



## Service Priorities and Programmes Electronic Presentations

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### **Jump out the culture norm: Patient satisfaction on wound showering vs standard clinic care**

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#### **Keywords:**

wound showering  
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#### **Introduction**

In the Chinese culture, wounds are not advised to have showering because the believing of inducing infection.

#### **Objectives**

This study is to determine the effectiveness on wound showering in cohort patients who have abscess wounds with procedure of incision & drainage done.

#### **Methodology**

A retrospective observational study was conducted in Anne Black Out-patient Wound Clinic. Patient over 18 years old who had partial or deep partial thickness open wound with incision and drainage in upper trunk was eligible to be the study cases. Those patients with immunocompromise, complicated wound which involving tendons, joint, visceral cavities and fascia were excluded. Verbal consent was obtained. Study would be terminated if patient developed any adverse effect. Healing time and attendance data from 30 patients who had received standard wound care on their abscess wounds were retrieved from 2010. 30 cases in 2015 were empowered to have wound showering for 3 minutes with tap water and applied simple gauze dressing at home after 1st visit in wound clinic. They visited clinic for wound assessment weekly. Pain assessment done on first dressing change in wound clinic and first wound showering at home by a visual analogue scale (VAS 0-10). Wound culture obtained during operation and third week visit. Patient satisfaction on comfortable and convenience were measured by Likert Scale (1 strongly disagree and 5 strongly agree) at 3rd week visit.

#### **Result**

The mean age of two groups were similar (mean 46.86 vs 48.86) range from 28-72 years old. The mean attendance is 18.39 times in 2010 vs 9.83 times in 2015 ( $p < 0.00$ ). The mean healing time is 34.81 days in 2010 vs 22.17 days in 2015 ( $p < 0.00$ ). Mean

pain score is 6.77(SD+0.94) in wound dressing and 2.8 (SD+0.96) in showering. For bacterial culture, 93% patients with significant improved in second culture compared with first one. 7% patients' wound culture remained unchanged. No patient was suffered from secondary wound infection. The mean patient satisfaction on comfort and convenience in wound showering is 4.27 vs 3.83. From this study, the empowerment in engaging their own care, admirable improvements are noted in the areas of healing rates, clinical time and patient satisfactory. There were no clinically differences in infection rate between wound showering with tap water or standard clinic care.