



## Patients' perceptions and experiences of living with a surgical wound healing by secondary intention: A qualitative study



Dorothy McCaughan<sup>a,\*</sup>, Laura Sheard<sup>b</sup>, Nicky Cullum<sup>c,d</sup>, Jo Dumville<sup>c</sup>, Ian Chetter<sup>e</sup>

<sup>a</sup> University of York, Department of Health Sciences, University of York, YO10 5DD, UK

<sup>b</sup> Bradford Institute for Health Research, Bradford, BD9 6RJ, UK

<sup>c</sup> Division of Nursing, Midwifery and Social Work, School of Health Sciences, Faculty of Biology, Medicine and Health, University of Manchester, Manchester Academic Health Science Centre, UK

<sup>d</sup> Research and Innovation Division, Central Manchester University Hospitals NHS Foundation Trust, Manchester Academic Health Science Centre; Jean McFarlane Building, Manchester M13 9PL, UK

<sup>e</sup> Academic Vascular Surgical Unit, Hull York Medical School, University of Hull, Hull and East Yorkshire NHS trust, Hull, HU3 2JZ, UK

### ARTICLE INFO

#### Keywords:

Patient experience  
Qualitative research  
Surgical wounds  
Secondary intention healing

### ABSTRACT

**Background:** Most surgical wounds heal by primary intention, that is to say, the edges of the wound are brought together with sutures, staples, adhesive glue or clips. However, some wounds may be left open to heal (if there is a risk of infection, or if there has been significant tissue loss), and are known as 'surgical wounds healing by secondary intention'. They are estimated to comprise approximately 28% of all surgical wounds and are frequently complex to manage. However, they are under researched and little is known of their impact on patients' lives.

**Objectives:** To explore patients' views and experiences of living with a surgical wound healing by secondary intention.

**Design:** A qualitative, descriptive approach.

**Settings:** Participants were recruited from acute and community nursing services in two locations in the North of England characterised by high levels of deprivation and diverse populations.

**Participants:** Participants were aged 18 years or older and had at least one surgical wound healing by secondary intention, which was slow to heal. Purposeful sampling was used to include patients of different gender, age, wound duration and type of surgery (general, vascular and orthopaedic). Twenty people were interviewed between January and July 2012.

**Methods:** Semi-structured interviews were conducted, guided by use of a topic guide developed with input from patient advisors. Data were thematically analysed using steps integral to the 'Framework' approach to analysis, including familiarisation with data; development of a coding scheme; coding, charting and cross comparison of data; interpretation of identified themes.

**Findings:** Alarm, shock and disbelief were frequently expressed initial reactions, particularly to "unexpected" surgical wounds healing by secondary intention. Wound associated factors almost universally had a profound negative impact on daily life, physical and psychosocial functioning, and wellbeing. Feelings of frustration, powerlessness and guilt were common and debilitating. Patients' hopes for healing were often unrealistic, posing challenges for the clinicians caring for them. Participants expressed dissatisfaction with a perceived lack of continuity and consistency of care in relation to wound management.

**Conclusions:** Surgical wounds healing by secondary intention can have a devastating effect on patients, both physical and psychosocial. Repercussions for patients' family members can also be extremely detrimental, including financial pressures. Health care professionals involved in the care of patients with these wounds face multiple, complex challenges, compounded by the limited evidence base regarding cost-effectiveness of different treatment regimens for these types of wounds.

### What is already known about the topic?

- Surgical wounds healing by secondary intention are open surgical wounds that are left to heal from the base up. They are often slow to

\* Corresponding author at: Department of Health Sciences, University of York, Heslington, York, YO10 5DD, UK.  
E-mail address: [dorothy.mccaughan@york.ac.uk](mailto:dorothy.mccaughan@york.ac.uk) (D. McCaughan).

heal and are prone to infection.

- There is relatively little information about these wounds, their management, and which treatments offer best value for money.
- No previous research had reported the perspectives of patients living with a surgical wound healing by secondary intention.

### What this paper adds

- This is the first study specifically designed to explore patients' views and experiences of living with a surgical wound healing by secondary intention.
- Having a surgical wound healing by secondary intention impacted substantially on daily living, and this impact was particularly important for those patients with children or in employment, who constitute a younger demographic than seen in previous research associated with other complex wound types.
- The study findings promote and enhance understanding of the impact of a surgical wound healing by secondary intention on patients' and their family members' lives, as well as describing the challenges faced by clinicians in managing these wounds.

## 1. Introduction

More than six million surgical operations are performed annually in the United Kingdom (UK) National Health Service (NHS) (Department of Health, 2010). The majority result in a wound that heals by primary intention; that is to say, the incision is closed by fixing the edges together with sutures (stitches), staples, adhesive glue or clips. However, some wounds may be left open to heal if there is a risk of infection or if there has been a significant tissue loss. Healing occurs through the growth of new tissue from the base of the wound upwards, a process described as 'healing by secondary intention'. Types of wounds that might be left open to heal are those resulting from excision of a pilonidal sinus (chronic wounds arising from hair follicles in the buttock cleft) (AL-Khamis et al., 2010) and breast abscesses (Lewis et al., 2001). Wounds that were healing by primary intention may sometimes 'dehiscence', resulting in full or partial separation of the wound edges, which may then be left to heal fully through secondary intention, or closed surgically after partial healing.

Evidence concerning the epidemiology of surgical wounds healing by secondary intention (referred to hereafter as open surgical wounds) in the UK has been limited until relatively recently. Two published audit studies from the North of England (Bradford, UK, (Vowden and Vowden, 2009)) and Hull, UK, (Srinivasaiah et al., 2007), estimated that open surgical wounds constitute approximately 28% of all prevalent acute (mainly surgical/traumatic) wounds that were receiving wound care provision. More recently, Hall et al. (2014) evaluated the point prevalence of all types of complex wounds in a UK city (with a population of 751,485) and found a point prevalence of dehiscent surgical wounds of 0.07 per 1000 population. A further evaluation of the prevalence of open surgical wounds (Chetter et al., 2016) over a two week period in primary, community and secondary care settings, found a prevalence of 0.41 per 1000 population in a total population of 590,585, almost half of which were planned to heal by secondary intention.

Open surgical wounds can be challenging to manage as the wounds can be large, deep, at risk of infection and produce copious amounts of exudate (Dumville et al., 2015). Management of open surgical wounds requires intensive treatments that may involve prolonged periods of hospitalisation for patients and/or further surgical intervention (for example, wound debridement and skin grafting), with associated quality of life implications (Sandy-Hodgetts et al., 2013). Despite being relatively common, there is a lack of robust evidence concerning the effectiveness of treatment options for open surgical wounds (Vermeulen et al., 2005; National Institute for Health and Clinical Excellence (NICE), 2008; Dumville et al., 2015). Negative pressure wound therapy

is a widely used intervention, whereby negative pressure is applied to a wound via a gauze or foam dressing and theoretically promotes wound healing by removing exudate and reducing infections; however, evidence of its effectiveness is limited (Dumville et al., 2015). Open surgical wounds are also managed through application of a variety of wound dressings, generally applied by hospital or community nurses, requiring patients to undergo frequent dressing changes, often including packing of the wound cavity.

While there is an expansive literature relating to patients' experiences of chronic wounds, such as leg ulcers (Briggs and Flemming, 2007; Faria et al., 2011; Finlayson et al., 2017; Green et al., 2013, 2014; Hareendran et al., 2005; Herber et al., 2007; Persoon et al., 2004), evidence concerning the impact on patients of experiencing an open surgical wound is lacking. Our qualitative study, embedded within a large programme of research related to open surgical wounds, specifically aimed to explore patients' perspectives of living with an open surgical wound, and to elicit their views regarding healing of their wounds and their experiences of treatment.

## 2. Methods

### 2.1. Design

A qualitative, descriptive design was adopted, using semi-structured, individual interviews. Semi-structured interviews were selected because they offer flexibility in data collection and lead to rich narratives, which permit the researcher to analyse how the participants make sense of the topic under investigation (Pope and Mays, 2006). The study was designed in collaboration with three patient advisers, with personal experience of an open surgical wound, acting as 'key informants'. They were involved through face-to-face meetings in: design and piloting of the interview topic guide (Appendix A); data analysis; interpretation of the study findings; and comments on early drafts of study findings.

### 2.2. Setting

Participants were recruited from acute and community nursing services in two locations in the North of England, one a large conurbation with broad economic and ethnic diversity, and high levels of deprivation, the other a smaller sized city, also with high levels of deprivation, though less ethnically diverse.

### 2.3. Participants

Patients were purposively sampled to include those with an open surgical wound that was slow to heal, according to gender, age, duration of wound and type of surgery (general, vascular, orthopaedic surgery). We aimed for ethnic diversity within the sample. Patients were identified and approached regarding study participation by a member of their usual healthcare team. Twenty patients with open surgical wounds, 11 women and nine men, median age 53 (range 19–76) years, were recruited between January 2012 and July 2012. Ethnicity was white British for all but one female (P15), who was Asian British. The surgical procedure preceding the open surgical wound was general abdominal surgery in 11 patients, vascular surgery in five patients, orthopaedic surgery in two patients, excision of pilonidal sinus in one patient and drainage of abscess in one patient. The median duration of healing of the open surgical wounds was 5.5 (range 1.5–60) months. Wound characteristics, patient comorbidities (as recounted during interview), and socio-demographic details, are presented in Table 1.

### 2.4. Interviews

Interviews were semi-structured, using the topic guide developed and piloted with input from three patient advisers. Two researchers (DM and LS) carried out the interviews. DM is a registered nurse with

Download English Version:

<https://daneshyari.com/en/article/5120917>

Download Persian Version:

<https://daneshyari.com/article/5120917>

[Daneshyari.com](https://daneshyari.com)