Pathway for Orthopaedic 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.

Risk Assessment

Low Risk	At Risk			
No Risk Factors	**Spine**	**Fractured Neck of Femur**	**Primary Total Hip**	**Revision Total Hip Replacement**
	Diabetes BMI > 35 ASA > 3	BMI > 35 Pre-operative medication of either DOAC's/Warfarin or steroids Diabetes Immunosuppressed (inc rheumatoid arthritis)	lDiabetes BMI > 35 ASA > 3	Revision

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

Post-Operative Treatment

Primary Intention

Low Risk	High Risk
Apply Mepilex Border Post Op. Do not remove prior to the consultants recommended date 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).

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.

Risk Assessment

Commence a Primary Intention Closure Care Plan

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 care.
- If there are sign of that the wound has dehisced refer to the consultant and the Skin Integrity Team

Commence a wound assessment form

If the patient will remain an inpatient Refer to the Skin Integrity Team.
If the patient will be discharged refer to the patient local community/ practice nurses +/- their local Tissue Viability Service

After Care

Keep dressing in place for up to 14 days.
If the dressing required changing prior to this use sterile saline for wound cleansing as required up to 48 hours after surgery or follow the wound bed preparation pathway after 48 hours. Reapply another dressing as required (Mepilex Border Post Op or PICO)

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

Undertake a wound assessment at each dressing change

Patient Information

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 September 2026 v3. Review July 2029.