



Surgical Wounds - recommendations for care

For further information, please refer to the full NWCSP Recommendations at NationalWoundCareStrategy.net



National Wound Care Strategy Programme
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Pre-Surgery Assessment and Information

Delayed healing can be due to:

- Lifestyle factors.
- Pre-existing co-morbidities.
- Psychological and social factors.
- Cultural and ethnicity factors.

Before surgery, as part of assessment, discuss:

- Lifestyle factors.
- Recent travel history.
- Current MRSA/VRE status or need for screening.
- Current medical conditions.

And address any modifiable issues.

Patients undergoing elective surgery should:

- Be assessed to stratify risk of SSI/SWD.
- Receive written information specific to type of surgery.

Pre-Operative Phase (24 hours before surgery)

Address any cultural/ethnic/religious factors that may impact on care

- a. Shower or bathe before surgery.
- b. Nasal decolonisation.
- c. Avoid routine hair removal: if necessary, use clippers, not razors.
- d. Avoid routine mechanical bowel preparation.
- e. Follow NICE advice for antibiotic prophylaxis.

Intra-Operative Phase

Key recommendations

- Appropriate theatre wear for patients.
- Specific non-sterile theatre wear for all theatre staff.
- Hand decontamination.
- Avoid routine use of non-iodophor-impregnated incise drapes.
- Sterile gowns for the operating team.
- Two pairs of sterile gloves, if high risk of glove perforation.
- Minimise movement in and out of operating area.
- Follow NICE advice for antiseptic skin preparation.
- Do not use diathermy for surgical incision.
- Seek to maintain patient homeostasis.
- Do not use wound irrigation or intracavity lavage to reduce the risk of SSI.
- Only apply antiseptics/antibiotics as part of a clinical research trial.
- Use digital wound imaging.
- Cover surgical incisions with an appropriate interactive dressing.

Post-Operative Phase

Key recommendations

- Aseptic non-touch technique for dressing changes.
- Monitor pain and offer appropriate analgesia.
- Base wound assessment on NWCSP minimum data criteria.
- Digital wound imaging.
- Sterile saline for wound cleansing for 1st 48 hours, then potable tap water/showering.
- Do not use topical antimicrobial agents for surgical wounds healing by primary intention.
- Monitor for signs of surgical site infection (SSI) / Surgical Wound Dehiscence (SWD).
- Report SSI/ SWD up to 30 days after surgery (or up to 90 days after surgery in patients receiving implants).
- Provide patients/carers and clinicians with:
 - Detailed written information about received and ongoing care.
 - When and how to seek advice from the surgical team.
 - Dressings for one week.
 - Name of person responsible for overseeing ongoing care.
- Use a structured approach to improve care that involves specialist wound care services.

Ongoing Care after Transfer from Care of the Surgical Team

RED FLAGS

🚩 Treat as an emergency situation

- Haemorrhage/Catastrophic dehiscence.
 - 'burst abdomen' with visible internal organs.

🚩 Arrange for immediate review by the senior clinical decision maker

- Systemic signs of infection/sepsis.
 - Follow [NICE Guideline for Sepsis: Recognition, Diagnosis and Early Management](#).

🚩 Seek review by surgical team within 24 hours

- Spreading cellulitis, or
- Dehiscence if:
 - Surgery involved implants (e.g. mesh, prosthesis).
 - Aesthetically or functionally important surgical site (e.g. face or joints).

🚩 Seek review by surgical team within 72 hours

- Dehiscence exposing subcutaneous layers and fascia.
- Suspected sinus/fistula/tunnelling.
- Stoma within wound boundaries.

Other failures to heal

- **Seek review** by clinician with surgical wound expertise who can escalate directly to surgical team as needed.

Suspected Wound Infection (without red flag symptoms)

- Wound swab for microbiology.
 - Bloods for full blood count and C-reactive protein (CRP).
 - Digital wound image.
- If concerned, **seek review** by surgical team within 72 hours.
- Only commence antibiotic therapy following consultation with the surgical team.