

Pathway for Healing by Secondary Intention Surgical Wounds

Definition

A surgical wound, also known as an incision, is a cut or wound created during surgery. It's typically made by a surgeon using a scalpel to access underlying tissues for a surgical procedure.

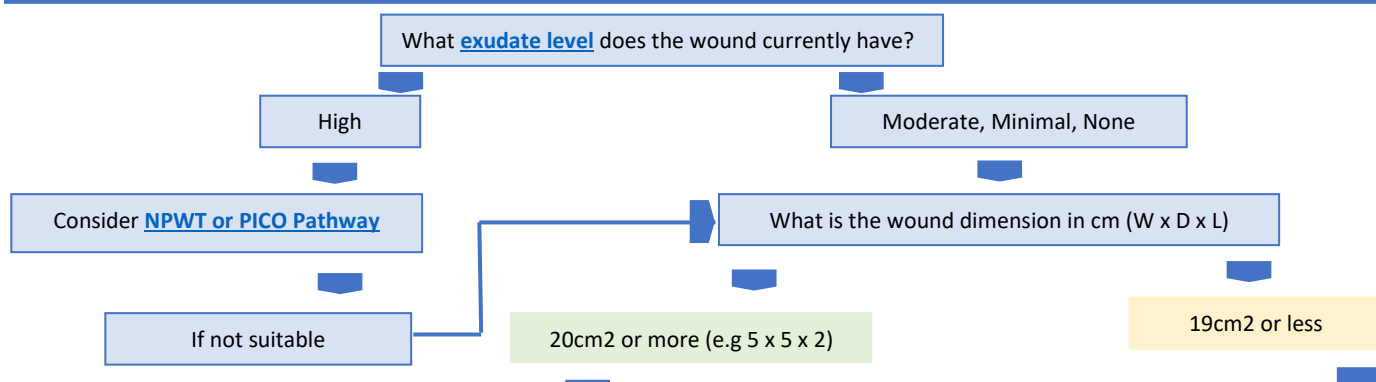
They require healing by secondary intention when there is significant loss of cutaneous tissue and the edges of which cannot be brought together.



Preparation

Undertake wound bed preparation
Follow the [Wound Bed Preparation Pathway](#) to cleanse and mechanically debride the wound bed.

Assessment



Treatment

1. If there are any underlying structures visible apply [Atrauman](#) to the wound bed.

2. Fill the wound with [Cutimed Sorbact Ribbon](#), ensuring a section of the dress stays outside of the wound. (Document the number of ribbon dressings inserted).

3. Cover the wound with:
[Suprasorb P Sensiflex](#)
OR
[Kliniderm Superabsorbent Pad](#) with [Safe Soft Bandaging](#)

Cutimed Sorbact Ribbon can stay in place for upto 7 days, depending on exudate levels



Here is a video showing the application method:
[VIDEO](#)

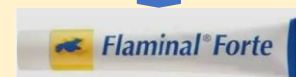
1. If there are any underlying structures visible and this is the 1st treatment used the patient should be [observed for 30 minutes after application, for any adverse effects.](#)

2. Fill the wound with either Flaminal [Hydro](#) or [Forte](#)

3. If required cover the wound with:
[Suprasorb P Sensiflex](#)
OR
[Kliniderm Superabsorbent Pad](#) with [Safe Soft Bandaging](#)

Flaminal can stay in place for up to 4 days dependant on exudate levels

Moderate Exudate



Minimal /No Exudate



Here is a video showing the application method:
VIDEO

Referrals

If there is no improvement after 14 days of treatment refer to:

- DRI / RDaSH / Practice Nurses with a Diabetic Foot Ulcer - The Podiatry Foot Protection Service
- DBTH inpatient all other wounds - The Skin Integrity Team (SIT)
- Practice Nurses all other wounds - Tier 1 or 2 – Community Tier 3 HUB
- RDaSH/Practice Nurses all other wounds - Tier 3 – The Tissue Viability and Lymphoedema Service (TVALS)

Ongoing Care

- At each dressing change or every 2 weeks as a minimum re commence this pathway at the assessment point, to identify if the treatment remains the most suitable option.
- Once the wound has no depth revert to the **T.I.M.E.S Pathway**

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 Wide Wound Care Formulary Document](#).

References: National Institute of Health and Care Excellence (NICE) (2019) Surgical site infections: prevention and treatment NG125. National Wound Care Strategy Programme: (2021) Recommendations for Surgical Wounds.