



This is a guide only and does not
replace clinical judgment



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References

- Dumville JC et al. Dressings for the prevention of surgical site infection. *Cochrane Syst Rev.* 2016;CD003091.
- Haesler E, Carville K. 2023. Australian Standards for Wound Prevention and Management. AHRA, Wounds Australia, WAHTN. <https://woundsaustralia.org/>
- Harris CL et al. 2017. Best practice Recommendations for Prevention and Management of Surgical Wound Complications. Wound Care Canada. www.woundscanada.ca/
- Norman G et al. Negative Pressure Wound Therapy for surgical wounds. *Cochrane Syst Rev.* 2022;CD009261.
- Stryja J et al. Preventing and managing surgical site infection across health care sectors. AAWC, IPS, Wounds Australia, EWMA. *J Wound Care.* 2020;29:S1-69.
- World Health Organisation. Global Guidelines for the Prevention of Surgical Site Infection. 2nd ed. 2018. <https://www.who.int/publications/i/item/9789241550475>

Surgical Wounds

Information for health professionals



Surgical Wounds

Assessment

- Undertake a comprehensive, structured, assessment to identify factors that may affect surgical wound healing
- Risk factors for complications include:
 - Advanced age
 - Smoking
 - Being overweight and/or malnutrition
 - Poor glycaemic control
 - Recent radiotherapy
 - Long term use of steroids
 - Wound type (contaminated)
 - Prolonged duration of surgery
- Reassess and document progress in healing regularly



A moist wound environment enables migration of tissue repairing cells. Extreme wetness or dryness may delay healing.

Management

- Develop a management plan including the affected person, family and carers
- Use the appropriate aseptic technique for changing or removing dressings
- Cleanse surgical wounds with sterile saline up to 48 hours after surgery; then cleanse with a neutral, non-toxic solution (e.g. potable tap water or normal saline) after a risk assessment to guide choice of cleanser
- Remove devitalised or infected tissue through mechanical, sharp, autolytic or biological debridement
- Do not use a topical antiseptic agent to reduce risk of infection for surgical wounds healing by primary intention
- There is no evidence that any specific type of dressing, or type of topical antiseptic agent, improves healing or infection outcomes
- Negative pressure wound therapy may reduce risk of infection in surgical wounds
- Choose a dressing which promotes moisture balance to promote healing



Prevention of complications

- Develop a plan to reduce risk factors for poor surgical wound healing
- Encourage cessation of smoking for 4 weeks prior to surgery and in the post-operative phase
- Surgical prophylactic antibiotics may be given within 120 minutes before incision if appropriate
- Optimise glucose control in the perioperative phase
- Ensure optimal levels of nutrition for healing
- Educate persons, family and carers on all aspects of surgical wound management