

POSTER PRESENTATION

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# Traumatic wound repair: a 2-4 week follow up with focus on patient satisfaction

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## Background

The objective of this study was to evaluate ongoing treatment of traumatic wounds, regardless of technique and personnel.

## Methods

With the approval of the Danish Data Protection Agency, all incoming patients with traumatic lacerations, during one weeks time in January, were asked for informed consent for a follow-up study.

An evaluation of both treatment and result was made by a telephone survey 2-4 weeks time after injury, using a structured questionnaire. Patients were asked to score their overall satisfaction on a numerical scale (0-100). A method used before for that same purpose.

## Results

Informed consent was obtained from 15 patients out of 38 registered that week. Loss of follow-up was 1 patient. 15 wounds were included and patients were primary adults. The average time from injury to treatment was 3.2 h. 10 wounds were sutured, 4 received tissue adhesive strips (TAS) and one was glued. The wounds were mostly located on hands and heads, i.e. 7 and 5 wounds, respectively. The average length was 2.7 cm (1-5 cm) for the sutured wounds and under 2 cm for the rest.

The average number of sutures was 4.5. One suture loosened and caused minor bleeding. With respect to TAS, problems in terms of bleeding, dehiscence and durability were reported. The glued wound had no complications.

Two patients received prophylactic antibiotics for one week. All patients were offered tetanus vaccination and had their wounds cleaned. No patient had been in doubt about self care and none had complications that

demanded involvement of the health care system. Patient satisfaction was generally high: The average score for sutured wounds was 91.5 (range 85-100) and for TAS 86 (75-99). The glued wound scored 80.

## Conclusion

Patients were pleased with ongoing wound treatment, except for some comments on waiting time. Especially sutured wounds were of good quality and received high scoring. Selection bias and/or a Hawthorne effect are though possible. However, the study also illustrates a troublesome TAS treatment and inconsistency relating to antibiotic treatment.

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