

Wounds digest

In this section, we present brief synopses of a range of recently published articles that may be of interest to healthcare professionals working in the wound care setting. The aim of this round-up is to provide an overview, rather than a detailed summary and critique, of the research papers selected. Full references are provided should you wish to look at any of the papers in more detail.

1 Prevalence, risk factors and management of pressure injuries and their implications for palliative care: a rapid overview of reviews

Readability	✓	✓	✓	✓	
Relevance to daily practice	✓	✓	✓	✓	✓
Novelty factor	✓	✓	✓		

- The evidence around pressure injuries in palliative care settings is limited and fragmented. The authors performed a rapid overview of reviews to synthesise systematic review evidence regarding prevalence, risk factors, prevention and treatment of pressure injuries in non-acute care settings, and evaluate implications for specialist palliative care.
- They included systematic reviews incorporating 149 unique studies (n=5,856,293); 13 were high quality. Only one low-quality review addressed palliative care. Interventions were categorised into nutritional, physical (e.g. repositioning, tilt strategies), topical/dressing-based, electrical stimulation and organisational approaches. They found some evidence that frequent repositioning and some nutritional interventions may reduce incidence or surface area of pressure ulcers, but certainty remains very low. Other interventions had limited or inconclusive evidence.
- The authors concluded that the evidence base is weak and largely indirect, offering insufficient guidance for clinical practice in palliative care. High-quality, targeted research is needed to inform effective pressure injury prevention and management in palliative care patients.

Dewidar O, Sabri H, Ghogomu E, et al (2026) Prevalence, risk factors and management of pressure injuries and their implications for palliative care: a rapid overview of reviews. *Palliat Med* 40(1): 21–30. doi: 10.1177/02692163251393817

2 Hyperbaric oxygen therapy for chronic venous leg ulcers: a prospective randomised controlled trial

Readability	✓	✓	✓		
Relevance to daily practice	✓	✓	✓		
Novelty factor	✓	✓	✓	✓	

- Standard compression therapy achieves healing of chronic venous leg ulcers (CVLUs) in only 40%–70% of cases at 24 weeks. Evidence for hyperbaric oxygen (HBO) therapy remains controversial, with limited sham-controlled trials.
- The authors aimed to evaluate whether adjunctive HBO improves healing of refractory CVLUs compared to standard care alone. They carried out a single-centre, open-label randomised trial of 80 adults with CVLUs

that persisted >3 months despite standard care. All consecutive eligible patients were randomised to HBO plus standard care (n=40) or standard care alone (n=40). The primary outcome was percentage ulcer area reduction at day 30. Blinded assessors measured wounds, though participants knew their treatment allocation.

- The HBO group had greater area reduction (62.1% ± 22.1% versus 41.7% ± 21.5%; mean difference 20.4%). Complete healing at 90 days occurred in 62.5% versus 30.0%. Pain decreased more with HBO. Three patients had mild ear barotrauma that resolved spontaneously. The authors noted that limitations in this study were lack of sham control and 90-day follow-up.
- They found that adjunctive HBO was associated with faster short-term healing of refractory venous ulcers <20 cm². However, the open-label design and single-centre setting limit confidence in these findings. Sham-controlled multicentre trials with longer follow-up are needed before recommending HBO for routine use.

Nikolić D, Pasternak J, Manojlović V, et al (2026) Hyperbaric oxygen therapy for chronic venous leg ulcers: a prospective randomised controlled trial. *Int Wound J* 23(3): e70856. doi: 10.1111/iwj.70856

3 Assessing the impact of a training intervention on venous compression bandaging application: a factorial design randomised trial

Readability	✓	✓	✓	✓	
Relevance to daily practice	✓	✓	✓	✓	
Novelty factor	✓	✓	✓		

- This 2 × 2 factorial randomised open-label trial assessed the effect and 3-month sustainability of a 1-hour training intervention on compression bandaging quality among 50 advanced practice nursing students in France, using two different compression bandage types (system A or system B) on a mannequin leg. The primary outcome was the Control Score of compression bandaging (CCB score, 0–7). Secondary outcomes included installation conformity, application time and satisfaction.
- At baseline, mean CCB score was 3.78, with 52% installation conformity. The intervention did not significantly improve the CCB score compared to controls. A significant interaction between bandage type and intervention was found for installation conformity: a tendency to improve with system B and decrease with system A. Improvements observed at 1 month were not sustained at 3 months. Application time decreased over follow-up, and system B was applied more efficiently than system A.

- The authors concluded that the brief, behaviourist-based training was insufficient to achieve lasting skill improvement. Their findings highlight the need for repeated group practice, feedback and integration into relevant clinical contexts to enhance compression bandaging proficiency.

Danjou A, Bouisse M, Dumas G, Richaud C et al (2026) Assessing the impact of a training intervention on venous compression bandaging application: a factorial design randomised trial. *Int Wound J* 23(3): e70804. doi: 10.1111/iwj.70804

4 Utility of a smartphone-based clinical decision support system for pressure ulcer management by physicians: randomized crossover pilot study

Readability	✓	✓	✓	✓	
Relevance to daily practice	✓	✓	✓		
Novelty factor	✓	✓	✓		

- Clinical decision support systems (CDSSs) are widely used in healthcare. In Japan, pressure ulcers (PUs) are increasing in prevalence, but are often managed by non-specialists in wound care due.
- To provide support for non-specialists in wound care, the authors developed a prototype smartphone-based CDSS for PU management. The system prompts users to answer questions about the wound's condition and recommends appropriate topical products and dressings. This study evaluated the utility of this system.
- The authors conducted a randomised crossover pilot study involving 28 general internal medicine physicians. Participants were randomly assigned to group A (intervention-control) or group B (control-intervention). Participants evaluated 10 standardised PU photographs and selected the most appropriate topical product and wound dressing for each.
- The overall correct response rate during the intervention phase was significantly higher than during the control phase (49.3% versus 4.3%, respectively). The use of CDSS was associated with a 29.1-fold increase in the odds of a correct response. There were significant improvements in topical products and dressing selection.
- The authors concluded that the prototype CDSS improved the accuracy of treatment decisions and effectively guided participants.

Ito T, Hirose T, Hayashi A, et al (2026) Utility of a smartphone-based clinical decision support system for pressure ulcer management by physicians: randomized crossover pilot study. *JMIR Form Res* 10: e85452. doi: 10.2196/85452

5 Nurses' knowledge and attitudes toward pressure injury prevention: a systematic review

Readability	✓				
Relevance to daily practice	✓	✓	✓	✓	✓
Novelty factor	✓	✓			

- Nurses are central to pressure ulcer (PU) prevention, but a lack of knowledge may negatively affect patient outcomes. The authors performed a systematic review

of global evidence on nurses' knowledge, attitudes and practices related to PU prevention, and to identify factors influencing preventive performance.

- Twenty-nine studies from diverse geographical regions were included. Overall, nurses' knowledge of PU prevention was frequently inadequate, although attitudes toward prevention were generally positive. Preventive practices were often suboptimal. Commonly reported barriers included staff shortages, high workload, limited resources, and insufficient institutional support. Higher education, specialised clinical experience, recent training and professional seniority were consistently associated with better knowledge, more positive attitudes and improved preventive practices.
- The authors concluded that these findings underscore the need for structured education programmes, simulation-based training and strengthened organisational support to enhance adherence to evidence-based prevention strategies

Saleh ZT, Rababa M, Al-Za'areer MS, et al (2026) Nurses' knowledge and attitudes toward pressure injury prevention: a systematic review. *Int Wound J* 23(3): e70855. doi: 10.1111/iwj.70855

6 Application effect of vacuum sealing drainage combined with nano-silver dressings in the treatment of non-healing wounds after surgery for open limb fractures

Readability	✓	✓	✓		
Relevance to daily practice	✓	✓			
Novelty factor	✓	✓	✓		

- Non-healing wounds after open limb fracture surgery pose clinical challenges. Vacuum sealing drainage (VSD) promotes healing by removing exudate and stimulating granulation, while nano-silver dressings reduce infection risk. The authors examined the application effect of VSD combined with nano-silver dressings in the treatment of non-healing wounds after surgery.
- Patients with non-healing wounds after surgery for Gustilo type III open limb fractures were randomly divided into two groups, with 30 cases in each group. The control group received conventional therapy, and the study group received VSD combined with nano-silver dressings. Before treatment and after 7 days of treatment, inflammatory cytokines in serum and growth factors in wound exudate were measured.
- After 7 days, the study group had lower levels of inflammatory markers, higher levels of growth factors and less pain.
- The authors concluded that VSD combined with nano-silver dressings has good therapeutic efficacy in non-healing wounds after surgery for open limb fractures and can inhibit inflammatory response and improve skin quality.

Huang T, Huang H (2026) Application effect of vacuum sealing drainage combined with nano-silver dressings in the treatment of non-healing wounds after surgery for open limb fractures. *J Orthop Sci* 31(1): 207-12. doi: 10.1016/j.jos.2025.05.012