

# Post-operative wound management

<b>Submission date</b> 05/09/2012	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 10/09/2012	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 16/04/2018	<b>Condition category</b> Surgery	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

### Protocol serial number

12054

## Study information

### Scientific Title

Evaluation of a postoperative wound management protocol using negative pressure wound therapy in primary arthroplasty patients

### Study objectives

Most postoperative protocols for patients undergoing primary total hip and knee replacements (arthroplasty) require the patient to have a dry wound before being discharged from hospital. This has recently become more important following the introduction of strict guidelines surrounding the use of heparin (a bloodthinning treatment) to reduce the risk/occurrence of postoperative blood clots. Oozing from wound sites following such surgery continues to be a common complication in a large number of patients with a resulting delay in hospital discharge and inconvenience to the patient. This increase in stay incurs extra costs on the various trusts and the NHS. The use of Negative Pressure Wound Therapy (NPWT) is a relative recent idea which has shown very promising results in trauma surgery and other fields of surgery. However, there is very limited literature relating to its efficacy and costeffectiveness in arthroplasty surgery. Arthroplasty patients appear to be the ideal candidate for NPWT. Using the standard method of dressings, patients may require multiple changes of dressing and therefore early exposure of the wound. However, due to the mild to moderate nature of wound oozing in arthroplasty patients, is it thought that a single application of PICO dressing is sufficient for the whole period of wound healing.

More details can be found at <http://public.ukcrn.org.uk/Search/StudyDetail.aspx?StudyID=12054>

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

First MREC, 18 May 2012, ref: 12/SW/0094

### **Study design**

Randomised interventional trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

### **Health condition(s) or problem(s) studied**

Musculoskeletal surgery

### **Interventions**

Control group

The control group will receive the standard dressings post-operatively

Study group

The study group will receive PICO negative pressure wound therapy post-operatively for 7 days

### **Intervention Type**

Procedure/Surgery

### **Phase**

Not Applicable

### **Primary outcome(s)**

To introduce a new post-operative wound management protocol based on using PICO NPWT.

**Key secondary outcome(s))**

No secondary outcome measures

**Completion date**

16/08/2013

**Eligibility****Key inclusion criteria**

1. Patients undergoing primary total hip or knee replacement
2. Patients with no contraindications for PICO NPWT or standard postoperative dressings
3. Patients who are over 18 years of age and have given informed consent to participant
4. Male and female participants

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Key exclusion criteria**

1. Patients undergoing revision arthroplasty surgery
2. Patients with a known history of poor compliance with medical treatment
3. Patients with known allergies to either product components (silicone adhesives and polyurethane films (direct contact with incision), acrylic adhesives (direct contact with skin), polyethylene fabrics and superabsorbent powders (polyacrylates)
4. Patients on warfarin therapy (these patients may have an increased exudate and also a prolonged stay in hospital following surgery whilst trying to achieve therapeutic INR (international normalized ratio) levels an indication of how well the patient's blood clots
5. Patients who do not give informed consent to participate in this study

**Date of first enrolment**

16/08/2012

**Date of final enrolment**

16/08/2013

**Locations**

## Countries of recruitment

United Kingdom

England

## Study participating centre

Robert Jones & Agnes Hunt Orthopaedic & District Hospital

Oswestry

United Kingdom

SY10 7AG

## Sponsor information

### Organisation

Robert Jones & Agnes Hunt Orthopaedic & District Hospital

### ROR

<https://ror.org/030mbcp39>

## Funder(s)

### Funder type

Industry

### Funder Name

Smith & Nephew Medical Ltd

## Results and Publications

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/08/2016		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes

