



Five Common Myths & Misconceptions of Wound Care In Long Term Care

Joy Hooper, RN, BSN, CWOCN, OMS, WCC

Common Myths & Misconceptions Of Wound Care

Objectives:

- Explain why moist wound healing is favored over allowing wounds to remain open to air.
- Explain how an Unna's Boot works related to treating a venous ulcer.
- Describe the difference in a closed wound and a healed wound.

Common Myths & Misconceptions Of Wound Care

#1- Wounds heal better when left exposed to air

Moist wound environments can:

1. **Promote Healing:** Facilitate the formation of new tissue
2. **Inhibit Scab Formation:** Prevent scab formation
3. **Reduce Pain:** Minimize discomfort and pain
4. **Decrease Infection Risk:** Help the body fend off pathogens

Common Myths & Misconceptions Of Wound Care

#1- Wounds heal better when left exposed to air

Moist wound environments can:

- 5. **Facilitate debridement:** Supports the body's natural processes
- 6. **Accelerate Tissue Regeneration:** Speed up the healing process
- 7. **Minimize Scar Formation:** Lead to more organized collagen deposition

Common Myths & Misconceptions Of Wound Care

#1- Wounds heal better when left exposed to air

Moist wound environments can

- 8. **Improve Dressing Adherence:** This helps make healing easier and makes the process of changing dressings less painful.
- 8. **Enhance Growth Factor Activity:** Help activate growth factors and enzymes that are important for healing.

Common Myths & Misconceptions Of Wound Care

#2 - Wet to dry dressings are a standard dressing



Common Myths & Misconceptions Of Wound Care

#2 - Wet to dry dressings are a standard dressing

1. **Pain and Discomfort:** This method can be painful for patients
2. **Infection Risk:** Wet-to-dry dressings can increase the risk of infection
3. **Interference With Moisture Balance:** Hinders the natural healing environment

Common Myths & Misconceptions Of Wound Care

#2 - Wet to dry dressings are a standard dressing

4. **Wet-to-dry dressings can cause Delayed Wound Healing:** Can disrupt the natural healing process
5. **Wet-to-dry dressings necessitate more frequent dressing changes:** Advanced moist wound healing dressings often require less frequent changes

Common Myths & Misconceptions Of Wound Care

#2 - Wet to dry dressings are a standard dressing

- **Compliance with Best Practices:** Evidence-based practices are more effective and less painful than wet-to-dry dressings
- ✓ **Lower Frequency of Dressing Changes:** Advanced moist wound healing dressings often require less frequent changes
- ✓ **Better Accommodations for Exudate:** Modern dressings designed for moist wound healing to absorb and manage exudate effectively

Common Myths & Misconceptions Of Wound Care

#2 - Wet to dry dressings are a standard dressing

- Example of moist dressing: Alginate Dressings

Advantages

- High absorptive capacity
- Easy application & removal
- May be used under compression
- May be used with a variety of wounds

Disadvantages:

- May desiccate the wound if used improperly
- May cause periwound maceration
- May leave residual fibers in wound bed



Common Myths & Misconceptions Of Wound Care

#2 - Wet to dry dressings are a standard dressing

- Example of moist dressing: Foam Dressings

Advantages:

- Absorb under compression
- Insulating dressing
- Maintain moist environment
- Easy application, leaves no residue
- Provides padding
- Gentle on fragile skin
- Do not adhere to wound bed
- Available with silicone coating

Disadvantages:

- Ineffective for dry wounds
- May dry wound out if left on for prolonged time
- May lead to maceration of periwound if left on for prolonged time



Common Myths & Misconceptions Of Wound Care

#2 - Wet to dry dressings are a standard dressing

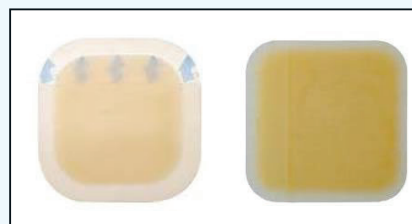
- Example of moist dressing: Hydrocolloid Dressings

Advantages:

Occlusive, waterproof, may prevent contamination
Slightly absorptive
Flexible
Long wear time
Ease of use

Disadvantages:

May damage fragile skin
Occlusion & odor
Not used with undermining or tunneling
Not for heavily draining wounds
Will erode/melt with heavy moisture



Common Myths & Misconceptions Of Wound Care

#2 - Wet to dry dressings are a standard dressing

- Example of moist dressing: Hydrogel

Advantages:

- Donate moisture to the wound
- Soothing – cooling effect
- Longer wear time than gauze
- Facilitate autolytic debridement
- Easy application & removal
- Leaves no residue in wound

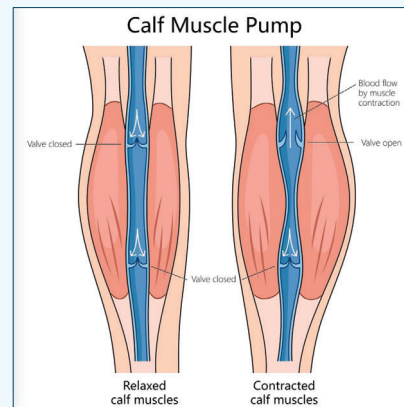
Disadvantages:

- Limited absorption
- Requires secondary dressing
- May cause maceration if exudate increases
- May melt down in wound over time



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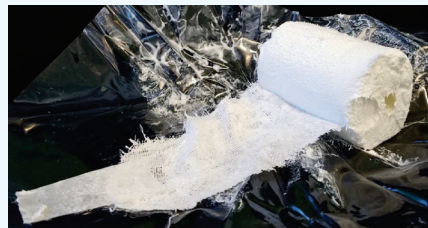
#3 - Unna's boots work well for venous ulcers



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#3 - Unna's boots work well for venous ulcers

- 1. Compression Limitations:** Venous ulcers require sustained graduated compression
- 2. Inflexibility:** Limit mobility and may not accommodate swelling
- 3. Skin Integrity Concerns:** Often include zinc oxide which can irritate the skin



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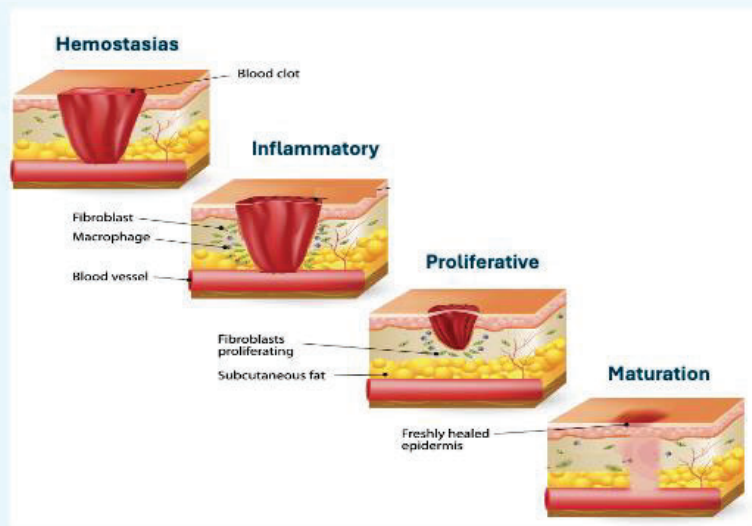
#3 - Unna's boots work well for venous ulcers

4. **Moisture Management:** Obstruct adequate visibility of the wound, complicating the assessment of exudate levels
5. **Patient Compliance and Comfort:** Discomfort may lead to poor adherence to treatment protocols
6. **Individual Variability:** The efficacy of Unna's boots can be highly variable



Common Myths & Misconceptions Of Wound Care

#4 – A closed wound is a healed wound



Common Myths & Misconceptions Of Wound Care

#4 – A closed wound is a healed wound



Type III
Collagen



Type I
Collagen



High risk for breakdown

- Within 3 weeks only 20% of tensile strength
- Maximum tensile strength is 80%

Common Myths & Misconceptions Of Wound Care

#5 All Wounds Can Be Staged

- The staging system for wounds is specifically designed for assessing the severity and depth of Pressure Injuries
- The system categorizes pressure ulcers into different stages based on the extent of tissue damage

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#5 All Wounds Can Be Staged

- The system categorizes pressure injuries into different stages based on the extent of tissue damage severity and depth
 - Stage 1
 - Stage 2
 - Stage 3
 - Stage 4
 - Deep Tissue Injury
 - Unstageable

Common Myths & Misconceptions Of Wound Care

Stages of Pressure Injuries

- **Stage 1** : Non-blanchable erythema of intact skin.



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Stages of Pressure Injuries

- **Stage 2:** Partial thickness loss of dermis, or...



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Stages of Pressure Injuries

- **Stage 2:** ...or as a shallow open ulcer with a pink wound bed or a blister (intact or ruptured.)



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Stages of Pressure Injuries

- **Stage 3:** Full thickness tissue loss, potentially with visible fat



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Stages of Pressure Injuries

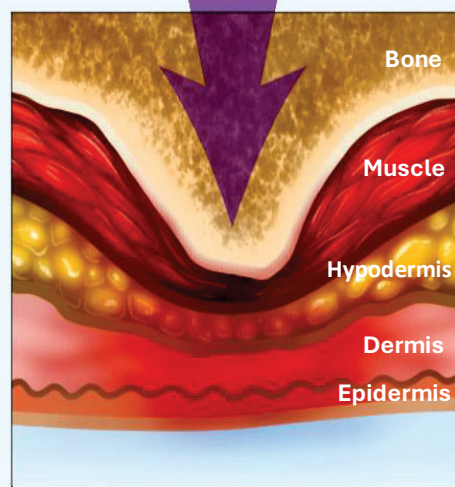
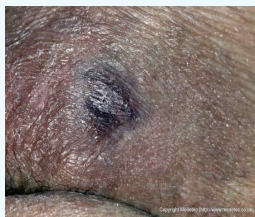
- **Stage 4:** Full thickness tissue loss with exposed or palpable bone, tendon, or muscle.



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Stages of Pressure Injuries

Deep Tissue Pressure Injury



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Stages of Pressure Injuries

- **Unstageable:** Full thickness tissue loss where the base of the ulcer is covered by slough or eschar.



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Stages of Pressure Injuries

Mucosal Pressure Injury

- Not staged



Device-Related Pressure Injury

- Not staged on mucosal tissue



In Summary

- #1- Wounds do NOT heal better when left exposed to air
- #2 - Wet to dry dressings are NOT a considered a dressing
- #3 - Unna's boots do NOT work well for venous ulcers
- #4 - A closed wound is NOT a healed wound
- #5 – NOT all Wounds Can Be Staged – only Pressure Injuries

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References

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Thank you

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