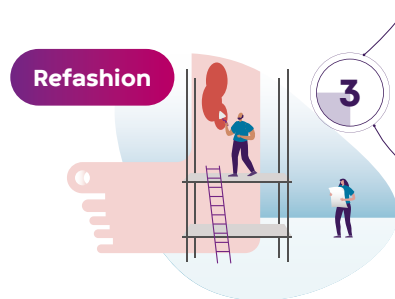
How to Be Sure in Four simple steps



Cleanse to remove devitalised tissue, debris and biofilm. This prepares the wound bed for debridement. Also cleanse peri-wound skin to remove further sources of contamination.



Apply mechanical force and shear, in combination with a liquid surfactant or antimicrobial solution, to break up and disrupt biofilm.

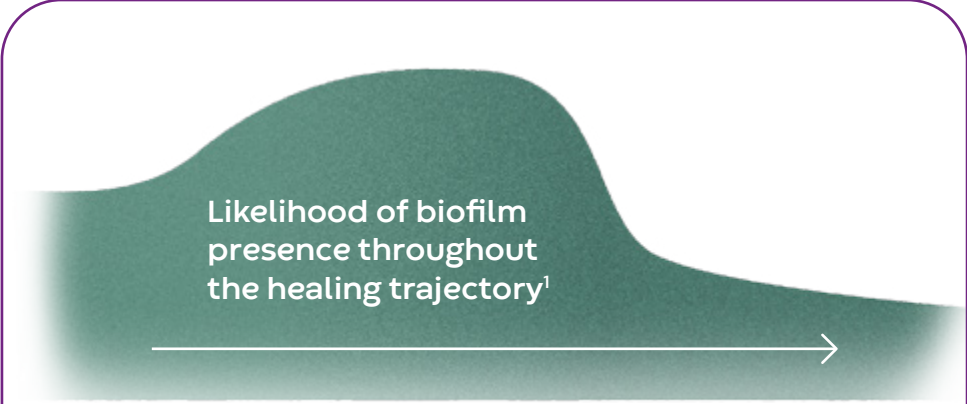


Agitate the wound edge to stimulate the expression of growth factors, to kick start the formation of healthy skin.



Apply topical antimicrobials and a dressing, to address residual biofilm and contamination and recolonisation.

Understanding the threat of biofilm throughout the healing trajectory¹

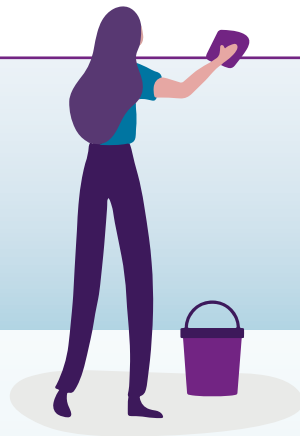


Likelihood of biofilm presence throughout the healing trajectory¹

Biofilm is likely at every stage of the healing process, in every tissue type. Biofilm is also invisible and can reform quickly so is a threat throughout the healing trajectory.

Therefore, hard-to-heal wounds should be considered – and treated – as such until fully healed.

This means you should carry out Wound Hygiene on every wound until it is fully healed.



The 5 tissue types of the wound healing trajectory¹

Likelihood of biofilm presence¹



Necrotic



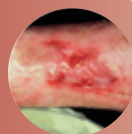
Sloughy



Unhealthy granulating



Healthy granulating



Epithelialising

When visually evaluating a wound's progression towards healing, tissue type and colour are often considered and taken into consideration. The 5 tissue types, proposed by the authors, to guide clinicians throughout the healing trajectory are:

Necrotic

Dead tissue that is usually the result of lack of blood supply (ischaemia) to the tissues and cells in the wound bed, but may also arise due to infection. Presents as black/brown in colour, with either hard/dry/leathery or soft/wet texture, and can be either firmly or loosely attached to the wound bed. Differentiate from: haematoma, dry scab or sero-crust. This tissue may also be called 'devitalised'.



Sloughy

Yellow/white material in the wound bed that is typically wet, but sometimes dry. May present in thick patches over the surface of the wound or as a thin coating.

Unhealthy granulating

NEWLY
DEFINED

A previously undefined stage in which the wound does not necessarily appear outwardly unhealthy and where granulation tissue is present, but also is failing to progress. Healthy granulation tissue is pink in colour and is an indicator of healing, whereas unhealthy granulation is typically dark red in colour (although it may sometimes present as pale when there is a poor blood supply), often bleeds on contact and may indicate the presence of wound infection.¹

It may also be prone to bleeding (friable),¹ and could be due to a number of factors including ischaemia, untreated pathology, and biofilm. It can be kickstarted towards healing through indication specific treatment and the implementation of Wound Hygiene.

Healthy granulating

NEWLY
DEFINED

Presents as bright red and cobblestone-like in appearance, and should be moist and shiny. This phase needs to resolve in order to allow epithelialisation to occur. Observe for hyper granulation (the result of abnormal wound bed conditions, such as granuloma and chronic infection), where the tissue extends above the level of the surrounding skin.¹

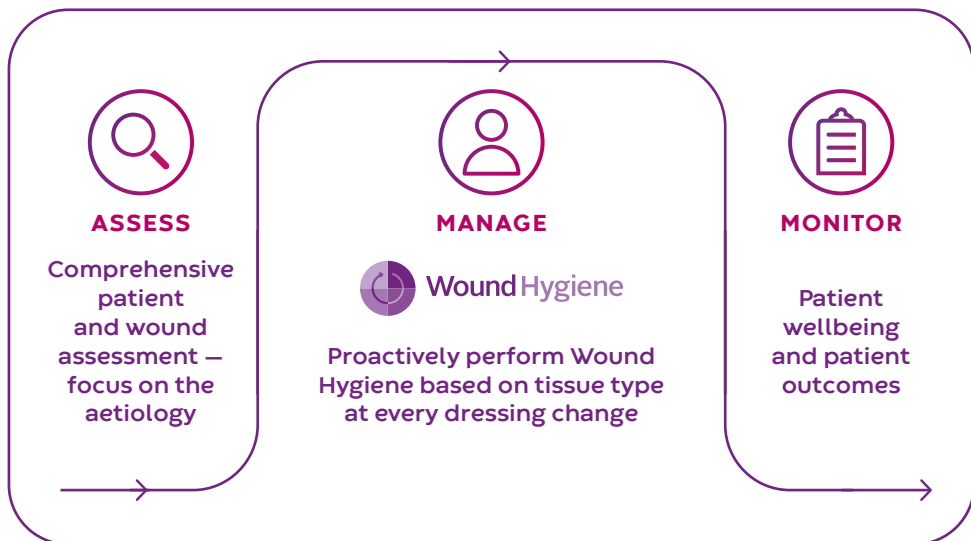
Epithelialising

The final stage of wound closure, in which new skin cells begin to grow at the wound edges or on the surface, to cover and close it, restoring barrier function. Presents as matte in appearance, pale pink/white, and can be very fragile. In partial-thickness wounds, small islands of epithelium will form structures such as hair follicles. Differentiate from: maceration, debris or superficial slough (if presenting in 'small islands').

Embedding Wound Hygiene:¹

as part of your proactive wound healing strategy

Now you understand hard-to-heal wounds, the ever-present threat of biofilm, and the four steps of Wound Hygiene, it's time to put it all together into your proactive wound healing strategy.



Assess:

Holistic patient and accurate wound assessments are critical, as is clear goal setting. Remember to give the wound a first and last name (wound type and aetiology) and identify underlying causes. Consider adjunct therapies – such as compression or nutrition.

Manage:

1. Identify tissue type at dressing change
2. Proactively perform Wound Hygiene using the right dressing at the right time
3. Identify specific treatment after dressing change.

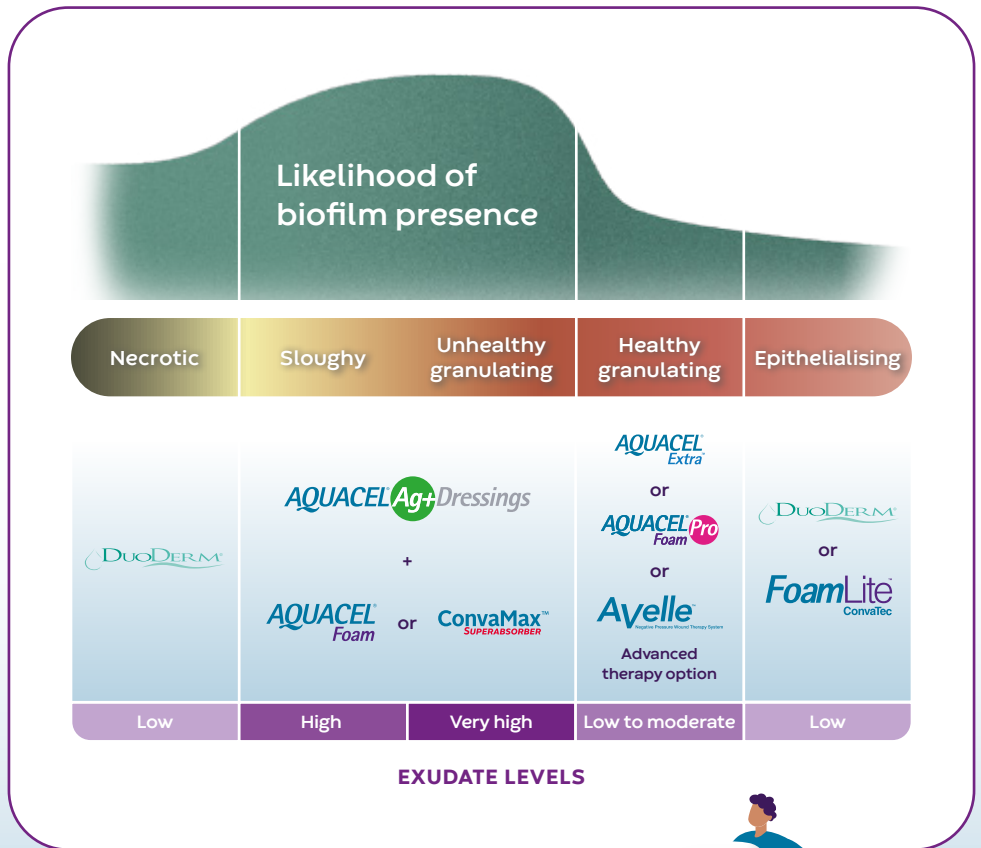
Monitor:

A strategic step informed by consistent observation of wound size, tissue composition, wound edge, surrounding skin condition, wound odour.

Also consider holistic factors like pain, sleep, mobility, and ability to follow treatment plan.

The right dressing at the right time

All wounds can progress to healing. But it's not a one-size-fits-all journey. That's why we have a full product range to address each tissue type, at each stage of healing.



Ten commandments of Wound Hygiene¹

1. Implement Wound Hygiene safely in any setting, regardless of your skill level
2. Use the term hard-to-heal wound, rather than chronic wound
3. Consider biofilm at all stages – it is invisible to the naked eye, and a key barrier to wound healing
4. Do not wait; treat the wound now
5. Proactively assess (give the wound a first name and a last name/surname)
6. Proactively manage (perform Wound Hygiene and appropriate, aetiology-specific supportive care)
7. Proactively monitor
8. Determine the intensity of Wound Hygiene at each healing stage/tissue type
9. Reassess the wound and the patient at every dressing change, and refer on if more extensive management is required
10. Acknowledge that a hard-to-heal wound remains hard-to-heal until closure, so practise some level of Wound Hygiene at every assessment, on all wounds, until healing.

References:

1. Murphy C, Atkin L, Vega de Ceniga M, Weir D, Swanson T. International consensus document. Embedding Wound Hygiene into a proactive wound healing strategy. *J Wound Care* 2022;31:S1-S24.
2. Schultz G, Bjarnsholt T, James GA et al. Consensus guidelines for the identification and treatment of biofilms in chronic non-healing wounds. *Wound Repair Regen*. 2017;25(5):744-757.
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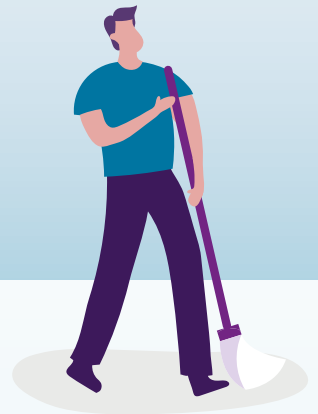


Contact

1. Read through our Product Selector leaflet
2. Speak to your local Convatec representative today to find out more about the solutions that support your Wound Hygiene proactive strategy

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Wound Hygiene

Visit the **Wound Hygiene website** for more resources on wound management.





Wound Hygiene

Embedding Wound Hygiene into a Proactive Wound Healing strategy



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Wound Hygiene

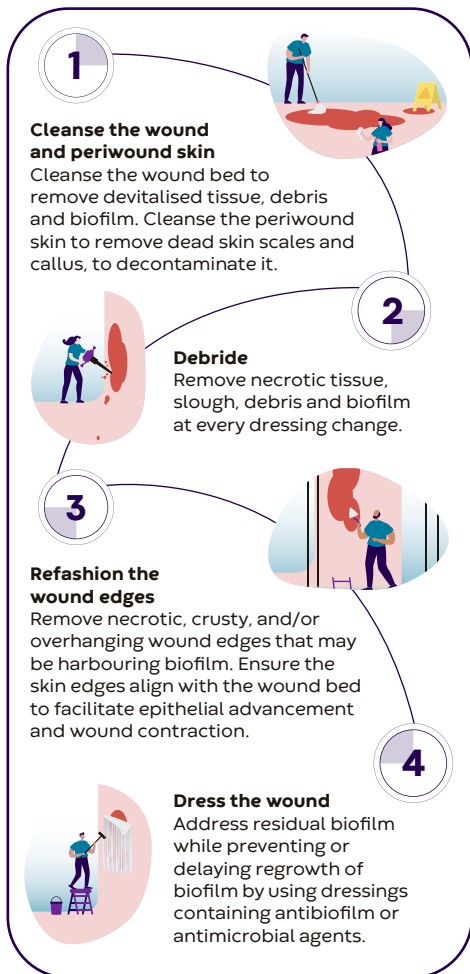
Wound Hygiene is a simple four step protocol of care; an essential element of wound care that facilitates the progression of hard-to-heal wounds.

A consensus panel comprising of global experts on wound management published two consensus documents in 2020 and 2022, based on best practice clinical recommendations to establish new guidelines on wound healing.^{1,2}

The 1st International Consensus Document presents a clear rationale to redefine terminology in wound classification and to stop using the term chronic and to start using the term hard-to-heal. It also introduces the key barrier of biofilm that impedes the wound healing process.¹

The four steps of Wound Hygiene encourage healthcare professionals (HCPs) to implement this simple protocol of care, from the first assessment until wound closure.

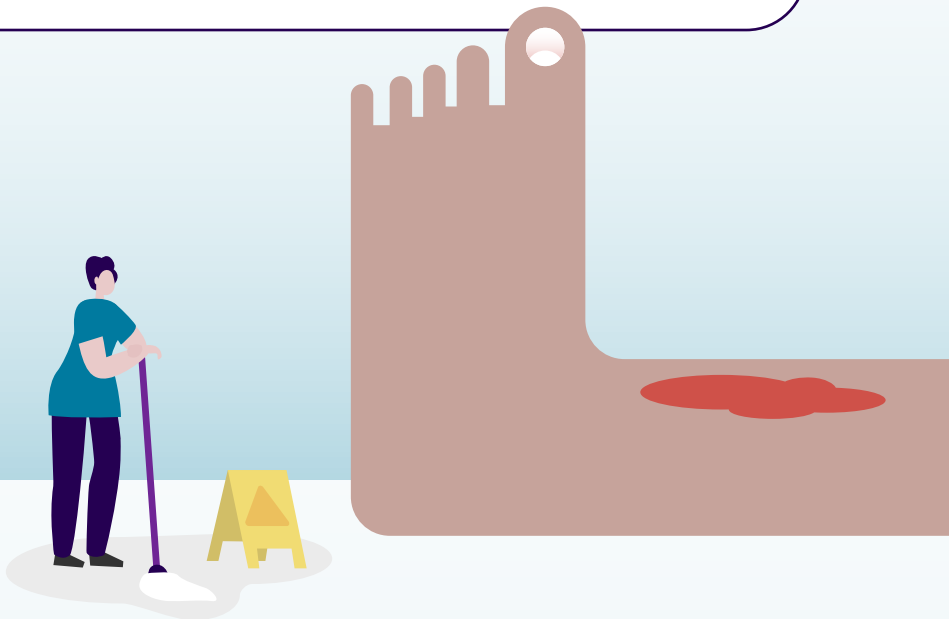
► **Figure 1:** The four-step protocol; Wound Hygiene



The 2nd International Consensus document builds on the key clinical recommendations and contains further insight to incorporate Wound Hygiene into proactive wound management strategy.²

Key insight:²

- The notion of a hard-to-heal wound remains a hard-to-heal wound until closure
- Identification of a new tissue type: 'unhealthy' granulation
- Expansion from a wound-centric to a patient-centric approach to encompass a three phase holistic framework - Assess, Manage and Monitor
- Key focus within 'Manage' - how and when to implement Wound Hygiene on all tissue types of hard-to-heal wounds.



Expansion of insight

The healing trajectory

Wound Hygiene should be implemented at every stage of wound healing and management.² However, it is often poorly maintained, resulting in undesirable outcomes.

A normal wound healing trajectory occurs across four tissue types: from necrotic to sloughy tissue, to granulation to epithelialisation of the wound. However, poorly managed hard-to-heal wounds

seldom follow this trajectory and get stuck at an undefined tissue stage.

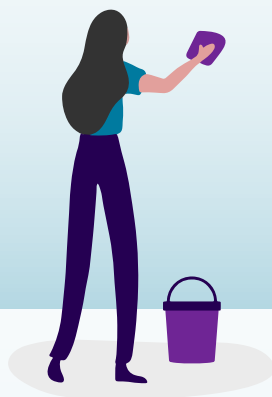
The consensus panel has defined such a stage as unhealthy granulation - the wound may present dark-red in colour (or pale, where there is poor blood supply),³ often bleeds on contact and may indicate the presence of wound infection.⁴ Therefore, Wound Hygiene must be employed throughout the healing trajectory.

Determining the intensity of Wound Hygiene

Debridement is an important step for the removal of biofilm from wound tissue. While frequent and aggressive debridement is encouraged, a recent survey conducted illustrated many HCPs are not confident about implementing it.⁵

To address this issue, the panel categorises Wound Hygiene methods based on the required intensity corresponding to the wound tissue type, and the skills required by HCPs for their implementation.²

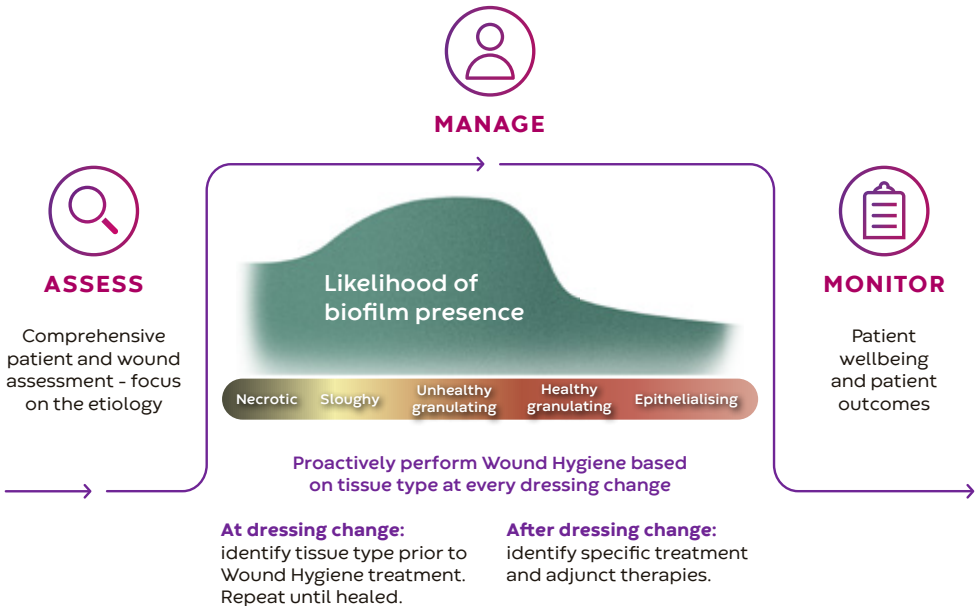
This categorisation can guide HCPs and instill more confidence regarding implementing Wound Hygiene into their everyday practice.



Three-phase framework

Effective wound management addresses all the underlying factors that trigger hard-to-heal wounds, including comorbidities, nutritional deficiencies, poor mental health, and socio-economic challenges. To address these factors, the

consensus panel has proposed a flexible three-phase patient-centric framework to facilitate proactive wound healing.² The three pillars of this framework are to Assess, Manage, and Monitor of both the wound and the patient.



▲ **Figure 2:** Framework for proactive wound healing

- **Assess:** It involves identifying the wound with a “first and last name” represented by the wound type and its underlying cause, respectively. It also includes assessing the patient’s overall risks and comorbidities to determine a future course of action.
- **Manage:** It involves implementing Wound Hygiene strategies.
- **Monitor:** It involves constantly tracking healing and ensuring the wound is managed until its closure. This requires monitoring wound-related characteristics, like size and tissue, and sometimes referring patients for further investigation or specialised treatment, as well as monitoring patient-specific factors, such as pain, mobility, sleep and overall quality of life.

A proactive wound healing strategy

The key principle of Wound Hygiene is to prompt action at every stage of wound care, from diagnosis to closure.

The aim of Wound Hygiene strategies is to treat hard-to-heal wounds in a manner that improves the patient's quality of life, without causing undue strain on healthcare systems. Therefore, this concept is ingrained in the fabric of holistic and proactive wound healing.

While the panel strongly recommends that all HCPs should incorporate Wound Hygiene in their practice, it also acknowledges the relevance of local

guidelines, code of conducts, and patient-specific restrictions.

The consensus documents are based on best practice recommendations, to guide and encourage more HCPs to adopt this concept to bring in a new age of effective wound management.

The key principle of Wound Hygiene is to be proactive and 'do something.' Wound Hygiene should be performed at every dressing change, at every stage, until healing. It has been designed with four simple steps that enable and inspire anyone who manages wounds.

Let's stop being reactive and start being proactive...

Everyone who manages wounds is now equipped to be proactive, because:

- These wounds are considered hard-to-heal, rather than chronic - do not press the 'snooze button' on healing
- Biofilm is lurking throughout the whole healing trajectory, at every tissue type
- We consider key tissue types, including unhealthy granulation tissue
- We also consider the patient (not just the wound)
- Wound Hygiene should be considered the standard in wound healing
- A hard-to-heal wound can stall or regress at any time, tissue type, and all aspects (including biofilm, underlying cause/factors, psychosocial factors, etc.) must be consistently assessed and monitored.

Ten commandments of Wound Hygiene²

This consensus document calls for ten key steps to be taken by all HCPs who work with patients living with hard-to-heal wound,² to advance the practice of wound care and take immediate steps to overcome the wound care crisis affecting patients and healthcare systems.

1. Implement Wound Hygiene safely in any setting, regardless of your skill level
2. Use the term hard-to-heal wound, rather than chronic wound
3. Consider biofilm at all stages - it is invisible to the naked eye, and a key barrier to wound healing
4. Do not wait; treat the wound now
5. Proactively assess (give the wound a first name and a last name/surname)
6. Proactively manage (perform Wound Hygiene and appropriate, aetiology-specific supportive care)
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References:

1. Murphy C, Atkin L, Swanson T, Tachi M, Tan YK, Vega de Ceniga M, Weir D, Wolcott R. International consensus document. Defying hard-to-heal wounds with an early antibiofilm intervention strategy: Wound Hygiene. *J Wound Care* 2020; 29 (Suppl 3b):S1-28.
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Wound Hygiene

Visit the **Wound Hygiene website** for more resources on wound management.



JOIN THE Wound Hygiene MOVEMENT!

Developed by Clinicians for Clinicians



2019

MARCH 2019
The 'Wound Hygiene' concept emerged during an expert advisory board meeting.

JULY 2019
An international panel was convened to discuss, develop and further define the Wound Hygiene rationale and protocol.

DECEMBER 2019
Publication of **Expert Opinion Article**: *Introducing the concept of Wound Hygiene.*



2020

FEBRUARY 2020
Publication of the **International Consensus Document**: *Defying hard-to-heal wounds with an early antibiofilm intervention strategy: Wound Hygiene.*¹



2021

JULY 2021
Wound Hygiene survey: *Awareness, implementation, barriers and outcomes.*²

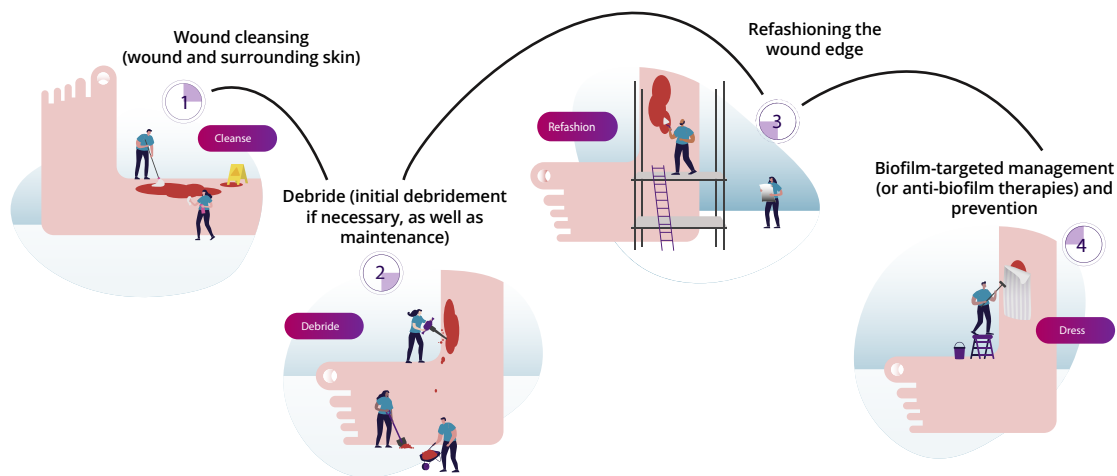


2022

JANUARY 2022
Publication of a **case series on the implementation of Wound Hygiene** in clinical practice. *Early use of an antibiofilm strategy promotes positive patient outcomes.*³

MARCH 2022
Publication of a **new International Consensus**: *Embedding Wound Hygiene into a proactive wound healing strategy.*⁴

Wound Hygiene was designed to clean and decontaminate wounds and overcome barriers to healing often caused by biofilm¹



Wound Hygiene comprises a set of four steps that should be carried out **regularly** and **repetitively** at every dressing change.



Wound Hygiene effects real change in clinical practice across the world

Let's start by reframing the way we talk about hard-to-heal wounds.

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For Healthcare Professionals Only

References: 1. Murphy C, Atkin L, Swanson T, Tachi M, Tan YK, Vega de Ceniga M, Weir D, Wolcott R. International consensus document. Defying hard-to-heal wounds with an early antibiofilm intervention strategy: Wound Hygiene. *J Wound Care* 2020; 29(Suppl 3b): S1–28. 2. Chris Murphy, Leanne Atkin, Jenny Hurlow, Terry Swanson, Melina Vega de Ceniga, Wound hygiene survey: awareness, implementation, barriers and outcomes; *J Wound Care*, Vol 30. No 7 July 2021. 3. Murphy C et al; Implementation of Wound Hygiene in clinical practice: early use of an antibiofilm strategy promotes positive patient outcomes *J Wound Care* Vol 31, No 1, Suppl 1, Jan 2022. 4. Murphy C, Atkin L, Vega de Ceniga M, Weir D, Swanson T. International consensus document. Embedding Wound Hygiene into a proactive wound healing strategy. *J Wound Care* 2022; 31:S1–S24.

Improving outcomes for patients with hard-to-heal wounds following adoption of Wound Hygiene: real world evidence

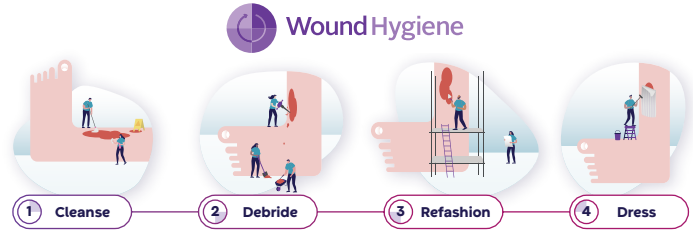
Torkington-Stokes R, et al. J Wound Care 2024; 33(5): 304-310.

INSIGHTS & INFO

Hard-to-heal wounds are a major challenge to healthcare systems globally¹

Biofilm is strongly implicated in hard-to-heal wounds²

Wound Hygiene is 4-step protocol-of-care for biofilm management and wound care³⁻⁵



STUDY OVERVIEW

Patients were enrolled from a variety of clinical settings/countries by different HCPs

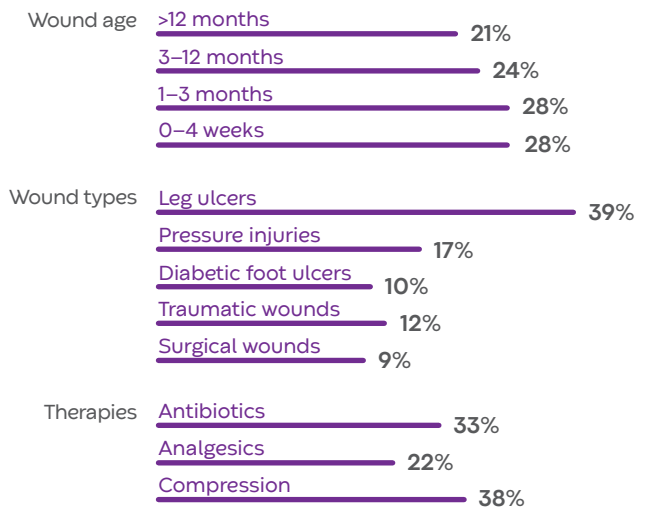


Wound Hygiene incorporating **Aquacel® Ag+ Extra™** dressing with **MORE THAN SILVER™** Technology (step 4)

Primary endpoint:
Change in wound volume from baseline to final assessment

Secondary endpoints:
Qualitative changes in suspected biofilm, signs of local infection and exudate levels

WOUND CHARACTERISTICS



RESULTS

Median treatment time



Wound status

94%

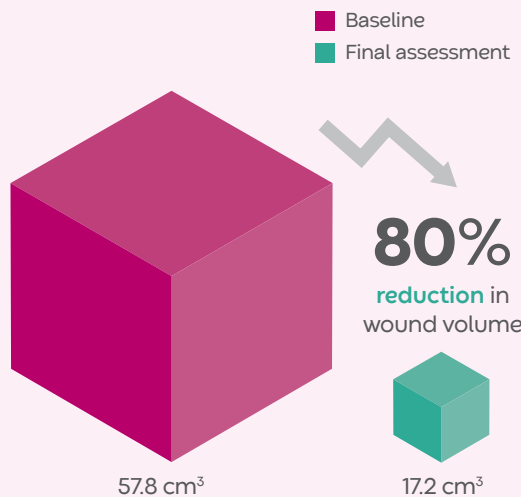
wounds improved/healed at final assessment

66% → 5%

Baseline Final assessment

wounds static/deteriorating

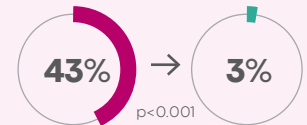
Wound volume



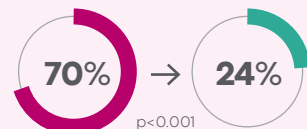
Suspected biofilm



Local infection



Exudate (high/moderate)



CONCLUSIONS

Wound Hygiene protocol-of-care addresses a key local barrier to healing (i.e., biofilm) and can help minimise variation in biofilm based wound care across different clinical settings

Incorporation of an Aquacel® Ag+ Extra™ dressing at step 4, may further facilitate wound healing by helping to reduce overall bioburden

Scan the QR code

to view more information and materials on Wound Hygiene



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Wound Hygiene

Four steps to wound healing



Wound Hygiene

Wound Hygiene checklist



Four steps to wound healing

Contents:

3. [Getting started](#)
4. [Wound Hygiene checklist](#)
5. [Cleanse](#)
6. [Debride](#)
7. [Refashion](#)
8. [Dress](#)
9. [Progress tracker](#)
10. [References](#)

“At Convatec, we believe that every patient deserves the opportunity for a life without long term pain, impaired mobility or social isolation. That’s why we are proud to champion the global roll out of the Wound Hygiene protocol developed by Clinicians for Clinicians, to give every wound the best chance to heal. Our ambition is to provide valuable information that is easily accessible and up to date. This support tool is for you, the Clinicians, who provide vital wound care to improve the lives of patients around the world. ”



Rachel Torkington-Stokes MSc BSc(Hons)

Global Senior Director; Clinical Solutions & AWC portfolio;
Convatec

Wound Hygiene checklist



Getting started

Despite advances in dressing technology and best practice:

- The number of hard-to-heal wounds is increasing¹
- The associated economic and social costs, and the implications for healthcare systems are posing a significant burden¹
- Wounds represent a large proportion of antibiotic use - a contributor to resistance issues¹

Time to take action:

Use this support tool as a reference for implementing the Wound Hygiene protocol and track your patient's progress. Ensuring that the Wound Hygiene protocol (Cleanse, Debride, Refashion, Dress) is applied at each dressing change.¹



**Want to learn more
about taking the
Wound Hygiene
Challenge?**

Contact us



Wound Hygiene checklist



Tackling biofilm

Biofilm is a major barrier to healing: it's present in nearly 8 out of 10 hard-to-heal wounds² and delays wound healing.³ Wound Hygiene sounds simple, but performing these 4 steps at every dressing change can make a big impact on patient outcomes.⁴

Use our interactive checklist and healing tracker to monitor your patient's healing progress with the Wound Hygiene protocol.

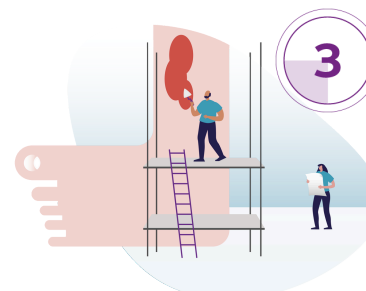
Wound Hygiene checklist:



Cleanse



Debride



Refashion



Dress



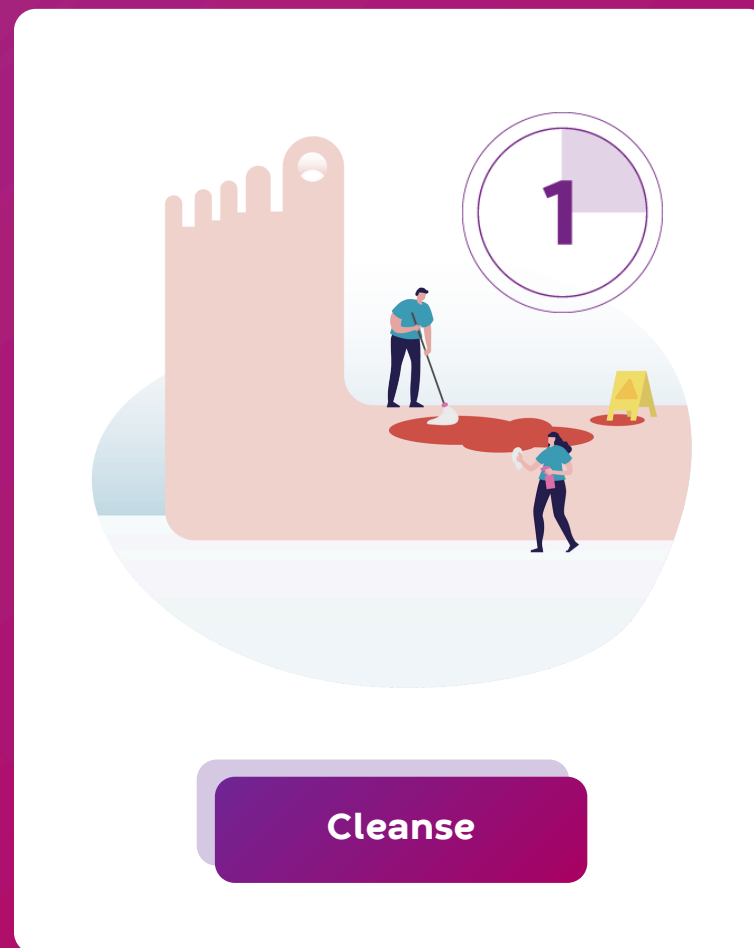
Wound Hygiene checklist

Four steps to wound healing

Cleanse

Clean it like you mean it!

Actively remove surface contaminants, loose debris, slough, softened necrosis, microbes and/or remnants of previous dressings from the wound surface and surrounding skin.^{4 5}

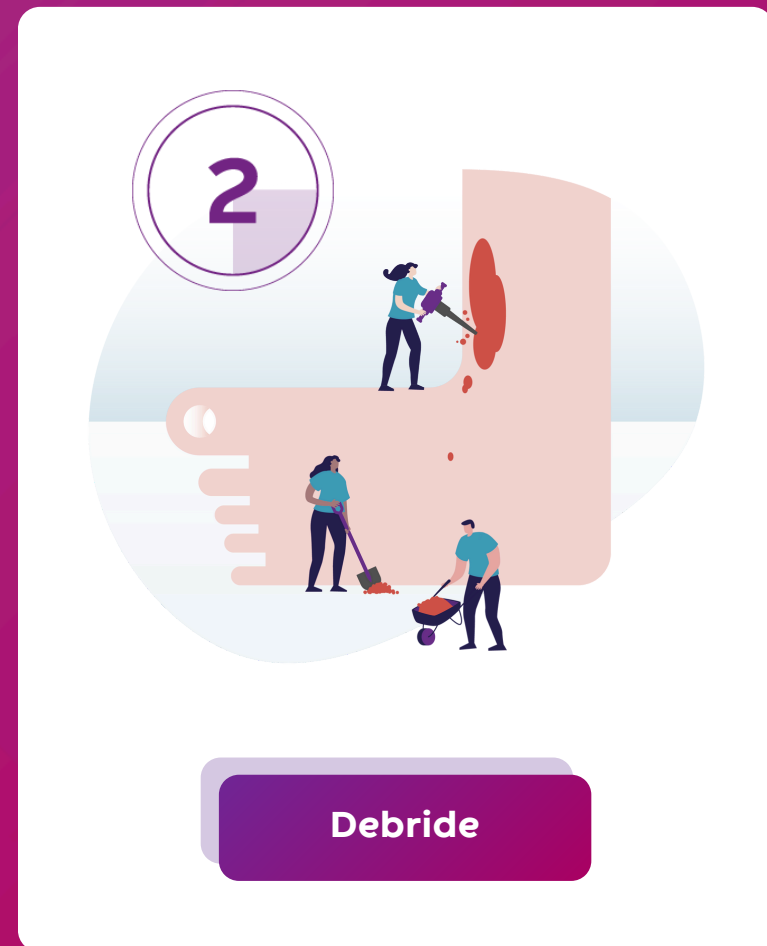


Wound Hygiene checklist

Four steps to wound healing

Debride

Actively debride the wound bed using mechanical force &/or sharp tools (*if within scope of practice*) to remove necrotic tissue, slough, debris and biofilm at every dressing change.^{4,5}

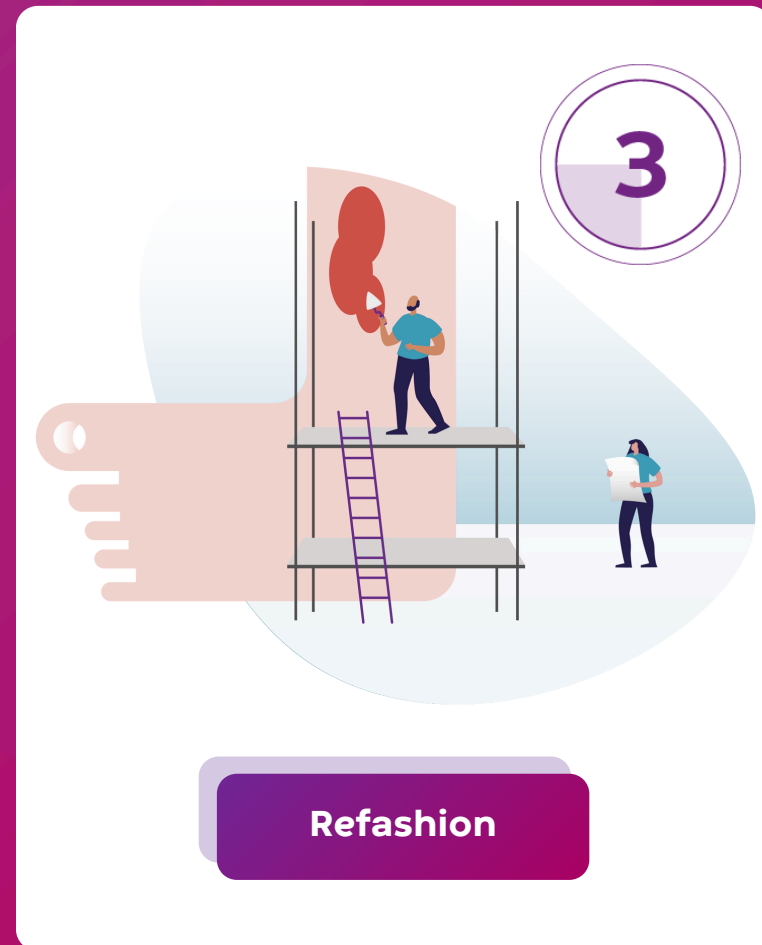


Wound Hygiene checklist

Four steps to wound healing

3 Refashion

Agitate the wound edges to stimulate growth factors, to kick start the formation of healthy skin.^{4,5} Devitalised tissue, callus, hyperkeratotic debris and senescent cells at the wound edges may be harbouring biofilm. Removing them helps stimulate epithelialisation and wound contraction.

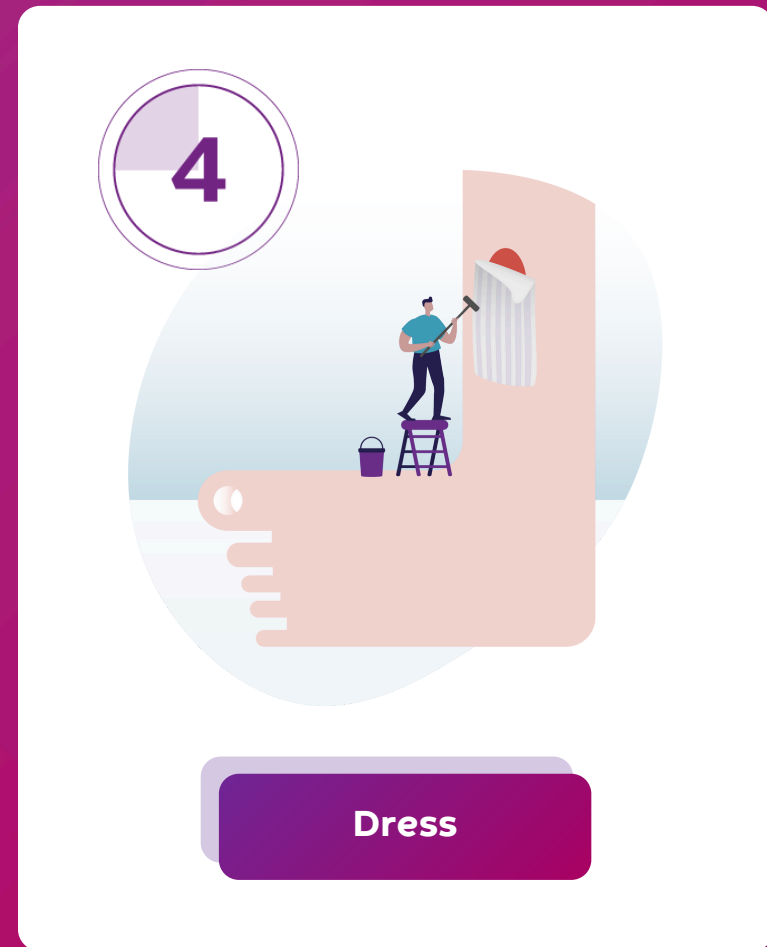


Wound Hygiene checklist

Four steps to wound healing in October

Dress

Address residual biofilm while preventing or delaying regrowth of biofilm by using dressings containing antibiofilm and/or antimicrobial agents.¹



Wound Hygiene checklist



Progress tracker

Implementing Wound Hygiene

Week 0

Select patients with hard-to-heal wounds

Week 1

Implement Wound Hygiene protocol using Aquacel™ Ag+ dressings at step 4

End of
week 2

Review and assess the wound status

to determine the need to continue with application of Aquacel™ Ag+ dressings at Step 4

End of
Week 4

Assess and record healing outcomes

Wound Hygiene checklist



Four steps to wound healing

References

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2. Malone M, Bjarnsholt T, McBain AJ, James GA, Stoodley P, Leaper D, Tachi M, Schultz G, Swanson T, Wolcott RD. The prevalence of biofilms in chronic wounds: a systematic review and meta-analysis of published data. J Wound Care. 2017 Jan 2;26(1):20-25.
3. Metcalf DG, Bowler PG. Biofilm delays wound healing: A review of the evidence. Burns Trauma. 2013 Jun 18;1(1):5-12.
4. Torkington-Stokes R, Moran K, Martinez DS, Granara DC, Metcalf DG. Improving outcomes for patients with hard-to-heal wounds following adoption of the Wound Hygiene Protocol: real-world evidence. Journal of Wound Care. 2024;33(5):304-10
5. Murphy C, Atkin L, Vega de Ceniga M, Weir D, Swanson T. International consensus document. Embedding Wound Hygiene into a proactive wound healing strategy. J Wound Care 2022; 31:S1-S24.

To find out more about the Convatec Advanced Wound Care range or to arrange a visit from your local Convatec representative:

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