Service Priorities and Programmes

Electronic Presentations

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To reduce workload, improve patient comfort and reduce unplanned readmission of Patients having PTBD/PTC by Antimicrobial, Transparent & 7 Days (AT-7) approach

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Introduction

Dislodgment, twisting and infection of percutaneous trans-hepatic biliary drainage (PTBD) and percutaneous trans-hepatic cholangiography (PTC) are great challenges in care.
In usual practice, key-hole gauze is used for dressing. However, drawbacks of key-hole gauze include:

1. No antimicrobial ability
2. Only kept for 3 days
3. Difficult to observe due to the non-transparent nature

Numerous cases showed that the twisted part or the infected skin were obscured by the key-hole gauze, we believed that better monitoring could be provided if transparent and antimicrobial dressing was used. Therefore a Pilot Program called A-T-7 is introduced in the Department of Surgery since September 2017.

Objectives

1. To reduce workload
2. To prevent complication e.g. infection, dislodgment
3. To facilitate observation

Methodology

2% CHG film dressing was selected to be the dressing material due to the nature of Antimicrobial, Transparent & 7 Days Protection.
For all patients having PTC/PTBD and hospitalized in Department of Surgery since September, 2% CHG film dressing would be applied. And the dressing frequency would also be changed from 3-day basis to weekly basis. Patients were also instructed how to self-observe PTBD/PTC sites.
Time spent on dressing of two methods was collected. Average time spent on dressing was compared. Unexpected dressing change was also recorded with reasons stated.

Result

The frequency of dressing reduced from every 3 days to weekly, average time spent on dressing had reduced 7 minutes per case per week, these had greatly reduced workload and improved patients' comfort.

Unexpected dressing change happened in the past when key-hole gauze was used, e.g. when inspection of pigtail site is needed; However, transparent nature of 2% CHG film dressing enhanced inspection of sites without removing dressing, thus avoided unexpected dressing change.

Moreover, there was a significant reduction of unplanned re-admission for patients with PTBD/PTC during trial period. From January 2017 to August 2017, there were 36 cases of unplanned re-admission of patients with PTBD/PTC which was either due to infection, dislodgment or twisting. There were only 5 re-admitted cases in 4 months since the introduction of 2% CHG film dressing in September.

It was worth to further evaluate the effectiveness of 2% CHG film dressing in reducing unplanned re-admission. A phase two trial of 2% CHG film dressing to outpatient setting would be implemented.