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Professional practices and recommendations / Pratiques professionnelles et recommandations

Which medical devices and/or local drug should be curatively used, as of 2012, for PU patients? How can granulation and epidermidalization be promoted? Developing French guidelines for clinical practice

Quel dispositif médical et/ou quel médicament local choisir pour un patient avec escarre(s) constituée(s) pour assurer le bourgeonnement et la réépidermisation d'une escarre constituée en 2012 ? Vers l'élaboration de recommandations françaises pour la pratique clinique

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Abstract

Introduction. – Management of a patient with pressure ulcer sore(s) must associate local and general treatment.

Objectives. – To determine which medical devices other than supports and which treatments may be used for pressure sore healing (granulation tissue and epithelization/epidermidalization) as of 2012.

Methods. – Systematic review of the literature querying the databases: PASCAL Biomed, PubMed, and Cochrane library from 2000 through 2010.

Results. – Data in the literature on granulation tissue and epithelization/epidermidalization in pressure sore healing are poor. The level of evidence regarding the relative effectiveness of one modern dressing compared to another has remained low. However, the study data on the interest of hydrocolloid dressing compared with impregnated gases are more significant.

Discussion. – Studies with heterogeneous results and populations have shown low power. Meta-analyses are difficult due to the wide range of therapeutic aims. Further clinical studies with adequate methodology are needed prior to elaboration of more specific recommendations.

Conclusion. – The use of hydrocolloid dressing may be recommended to improve granulation tissue development and epithelization/epidermidalization in pressure sore (Level B).

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Keywords: Pressure sore; Stage; Local treatment; Device; Dressing; Guidelines; Evidence-based medicine

Résumé

Introduction. – La prise en charge d'un patient porteur d'escarre(s) comporte un traitement général associé au traitement local.

Objectifs. – Déterminer quels dispositifs locaux en dehors des supports et quels médicaments utiliser pour assurer le bourgeonnement et la réépidermisation d'une escarre en 2012.

Méthode. – Revue systématique de la littérature avec interrogation des bases de données PASCAL Biomed, PubMed et Cochrane Library entre 2000 et 2010.

Résultats. – Les articles analysés traitent peu spécifiquement du bourgeonnement et de la réépidermisation des escarres. Les données qui permettent de préférer certains types de pansements modernes à d'autres restent d'un faible niveau de preuve. Les études sont en revanche plus significatives sur la comparaison de l'intérêt des hydrocolloïdes par rapport aux gazes imbibées.

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Discussion. – Les études sont de faible puissance avec des résultats et des populations hétérogènes et des objectifs différents rendant difficile une méta-analyse. Des travaux cliniques supplémentaires, de qualité méthodologique élevée, sont nécessaires pour élaborer des recommandations plus précises.

Conclusion. – Il y a un intérêt à utiliser les hydrocolloïdes pour favoriser le bourgeonnement et la réépidermisation d'une escarre (Grade B).
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Mots clés : Escarres ; Stade ; Traitement local ; Pansements ; Dispositifs ; *Guidelines* ; Médecine fondée sur les preuves

1. English version

1.1. Introduction

Pressure ulcer (PU) treatment is at once local and general since it takes into close account a person in his wholeness. Therapeutic success is predicated on multidisciplinary care management, caretaker adherence to a treatment protocol and the active involvement of the patient and his entourage. Timely elimination of necrotic tissue and control of exudate and infection are essential to granulation tissue development and spontaneous epidermalization. Dressings must be chosen according to the state of the wound. Since the introduction of hydrocolloids in the 1980s, numerous dressings have been added to the therapeutic armory, and they may be grouped under the generic heading of “modern” as opposed to “conventional” dressings (gauze bandages, humid compresses). In 2001, a patent lack of adequately conducted comparative studies led that year’s consensus conference in prevention and treatment of pressure sores in the adult and the elderly individual [2] to conclude that the different dressings has not been sufficiently assessed. As for Cullum et al. [9] in their review of the literature, they found no evident proof allowing for recommendation of a particular dressing, nor did they find any proof of the efficacy of any alternative therapies (electrotherapy, ultrasound. . .).

1.2. Objective

The aim of this article is to determine in view of the existing literature the local medical devices other than support surfaces to be used and the drugs to be taken, as of 2012, so as to facilitate granulation tissue development and epidermalization.

1.3. Material and methods

Drawn up by the French Society of Physical and Rehabilitation Medicine (SOFMER) [27], the method employed involves three main steps: a systematic review of the literature, a compendium of prevailing professional practices and validation by a multidisciplinary panel of experts.

1.3.1. Systematic review of the literature

1.3.1.1. Study selection. A systematic review of the literature dating from 2000 through 2010 was carried out by two professional documentarians. The English-language keywords were: pressure sore, pressure ulcer, dressing, bandage, stage,

prevention and control, local wound care, wound healing, therapy, practice guidelines, all devices including topical negative pressure therapy, evidence-based medicine and evidence-based nursing. Their French-language counterparts were: *escarres, stade, traitement local, pansements, dispositifs, guidelines, and médecine fondée sur les preuves.*

They were proposed by a medical bibliography selection committee composed of doctors representing Prevention Education Research Care Pressure sore (PERSE), the French Society of Geriatrics and Gerontology (SFGG), the French-speaking and French wound healing society (SFFPC) and the SOFMER. The databases employed were: PASCAL Biomed, PubMed and Cochrane Library. The material chosen for review was limited to articles in English and French pertaining to adult human subjects and containing an abstract. An initial selection of summarized articles was carried out independently by the same committee in order to pinpoint those relevant to the general theme. The complete articles in an electronic or paper format were then transmitted to two experts, one from the association known as PERSE and the other from the SFFPC. A second selection was subsequently performed by the two experts with the objective of retaining for review articles dealing with curative treatment of pressure sores and, more specifically, with granulate tissue development and epidermalization; they did this after having read the “Material and methods” paragraphs of the previously selected articles. Lastly, the apparently pertinent abstracts of the articles cited as references in the publications retained for further review were analyzed.

The methodological quality of the articles retained for analysis was established on the basis of the Anaes grid [27] classifying studies according to four levels. Studies particularly lacking in methodological quality (inadequate randomization, insufficient number of subjects, imprecision with regard to the intervention) were excluded.

1.3.1.2. Criteria of evaluation. Four types of criteria were employed:

- criteria of deficiencies;
- criteria of associated comorbidities;
- criteria of evaluation of pressure sore risk on the basis of previously validated risk scales;
- criteria of a medico-economic nature such as length of stay, or analysis of the costs incurred in care management.

1.3.1.3. Data analysis. Data analysis was independently carried out by two “blinded” readers working on behalf of two distinct French associations, PERSE and SFFPC.

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