## Incision Management: Risk Assessment

### Step 1: Risk Factor Identifier

<table>
<thead>
<tr>
<th>Procedural risk</th>
<th>No evidence of increased risk of post-operative wound healing complications</th>
<th>Significantly increases the risk of post-operative wound healing complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the procedure...?</td>
<td>Elective</td>
<td>Emergency¹²</td>
</tr>
<tr>
<td>2. Is the procedure...?</td>
<td>Clean</td>
<td>Clean contaminated¹³</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient related risk</th>
<th>No evidence of increased risk of post-operative wound healing complications</th>
<th>Significantly increases the risk of post-operative wound healing complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient aged 70 or older?</td>
<td>No</td>
<td>COPD⁴,⁵</td>
</tr>
<tr>
<td>2. Underlying medical condition?</td>
<td>No</td>
<td>Anaemia⁴,⁵</td>
</tr>
<tr>
<td>3. Sepsis?</td>
<td>No</td>
<td>Hyperglycaemia⁴</td>
</tr>
<tr>
<td>4. Smoking?</td>
<td>No</td>
<td>Diabetes⁴,⁶</td>
</tr>
<tr>
<td>5. Malnutrition?</td>
<td>No</td>
<td>Jaundice³</td>
</tr>
<tr>
<td>6. Adjunctive therapies?</td>
<td>No</td>
<td>Cancer⁴</td>
</tr>
<tr>
<td>7. Obesity?</td>
<td>BMI &lt;35</td>
<td>Alcoholism²</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low serum albumen¹³</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surgical considerations</th>
<th>No evidence of increased risk of post-operative wound healing complications</th>
<th>Significantly increases the risk of post-operative wound healing complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Skin prep as per NICE guidelines?</td>
<td>Yes</td>
<td>Yes²⁴,⁵</td>
</tr>
<tr>
<td>2. Procedure involves prosthesis?</td>
<td>No</td>
<td>Yes²⁴,⁵</td>
</tr>
<tr>
<td>3. Procedure involves limb amputation?</td>
<td>No</td>
<td>Yes²⁴,⁵</td>
</tr>
<tr>
<td>4. Prephylactic antibiotics?</td>
<td>Yes</td>
<td>Yes²⁴,⁵</td>
</tr>
<tr>
<td>5. Location/type of the surgery</td>
<td>Other</td>
<td>Bile duct¹¹</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Liver¹¹</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pancreas¹¹</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gastric¹¹</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vascular⁸</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bowel¹¹</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Peri-operative risk</th>
<th>No evidence of increased risk of post-operative wound healing complications</th>
<th>Significantly increases the risk of post-operative wound healing complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hypothermia?</td>
<td>No</td>
<td>Yes²</td>
</tr>
<tr>
<td>2. Hypoxia?</td>
<td>No</td>
<td>Yes²</td>
</tr>
</tbody>
</table>

### Step 2: Risk Grading Scheme

- **Grade 1**: No Risk
  - Healthy patient
  - Low risk procedure

- **Grade 2**: Single risk factor

- **Grade 3**: Multiple risk factors

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¹³ Based on the number of risk factors identified allocate a risk status to the patient.
Step 3: Incision Management Guide

Estimate the patient’s risk level for post-operative wound healing complications (see “Incision Management: Risk Assessment”).

On the basis of patient risk status decide upon an incision management approach:

Grade 1 – Conventional Dressing Regimen

Grade 2 / Grade 3 – Consider PICO Pathway

Conventional Dressing Regimen

Apply appropriate dressing (OPSITE® Post-Op / Post-Op Visible)

In line with local incision management protocol/guidelines

INITIAL REVIEW - 48 hours

Wound closed / progressing to closure?

YES

NO

Consider use of PICO

If infection is suspected consult local protocol for guidance

Consider use of ACTICOAT™ Flex 3 in conjunction with PICO

Examine dressing for exudate strike-through to determine whether dressing change is required:

- Assess wound progress
  - Ensure PICO continues to be suitable for the patient
  - Ensure PICO continues to be appropriate for the achievement of wound closure

If infection is suspected...

Consult local protocol for guidance

Consider use of ACTICOAT™ Flex 3 in conjunction with PICO

Initial PICO

If depth >2cm

Consider use of a filler

Review - 7 days

Assess wound’s progression towards closure:

- Assess wound progress
  - Ensure PICO continues to be suitable for the patient
  - Ensure PICO continues to be appropriate for the achievement of wound closure

If discharge is still present or increasing...

Consult local protocol for guidance

Consider use of a filler

Discontinue PICO if...

- Wound closure is achieved
- There is excessive bleeding from the wound
- PICO has proven to be unsuitable

Consult local protocol for guidance

Discontinue PICO

If infection is suspected...

Consult local protocol for guidance

Consider use of ACTICOAT™ Flex 3 in conjunction with PICO

If depth >2cm

Consider use of a filler

Consideration for use

PATIENT SUITABILITY?

Is PICO a suitable treatment for the patient being considered?
- Will the patient be concordant with the dressing and/or device?
- Will PICO be acceptable to the patient?

WOUND SITE

Is the wound location suitable for treatment with PICO?
- Avoid sites with pins and/or external fixation
- Will it be possible to achieve and maintain a seal?
- Can the port can be located in an area which will minimise the risk of pressure damage?
- Will it be possible to achieve and maintain a seal?
- Consider routing of tubing to avoid risks of pressure damage and entanglement

PATIENT SUITABILITY?

Is PICO a suitable treatment for the patient being considered?
- Will the patient be concordant with the therapy?
- Will it be possible to achieve and maintain a seal?
- Can the port can be located in an area which will minimise the risk of pressure damage?

Do not use PICO if any of the contraindications for PICO use are applicable

PICO is contraindicated for:

- Patients with malignancy in the wound bed or margins of the wound (except for palliative care to enhance quality of life)
- Previously confirmed or unroofed osteomyelitis
- Non-enteric and unexplored fistulae
- Use on necrotic tissue with eschar
- Use over exposed blood vessels, nerves or organs
- Exposed anastomotic sites
- The patient has a known sensitivity to adhesive dressings

Consideration for use

PATIENT SUITABILITY?

Is PICO a suitable treatment for the patient being considered?
- Will the patient be concordant with the therapy?
- Will it be possible to achieve and maintain a seal?
- Can the port can be located in an area which will minimise the risk of pressure damage?

WOUND SITE

Is the wound location suitable for treatment with PICO?
- Avoid sites with pins and/or external fixation
- Will it be possible to achieve and maintain a seal?
- Can the port can be located in an area which will minimise the risk of pressure damage?
- Consider routing of tubing to avoid risks of pressure damage and entanglement
- Consider proximity of stoma sites

Initial PICO

If infection is suspected...

Consult local protocol for guidance

Consider use of ACTICOAT™ Flex 3 in conjunction with PICO

If depth >2cm

Consider use of a filler

References