



INTRODUCING WOUND BALANCE

WOUNDS UK

WHAT IS THE 'WOUND BALANCE' CONCEPT?

Wound balance is a concept that aims to integrate various critical parameters which offer continuity, individualised care and support clinical decision-making, to place the patient at the centre of all care¹. With patient goals being priority, the shift in focus moves from managing wounds to leveraging intention of healing wounds whenever possible and as early as possible.

The wound balance approach aims to provide clinicians with the information to understand the science of wound healing, in addition to the skills in how to communicate this effectively with patients to help them to get the best out of their treatments and, ultimately, achieve good clinical outcomes.

FACTORS AFFECTING WOUND HEALING

Identifying factors affecting wound healing is crucial to achieving wound balance. These may include!



Wound Care

- Excessive protease levels e.g. matrix metalloproteinases (MMPs), elastase
- > Other biomarker shifts
- > Nutrient/oxygen deficiency
- > Comorbidities.



Patient Care

- > Patient's ability to comply
- > Impact of quality of life
- Lack of support network
- > Environment and hygiene
- > Psychosocial factors
- Level of education and literacy.



Clinical Care

- Consistency in wound care treatment/provider
- Missed early signs of chronicity
- Habitual wound management
- > Limited education/training.

CLINICAL TOOLS AND GUIDANCE



Wound Assessment Tool



Dressing Selection

- Excessive protease levels are the most significant factors inhibiting healing that have been identified
- Dressings can be selected that address factors associated with stalled healing through protease modulation.

1. ABSORPTION

Uptake of wound inhibitors, microorganisms.

2. SEQUESTRATION

Wound inhibitor factors (ex-proteases), microorganisms are locked away.

3. RETENTION

Wound inhibitor factors (ex-proteases), microorganisms are held and immobilised.

4. REMOVAL

Wound inhibitors, microorganisms are removed with the dressing.



Quality of Life Assessment Tool

Measure quality of life, social determinants of health and impact of living with a wound

la i	the last seven days	not at all	a little	moderately	quite a lot	very much		
1	my wound hurt		П	П	П	<u>^</u>		
2	my wound had a bad smell							
3.	there was a disturbing discharge from the wound							
4	the wound has affected my sleep							
5	the treatment of the wound has been a burden to me							

Patient Priorities

Useful questions to ask the patient:

- ✓ Priorities for dressing selection?
- ✓ Goals for healing & improving quality of life?
- ✓ Lifestyle issues?
- ✓ Concerns?
- ✓ Queries about how the dressing will work?

Patient-Centred

- Clearly communicate ownership, responsibilities and expectations
- Use uncomplicated language
- Assess both intrinsic and extrinsic factors
- Provide patient/caregiver education.
- ► Scan the QR code to see a full Quality of Life Assessment Tool



Wound Balance

- Identify patient priorities
- Shift focus from management to intention of healing
- Eliminate ritualistic practices
- Treatment based on patient needs, not most familiar products
- Identify and act upon 'reg flag' signs of chronicity quickly.

Patient Care

- Reassess clinical/social factors often
- Clinician continuity
- Timely action
- Provide patient-centric care
- Use optimistic language
- Promote patient-centred

Addressing Challenges

- **Schedule** for complexity
- Manage time for complex patients
- **☑** Support patient-centred care
- Upskill knowledge of evidence-based wound care
- ☑ Take photos when possible.



FINDING THE RIGHT BALANCE FOR PATIENTS

Treating complex wounds is all about balance. Research shows superabsorbent dressings with polyacrylate polymers (SAPs) are better than foams at balancing the wound microclimate.

RespoSorb® Silicone Border is a soft, silicone, superabsorbent polymer dressing which absorbs and sequesters excessive wound inhibitors, such as MMPs and bacteria², helping to prevent maceration² and improve quality of life.



Balance microclimate

- > Maintains moist microclimate
- > Highly breathable
- Manages exudate better than comparable foam dressings.



Reduce inhibitors to wound healing

- Binds and retains bacteria
- Binds and retains MMPs more effectively than comparable foam dressings.



Protect the wound

- > Silicone adhesive balances adhesiveness and atraumatic removal
- > Soft padding effect
- > Barrier to virus and bacteria.



	Size (cm)		Wound pad (cm)	PIP Code	Article number
	8 x 8	NEW	3.5 x 3.5	427 9477	413000
	10 x 10		5 x 5	427 9485	413001
	12.5 x 12	.5	7.5 x 7.5	427 9550	413002
	15 x 15	NEW	9.5 x 9.5	427 9493	413003
	16 x 26	NEW	10.5 x 20.5	427 9501	413004
	17.5 x 17	.5	12.1 x 12.1	427 9543	413022
	20 x 20	NEW	14.5 x 14.5	427 9519	413005
Ö	18 x 18	NEW	12.6 x 12.6	427 9576	413006
O	23 x 23	NEW	17.6 x 17.6	427 9584	413007
0	13 x 15.5	NEW	7.5 x 10	427 9527	413008
0	12 x 23	NEW	6.5 x 17.5	427 9535	413009
V	25 x 25	NEW	18.6 x 17.2	427 9568	413010



RECOMMENDATIONS

Wound balance encompasses balancing the wound in terms of physiological factors, plus patient care balance and clinical practice balance. The recommendations listed below will enable clinicians to focus on healing and optimise patient quality of life in daily practice.

WOUND ALANCE

- Regulation of biomarkers
 - e.g. MMPs (using dressings containing SAP)
- Manage exudate
- Normalise and maintain healing trajectory
- Early intervention.

CARE

- Patient-centred assessment and diagnosis
- Support patient's ability to comply
- Use Quality of Life questionnaire.

CLINICAL PRACTICE

- Clinical treatment continuity
- Address wound balance challenges (see clinical tools and guidance)
- Balance time in daily practice.

For more information and to read the document in full visit **linkforwoundhealing.info** or scan the QR code.



References

- Wounds International (2023) Wound Balance: Achieving wound healing with confidence. Wounds International, London
- Barrett S, Rippon M, Rogers AA (2020) Treatment of 52 patients with a self-adhesive siliconised superabsorbent dressing: a multicentre observational study. J Wound Care29(6): 340-49



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