

Evaluation of octenisan wash mitts® in Complex Wound Clinic as an alternative to bucket wash as part of leg ulcer management

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Introduction

The specialist team at the Complex Wound Clinic at Central and North West London NHS Foundation Trust assists other healthcare professionals in the care and management of patients with complex wounds. They do not provide total care, just the expert support needed to deliver the appropriate management. The service is provided in the community, in patients' homes (including nursing homes) and in clinics.

The majority of patients seen by the service have chronic, challenging leg ulcers and pressure ulcers.

Prior to the dressing of a leg ulcer, bucket washes of the legs were performed by healthcare staff, but it was noted that there were many staff musculoskeletal injuries being reported in relation to bucket washing, resulting in the need for sick leave. Also, in the community, staff were increasingly not allowed to use the patients' kitchens or hot water to carry out the wash.

It was therefore decided to evaluate the potential use of octenidine based antimicrobial wash mitts as an alternative to bucket washing, prior to dressing leg ulcers. The wash mitts are effective against a broad range of microorganisms (including multi-resistant strains).

Aims

Our initial aims were to monitor both the patients' and staff reactions to the use of the wash mitts instead of the bucket wash, track reported incidents of staff musculoskeletal injuries and monitor infection rates including pseudomonas fungal infections and wound infections requiring antibiotics.

Methods

Initially, all patients being treated for chronic leg ulcers were offered the choice of a bucket wash or cleaning with wash mitts. This choice was only given to those patients who had at least one experience of bucket washing, so that an informed choice could be made. Initial feedback was overwhelmingly in favour of the wash mitts. Consequently, all bucket washes were stopped from January 2019 and wash mitts used instead.

Patients were then evaluated throughout 2019. At any one time around 53 patients were being treated for a challenging leg ulcer, with cleaning undertaken with the wash mitts before the wound was dressed. Parameters explored included efficacy of skin care, patients' satisfaction and perceptions, any changes in the skin condition and staff feedback about using the mitts rather than a bucket wash.

A number of patients are currently being evaluated in more depth, so that detailed case studies can be compiled.

Results

Initial feedback after 12 months, is highly positive for the use of the wash mitts. Patients preferred their use to bucket washing, with comments including 'my skin felt much cleaner' and 'the mitts were better at removing dead and dried skin.' Staff also reported a preference for the wash mitts because of their ease of use and efficacy. Of particular note was the reporting of musculoskeletal work-related injuries which reduced from seven referrals to occupational health in 2018 to none in 2019 after the complete switch to wash mitts had been made. There were no staff sick days relating to such injuries in 2019.

There was a real reduction in the prescription of antibiotics for wound infections in 2019 compared to the previous 12 months. Also, there were no reported cases of pseudomonas in wound assessments since the evaluation process began. Pseudomonas fungal infection around the toes is usually very common in patients with chronic leg ulcers.

In addition, improved communications between service users and clinicians was reported, and one patient subsequently became more engaged in the self-management of her leg.

Overall, patients' reported satisfaction together with the reduction in the use of antibiotics were particularly notable.

Conclusions

This was an initial 12-month evaluation of octenidine based wash mitts compared to bucket washing, and further work needs to be done in terms of data collection and analysis, in particular the reduction in prescribed antibiotics.

However, the initial results are very promising both for the patients with challenging leg ulcers and for the staff caring for these patients.

The wash mitt has met both service users and clinicians' expectations by promoting good skin care, reducing unwarranted infections and improving the quality of care delivered to service users in the community.

The findings of this evaluation indicate that the wash mitt is a good alternative to bucket washing, with many potential benefits, which warrant further and more detailed investigation.

Chronic leg ulcer prior to treatment



Leg ulcer after 8 weeks treatment

