









Pathway for Obstetrics, Gynaecology and Breast Surgical Wounds

An aseptic non - touch technique should be used for changing and or removing a surgical wound dressing. Ensure the patient's pain is monitored at each dressing intervention and offer appropriate.

Assessment

Low Risk	Medium Risk	High Risk
BMI ≤30 with no risk factors	BMI ≤40 with no risk factors	BMI above 40 or with a surgical site completion risk factors

Click here to see more information regarding Factors associated with increased risk of surgical site complications and wound infection.

Obstetrics and Gynaecology Surgical Wounds Primary Intention

Low Risk	Medium Risk	High Risk	
Apply a Post Opsite or Post Op Visible. Do not remove for at least 48 hours unless there is: • bleeding • excessive • haematoma	Apply Leukomed Sorbact. Do not remove for at least 7 days unless there is: • bleeding • excessive • haematoma	Apply PICO single use NPWT. Monitor the dressing for the amount of "staining". Leave in place until the staining has reached the port or for up to 7 or 14 days depending on the product used (PICO7/PICO14).	

Breast Surgical Wounds Primary Intention

Low Risk	Medium Risk	High Risk
Apply a Post Opsite or Post Op Visible. Do not remove for at least 48 hours unless there is: • bleeding • excessive • haematoma		Apply PICO single use NPWT. Monitor the dressing for the amount of "staining". Leave in place until the staining has reached the port or for up to 7 or 14 days depending on the product used (PICO7/PICO14).

Obstetrics, Gynaecology and Breast Secondary Intention

Follow the Wound Bed **Preparation Pathway**

Apply an appropriate product as per the TIMES Pathway OR NPWT Pathway.

Other specialist dressings may be used as instructed by the surgeon/Consultant for areas that cannot be dressed with an adhesive dressing e.g. nipple, vulva and perineum.

Commence a Primary Intention Closure Care Plan

Commence a wound assessment IPOC/Form

No onward referral is required unless any surgical wound complications occur.

- If there are signs of infection consult with the senior clinician involved in the patients
- If there are sign of that the wound has dehisced refer to the consultant and the Skin Integrity Team

Refer to the Skin Integrity Team

Use sterile saline for wound cleansing as required up to 48 hours after surgery.

Patient may have a "light shower" whilst the dressing is insitu.

Undertake a wound assessment at each dressing change

nformation

Provide the Patient with relevant information which should include information regarding the:

- Signs of infection
- Hygiene (including hand hygiene)
- Onward healthcare management
- Who to contact should they have any concerns regarding their wound or its management.

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster

References: Wounds International. NICE (2021) Leukomed Sorbact for preventing surgical site infection Medical technologies guidance. National Wound Care Strategy Program (2023) Surgical Wounds recommendations. NICE (2019) PICO negative pressure wound dressings for closed surgical incisions Medical technologies guidance. Wounds UK (2020) Best Practice Statement: Post -operative wound care - reducing the risk of surgical site infection WUWHS (2018) Consensus Document. Surgical Wound Dehiscence improving prevention and outcomes. Developed by the Skin Integrity Team February 2021. Updated July 2024 V2. Review July 2027.



Documentation and

After Care