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Study description of post-operation wound care implementation in the client with lower extremity fracture in Tulip 1B Orthopedic Ward, Ulin Banjarmasin General Hospital, 2016

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Lower extremity fracture is one of the fractures which often happen because human body concentrates the ability to move in the lower extremity. Based on the data from orthopedic polyclinic in Ulin Banjarmasin General Hospital counted from January 2015 until August 2015, there are 847 cases of lower extremity fracture post-operation. Meanwhile, patients who got infected are 206 patients or 24.32%. Infections happen because of the personal infection. The purpose of this study is to find out the description of wound care implementation in patients with lower extremity fracture based on the instrument preparation, client preparation and wound care procedure in Tulip 1B Orthopedic Ward, Ulin Banjarmasin General Hospital. This type of descriptive-quantitative research used total sampling as sampling technique. There were 13 nurses from Tulip 1B Orthopedic Ward, Ulin Banjarmasin General Hospital who participated in this study. Wound care implementation on client with lower extremity fracture based on instrument preparation was good with percentage of 100%, preparation of client was less good with percentage of 84.61%, and procedure of wound care was good with percentage of 63.23%. As conclusion, wound care implementation placed in good category with percentage of 81.61%.

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Applied basic wound healing: A modified vision

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Healing process is as vital as to lead all fields of surgery. Although it's full understanding is still, but we can build our surgical practice up on established basics. Factors affecting healing either local, general or technical factors must be addressed in total, prior to and while we face or expecting to face wound problems or scars. A modified vision in regard to analysis and interaction between factors affecting healing can help to overcome some obstacles. Own body perception of the wound is important in leading the body to a suitable response which is variable according to the kind of tissue. So, we can divide the wound zone according to the perception of the body into two parts; perceived part and unperceived part, hence the intervention for management will be different. Body perception depends on various mechanisms and the most clear of them is humeral – neural mechanisms for homeostasis. So, wound management can diverge widely into two directions; passive management including just application of topicals/some growth factors, etc., and active management that includes using of different modalities with different levels of invasiveness; starting from VAC, etc. So, application of wound healing tools and products should be addressed in chronological stepped approach with respect to body response in order to avoid miss use of high technology modalities.

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