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[Intervention Review]

Wound cleansing for pressure ulcers

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ABSTRACT

Background

Pressure ulcers (also called pressure sores, bed sores and decubitus ulcers) are areas of tissue damage that occur in the elderly, malnourished or acutely ill, who cannot reposition themselves. Pressure ulcers impose a significant financial burden on health care systems and negatively affect quality of life. Wound cleansing is considered an important component of pressure ulcer care.

Objectives

This systematic review seeks to answer the following question:

what is the effect of wound cleansing solutions and wound cleansing techniques on the rate of healing of pressure ulcers?

Search methods

For this second update, we searched the Cochrane Wounds Group Specialised Register (searched 26/3/10) The Cochrane Central Register of Controlled Trials (CENTRAL) - *The Cochrane Library 2010, Issue 1*, Ovid MEDLINE - 2007 to March Week 2 2010, Ovid EMBASE - 2007 to 2010 Week 9 and EBSCO CINAHL - 2007 to March 26 2010.

Selection criteria

Randomised controlled trials (RCTs) comparing wound cleansing with no wound cleansing, or different wound cleansing solutions, or different cleansing techniques, were eligible for inclusion if they reported an objective measure of pressure ulcer healing.

Data collection and analysis

Two review authors extracted data independently and resolved disagreements through discussion. A structured narrative summary of the included studies was conducted. For dichotomous outcomes, relative risk (RR), plus 95% confidence intervals (CI) were calculated; for continuous outcomes, mean difference (MD), plus 95% CI were calculated. Meta analysis was not conducted because of the small number of diverse RCTs identified. For the second update of this review, two review authors independently assessed each included study using the Cochrane Collaboration tool for assessing risk of bias.

Main results

No additional studies were identified from the updated search. Three studies met the inclusion criteria for the review. No studies compared cleansing with no cleansing. Two studies compared different wound cleansing solutions. A statistically significant improvement in Pressure Sore Status Tool scores occurred for wounds cleansed with saline spray containing Aloe vera, silver chloride and decyl glucoside (Vulnoprur) compared to isotonic saline (P value = 0.025), but no statistically significant change in healing was seen when water was compared to saline (RR 3.00, 95% CI 0.21 to 41.89). One study compared cleansing techniques, but no statistically significant change in healing was seen for ulcers cleansed with, or without, a whirlpool (RR 2.10, 95% CI 0.93 to 4.76).

Authors' conclusions

We identified three small studies addressing cleansing of pressure ulcers. One noted a statistically significant improvement in pressure ulcer healing for wounds cleansed with saline spray containing Aloe vera, silver chloride and decyl glucoside (Vulnopus) when compared with isotonic saline solution. Overall, there is no good trial evidence to support use of any particular wound cleansing solution or technique for pressure ulcers.

PLAIN LANGUAGE SUMMARY**Wound cleansing to help pressure ulcers heal.**

Pressure ulcers (also called pressure sores, bed sores and decubitus ulcers) are areas of tissue damage that occur in the elderly, malnourished or acutely ill, who cannot reposition themselves. The three trials identified found no good evidence that cleansing pressure ulcers (bed sores) using a particular technique, or cleansing with a particular solution, helps healing. Very little research has studied the cleansing of pressure ulcers and therefore we are unable to draw any firm conclusions.