

# Dilemmas of Dehiscence

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**D**ehisced surgical wounds often create dilemmas for clinicians. Many factors can affect whether a surgical wound may dehisce. Some factors that determine wound closure success are nutrition, comorbidities, edema, smoking, and corticosteroid usage.

Before surgical site dehiscence, patients may develop symptoms such as fever, increased exudate, pain, erythema, or swelling. When a wound dehisces, the underlying causes must be identified. Infection is a suspected primary cause for dehiscence and needs to be assessed and treated locally or systemically as appropriate.

The presence of necrotic tissue in the wound bed also can play a role in dehiscence. The amount of necrotic tissue can determine if the patient needs to return to surgery or be treated more conservatively. The dehisced surgical wound tends to have increased serous or purulent exudate, which must be controlled to prevent other skin issues.

The role of nutrition in successful wound closure cannot be overemphasized. After surgery, a patient's nutritional level can decrease significantly, requiring nutritional supplements to ensure protein/caloric needs are met.

As with any difficult case, treatment success can depend on a team approach. The roles of dietitians, nursing, and therapy are vital in assisting the physician to determine the appropriate course of action. Dehisced wounds pose many challenges to even the experienced practitioner but can be managed with the appropriate interventions and modifications to the patient's care plan. ■

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## Commentary from Ferris Mfg. Corp.

Because they help reduce inflammation, erythema, edema, and pain, PolyMem® dressings are a good choice for managing dehisced surgical wounds. The dressings help continuously cleanse the wound bed of necrotic and devitalized tissue while absorbing exudate.

In a representative case,<sup>1</sup> a dehisced, painful, (10 on 0–10 scale), abdominal wound was managed with PolyMem Wic® Cavity Filler dressings. The cavity filler dressings were covered with abdominal pads secured with tape. The patient's pain decreased to 0–1 immediately. Initially, the dressings were changed every other day; this decreased to two times per week as healing progressed. Once per week, PolyMem Wic Silver was used on the wound as an antibiofilm precaution. The wound closed in approximately 8 weeks.

PolyMem Wic helped close this painful, problematic wound. After PolyMem Wic was initiated, all manual wound bed cleansing was eliminated. The dressings continuously cleanse wounds, absorb exudate, donate moisture, and help relieve persistent wound pain. The dressings also usually eliminate pain associated with dressing changes.

## References

1. Seeman P. Polymeric membrane cavity filler dramatically enhances quality of life of patient with dehisced abdominal wound. Poster presented at the WOCN Annual Conference, Orlando, FL. June 21–25, 2008.



September 4: A 17 cm x 6 cm x 5 cm dehisced abdominal surgical site.



As the wound granulated, the clean and fully granulated edges were approximated with tape, allowing the tissues to knit together. PolyMem Wic cavity filler was used in the area of the wound that was not ready for closure.



October 18: Wound measured 2 cm x 1.2 cm x 0.7 cm. Scarring was minimal, considering that this wound had dehisced 6 weeks earlier. The wound went on to complete closure.