NEW IDEAS (or maybe not so new…)

Here it is, September again! This always seems like a good time to dust off some of the cobwebs in the brain and look at old problems in new ways.

One of the things we seem to run across in wound care is how to manage drainage. In particular, those edematous lower limbs that seem to just ooze fluid. We change the 'abdominal' pads, wrap up with extra padding and the dressings, bed and sometimes the floor are all soaked almost before you can turn around.

I have seen many patients with this problem, and as many nurses and doctors who are frustrated because they just can’t find something to staunch the flow, or at least absorb the drainage to keep the dressing on for more than an hour or two.

As a parent, I remember those terrific baby diapers that sure soaked up a lot—and the baby’s bottom was not excoriated or even wet. The diaper pulled the 'fluid' from the baby’s skin and didn’t need frequent changing (unlike the cloth diapers, which we also used). Made me think about how the baby diapers might help out for patients who have heavily draining, edematous lower limbs. My thoughts on this had to do with the fact that these wounds are not sterile and likely tipping into topical infection.

Using baby diapers that are packaged and available commercially means that they have a quality standard (after all, we put them on babies bottoms!), so why not use them for those heavily draining wounds?

I always ask the patient/family if it is okay with them if we use the baby diapers. I explain why we’re considering using them, mainly to cut down on frequency of dressing changes and to help keep the moisture from staying on the skin where it can macerate the tissue and cause more problems. Not everyone might want to have their legs wrapped up with baby diapers, but so far, I’ve never had anyone say no.

Another handy thing about the diapers is that the gathered section (ordinarily where the diaper bends around the baby’s body & between his/her legs) is almost perfect to curve over the heel and up under the sole of the foot. The other thing is that the Velcro-type tabs that keep the diaper snug around the baby’s body, can be used to attach one diaper (placed under the leg) to a second diaper (placed on top). A third and sometimes fourth diaper can be used around the calf/shin area if needed. We wrap the whole thing up from toes to below the knee with ‘Kling’ type wrap. The diapers work to wick away the drainage at a fraction of the cost (both in time and dressing products) otherwise required.

While I haven’t found the research literature to support this approach, if we consider the environment of this type of chronic wound, why not think ‘outside the box’ and use what is actually readily available to provide efficient and practical care that is likely optimal for this type of drainage. Research project, anyone?

Important: consider the cause of the drainage and make sure you are dealing with the possibility of infection at the same time as managing the drainage.

Stay tuned to www.kohrconsulting.ca for wound care workshops this Fall.