Day in the life

Each issue of *Wounds International* features a typical day in the life of a different wound care clinician from around the world. This series looks at the variety of techniques that are required in different settings and asks clinicians about the type of conditions they work in, the types of wounds they see and the challenges that they face when providing wound care to patients.

Severin Läuchli, a physician from Switzerland.

This issue features Severin Läuchli who is a staff physician and faculty member at the Department of Dermatology, University Hospital Zurich, and president of the Swiss Association for Woundcare (SAfW).

Can you outline where you practise?

The University Hospital Zurich is the largest hospital in Switzerland, providing state of the art care in all medical and surgical disciplines. I am responsible for a busy wound clinic and also for teaching residents in wound care. Wound patients are mostly seen on an out-patient basis, whereby they come in for assessment and dressing changes, which can be anything from once every other week to thrice weekly. Our department also has 36 beds where patients whose wounds require hospital care can be treated.

Furthermore, we run an interdisciplinary wound clinic where once-a-week patients with particularly difficult wounds or wounds that specifically require interdisciplinary input are seen by an interdisciplinary and interprofessional team.

Can you explain the make up of your team?

Within the Department of Dermatology, a team of four to six registered nurses and three physicians are dedicated to the outpatient wound clinic. Most of these nurses have special training as tissue viability/wound care experts. Two staff physicians and one resident, who is on a three-month rotation where he/she gets in-depth training in wound care, are responsible for the wound care clinic. The nurses perform the wound assessment, regular debridement and dressing changes independently, but at every visit each patient is seen by a physician.

During the interdisciplinary rounds, which take place once a week, the tissue viability nurses are joined by a podologist, a nutritional specialist and a physiotherapist, as well as a team of physicians from vascular surgery, dermatology, plastic surgery, orthopaedic surgery and angiology.

What types of wounds do you regularly see?

At the Department of Dermatology, a majority of the wounds treated are chronic leg ulcers. In comparison to many community-based wound care centres, we see an increased percentage of non-vascular ulcers of different origins. Only about half of the ulcers we encounter are venous leg ulcers and about 20% are of mixed venous-arterial and of arterial ischaemic origins. A surprisingly large proportion of the ulcers (about 9%) are hypertensive ischaemic leg ulcers — this large percentage may partially be due to the fact that there have been several publications about this condition from our department, thus resulting in a diagnostic bias and a referral bias, however, it also indicates that this condition may be underdiagnosed in many other centres.

The remaining chronic wounds we see are ulcers of various origins, such as infectious ulcers, vasculitic ulcers, pyoderma gangrenosum or tumor wounds. In the interdisciplinary rounds, we also treat, in addition to the above-mentioned entities, many diabetic foot ulcers and postoperative wounds with impaired wound healing.

What are the main types of equipment, dressings and techniques that you use on a day-to-day basis?

One of our guiding principles is that every patient with a chronic wound needs a thorough examination to determine the origin of the wound and all of the factors that impair wound healing. Almost every patient gets vascular investigations with doppler or duplex sonography for the venous system and arterial pressure measurements, oscillography and sometimes angiography for the arterial system. Skin biopsies are frequently performed in wounds of unusual origin or wounds that show no healing tendency after several months of treatment.

For the local treatment, as one of the leading wound care centres in

Figure 1. The University Hospital Zurich.

Switzerland, we feel it is important to be familiar with the whole range of dressings available on the market. For cost-saving purposes, a formulary has been devised that consists of one or two dressings from each category (eg hydrocolloids, hydrogels, etc), including products from all of the major manufacturers. For hard to heal wounds, many advanced methods are regularly used, such as collagen dressings, negative pressure wound therapy (NPWT) or shockwave therapy.

A particular emphasis lies on the use of tissue-engineered products, as Switzerland is the only country in Europe where these products are reimbursed by the health insurers if they are used in certain situations by a certified wound care centre.

What is the most unusual wound you have seen recently and how did you manage it?

Once in a while, we see post-operative wounds with exposed calvarian bone on the scalp after the removal of a skin cancer. These wounds are usually extremely recalcitrant as there is almost no vascularisation of the exposed bone allowing the formation of granulation tissue.

Recently we had a patient with such a wound with several square centimetres of exposed bone. As the patient did not want to be operated on again in general anaesthesia to have the bone decorticated and the wound surgically covered, we tried a recently received new plant-based oil spray containing neem oil and hypericum oil.

Amazingly, within three weeks the exposed bone was covered with granulation tissue and after a further three weeks the entire wound was epithelialised. We were so impressed by this rapid induction of granulation tissue that we used this oil spray on 15 further patients with equally good results and which led to a publication on the subject.

Do you feel your service/practice has any unique obstacles that hamper your work?

We have a lot of freedom to perform wound care as we see fit. However, as an interdisciplinary wound care centre we would also like to include more educational activities and inform other professionals working in and out of our hospital about our activities.

For this, we would need more administrative support, as most of our administrative work is now performed by the physicians and nurses outside of their regular working hours.

What equipment/resource/education would make the most difference to your everyday work?

Time. We have many opportunities to try new and effective wound care methods, however, a full-time administrative assistant dedicated to would be helpful so that we could pursue these as well as focusing on patients and education.