

The Successful Management of a Laparotomy Post-Surgical Wound Using Flaminal® Forte

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Introduction

The term 'laparotomy' refers to a surgical procedure involving an incision through the abdominal wall to gain access to the abdominal cavity. It is one of the oldest surgical procedures and despite advances in minimally invasive and robotic surgery, laparotomy is still essential for emergencies and complex elective abdominal procedures. It is commonly performed for diagnostic purposes or to treat various abdominal conditions involving abdominal organs ⁽¹⁾.

Surgical wound management is critical to postoperative care, influencing patient recovery, infection control, and healthcare costs. Implementing evidence-based practices in surgical wound management is critical to reducing these risks ⁽²⁾.

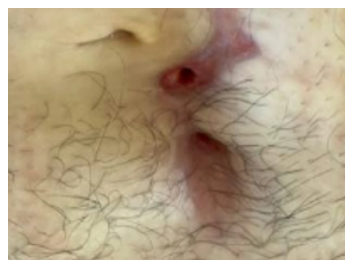
Gastrointestinal perforation, with leakage of alimentary contents into the peritoneal cavity, is a common surgical emergency and may have life-threatening consequences. Gastric perforation may be spontaneous or traumatic and indicated causes include gastric ulcers, perforated carcinoma, strangulated hernia and ischaemic disorders. The principle of operative management is to achieve a quick and easy access via a formal midline laparotomy and identify the site and nature of the pathology ⁽³⁾.

This case study illustrates the management of a 58-year-old male who underwent laparotomy surgery for a duodenal perforation. His medical history included anaemia, gastrointestinal bleed, and adenocarcinoma of his transverse colon. He was referred to the community healthcare services and was subsequently reviewed by a Senior District Nurse for laparotomy wound management. The challenges included high volumes of exudate, increased risk of infection and difficulty applying dressings due to body hair.

Method



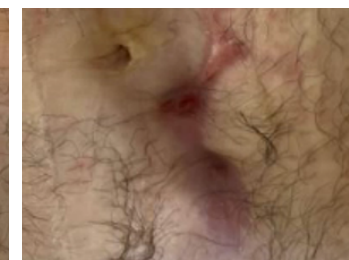
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The initial assessment completed by the Senior District Nurse revealed a wound that comprised of a 100% sloughy sinus, located at the distal end of the laparotomy wound. It was highly exuding with macerated edges and demonstrated signs of local infection with a noted odour present. Aims were facilitating debridement of the devitalised tissue and to eradicate the wound bioburden and so reduce the risk of infection. The patient was awaiting the initiation of chemotherapy; therefore, prompt wound healing was essential to prevent any delays. Additionally, exudate management was also considered a priority in order to accomplish an optimum wound healing environment. Patient comfort was also a driving force during the wound dressing selection process. Flaminal® Forte was initiated as the primary dressing, with a secondary absorbent surgical dressing. It was advised for dressing changes to be completed daily. Prior to the commencement of Flaminal® Forte, the dressing regimen consisted of a hydrofibre ribbon dressing packed into the sinus tract, covered with a secondary absorbent dressing.

Results

Initially the patient was reluctant to commence treatment with Flaminal®. However, the importance of effective exudate management, particularly in the context of the complexity associated with managing a sinus wound, was explained and so the patient went ahead with the change in regime. After 2 weeks of Flaminal® use, the patient observed a noticeable improvement in the wound's condition and subsequently was satisfied with the progress and happy to continue. The advised management plan was continued, and after a three-week period, complete debridement of the devitalised tissue was achieved. The sinus wound bed demonstrated 100% healthy granulation tissue. Exudate levels had reduced, and the wound edges, which had previously been macerated, appeared healthy and intact. Throughout the wound healing continuum, the wound continued to progress without interruption. Seven

weeks of treatment with Flaminal® Forte, complete healing was achieved.

Discussion

The management of gastroduodenal perforation in the UK involves a combination of thorough clinical assessment, diagnostic imaging, and treatment strategies tailored to the individual patient. Initial evaluation includes assessment of the patient's clinical presentation, physiological stability, and relevant medical history. Diagnostic imaging is essential to confirm the presence of perforation and determine the extent of intra-abdominal contamination. While conservative management may be appropriate in selected, clinically stable patients with contained perforations, surgical intervention is most commonly required. Laparoscopic repair is widely recognised as a safe and effective approach, offering advantages such as reduced postoperative pain, shorter hospital stays, and faster recovery compared with open surgery ⁽⁴⁾.

Conclusion

The treatment objectives had been successfully achieved, resulting in complete wound healing. Furthermore, the comfort and ease of application of Flaminal® provided reassurance to the patient and promoted concordance with the prescribed treatment regimen. Flaminal® Forte was selected due to its ability to provide antimicrobial protection, support autolytic debridement and effective exudate management, while maintaining an optimal moist wound healing environment. Furthermore, its versatility in application and soothing properties influenced the dressing selection and enhanced overall patient comfort.

References

1. Indunil Karunaratna, U Vidanagama, et al. (2024) Indications and Techniques of Laparotomy: A Comprehensive Review. Ministry of Health. Teaching Hospital Badulla. University of Colombo. https://www.researchgate.net/publication/386661316_Indications_and_Techniques_of_Laparotomy_A_Comprehensive_Review/link/6758885d951
2. Hwekweke A (2024) Best practices for surgical wound management. British Journal of Nursing. Vol 34. No. 15 Tissue Viability Supplement. British Journal of Nursing - Best practices for surgical wound management
3. Weledji EP (2020) An Overview of Gastroduodenal Perforation. Frontiers in Surgery. An Overview of Gastroduodenal Perforation
4. Tarasconi A, Coccolini F (2020) Perforated and bleeding peptic ulcer: WSES Guidelines. World of Emergency Surgery. Perforated and bleeding peptic ulcer: WSES guidelines

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