WOUND AND LYMPHOEDEMA MANAGEMENT

World Health Organization

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FOREWORD

This document is designed to assist health-care providers who manage chronic wounds and lymphoedema. The aim is to assist in achieving better outcomes. It describes methods that can be adapted to various levels of the health-care system depending on the country and available resources.

This document is not intended to serve as a standard textbook on wound care and lymphoedema management. Adherence to it will not ensure a successful outcome in every case, nor should it be construed as including or excluding proper methods of care. Ultimate judgement regarding a particular method and material to use must be made by the health-care provider in the light of the clinical findings in the patient and the available options for management.

ABBREVIATIONS

AAWC	ASSOCIATION FOR THE ADVANCEMENT OF WOUND CARE
ABPI	ANKLE BRACHIAL PRESSURE INDEX
BU	BURULI ULCER
CDP	COMPREHENSIVE DECONGESTIVE PHYSIOTHERAPY
CT	COMPUTED TOMOGRAPHY
CVI	CHRONIC VENOUS INSUFFICIENCY
CWATS	COMPREHENSIVE WOUND ASSESSMENT AND TREATMENT SYSTEM
DEC	DISEASE-ENDEMIC COUNTRY
DFU	DIABETIC FOOT ULCER
DIME	DEBRIDEMENT, INFECTION OR INFLAMMATION, MOISTURE BALANCE AND EDGE EFFECT
DVT	DEEP VEIN THROMBOSIS
EPUAP	EUROPEAN PRESSURE ULCER ADVISORY PANEL
GIEESC	GLOBAL INITIATIVE FOR EMERGENCY AND ESSENTIAL SURGICAL CARE (WHO)
HBOT	HYPERBARIC OXYGEN TREATMENT
LAS	LYMPHOSCINTIGRAPHY
LCD	LEAST COMMON DENOMINATOR
MLD	MANUAL LYMPHATIC DRAINAGE
MRA	MAGNETIC RESONANCE ANGIOGRAPHY
MRSA	METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS
NPUAP	NATIONAL PRESSURE ULCER ADVISORY PANEL (USA)
NPWT	NEGATIVE PRESSURE WOUND THERAPY
PU	PRESSURE ULCER
RA	RHEUMATOID ARTHRITIS
RNAO	REGISTERED NURSES ASSOCIATION OF ONTARIO
SSI	SURGICAL SITE INFECTION
VU	VENOUS ULCER
WHO	WORLD HEALTH ORGANIZATION

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Wound healing and lymphoedema have long histories, extending some thousands of years, in oral and written traditions. The reader of this document will find an enormous range of facts and concepts developed mostly during the last two or three decades. Significantly, these topics have been recognized as worthy of workshops, seminars, international congresses and inclusion in the curricula of schools of medicine and allied health professions. This attention reflects a better understanding of genetic and environmental research, as well as applied research, into dressings and medical devices.

The reader may find the range of topics covered somewhat overwhelming. No single discipline is expected to absorb the information contained herein. Indeed, throughout the discussions the writing group was aware that this document should be used at all levels of health care, and that at each level some of the information contained will be selected and some may be shelved. All authors were well aware that resource-poor countries may not be able to enact some specific aspects of best practices in this document.

In describing "best practice" in elite (usually urban-based) units, we are referring to "gold standards" and "evidence-based practice" (EBP). These are increasingly based upon randomized controlled trials (RCTs). We are identifying high technology, which is desirable but expensive. Ideally, such technology will be available in at least one centre in every nation or region, and access will extend, as much as possible, to all that are in need.

In making essential health care available to all, that which is common must be addressed at the most peripheral level. Self-help in the home is desirable, and the low technologies required should be available locally at low cost in a sustainable system of provision. Since patients use more than one system of medicine, this document acknowledges all local systems that are used. This effort maintains focus