

Building evidence for vulvar cancer wound care: Benchmarking practice in Australia and New Zealand

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Background

Vulvar cancer is a rare disease and morbidity related to post treatment complications is common. Post-surgical wound complications can significantly impact women's quality of life however limited evidence exists on effective vulvar wound care practices and these have not been previously investigated in Australia and New Zealand. Benchmarking practice is essential to optimise cancer nursing care, build evidence and improve outcomes for women with vulvar cancer.

Aim

To **explore current postoperative vulvar cancer wound care practices** in Australia and New Zealand and **build an agenda for future research priorities**.

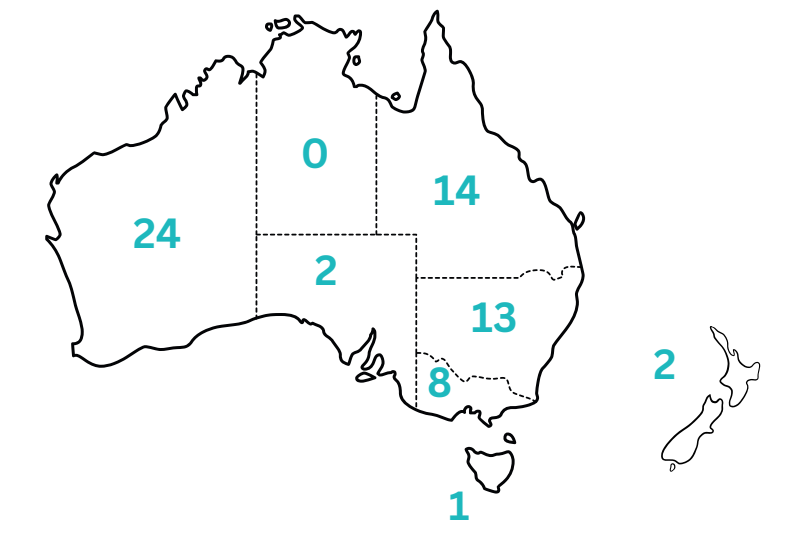
Methods

- Online cross-sectional survey
- Collected May to July 2023
- Descriptive statistics (quantitative data)
- Content analysis (qualitative data)

Participants

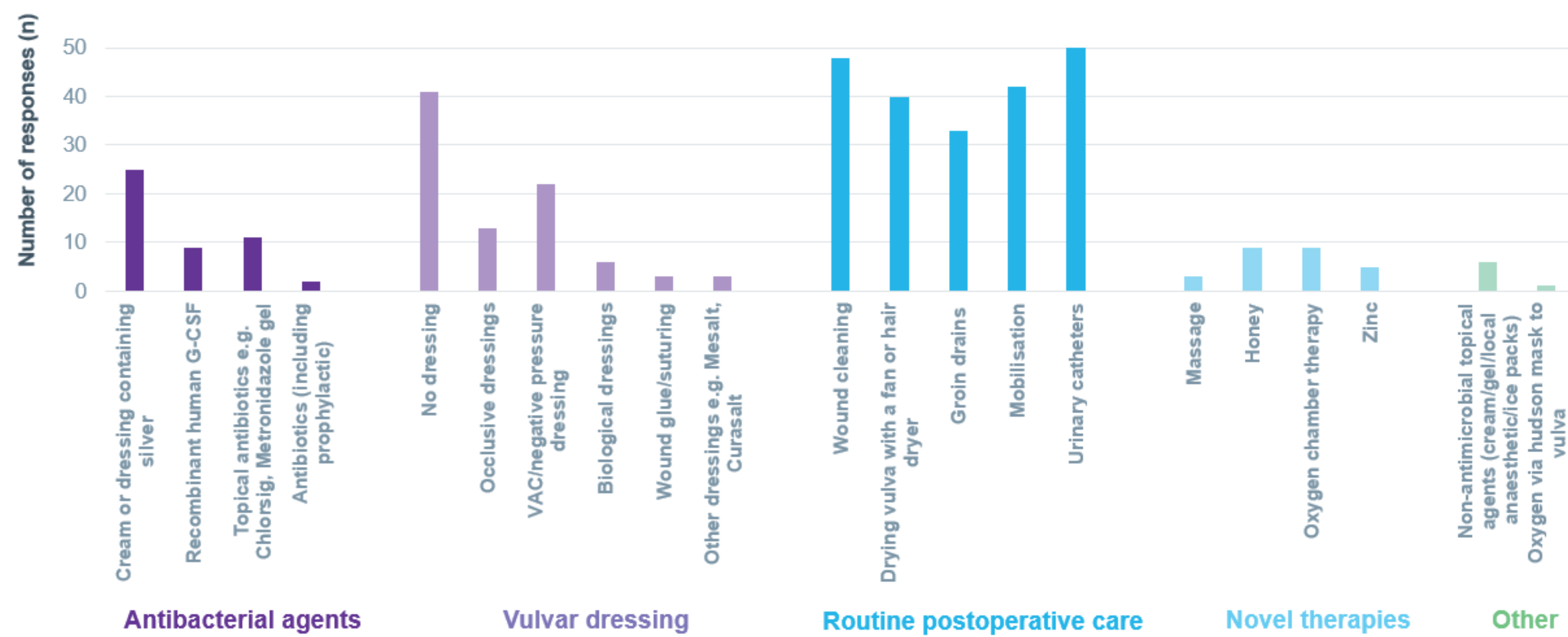
50 Nurses 14 Doctors

...across Australia and New Zealand



Study results

Wound care procedures performed/prescribed by participants



Participants were asked if their organisation had an evidence-based guideline on postoperative vulvar cancer wound care...

76.6% of participants reported either their organisation **DID NOT** have a guiding document or were **UNSURE**

Participants without a guiding document stated care was determined by:

- Surgeon/clinician preference
- Patient and clinical assessment
- Specialist wound care nurse

Enablers & challenges of postoperative vulvar wound care

Enablers	Challenges
<ul style="list-style-type: none"> Having a guiding document e.g. policy, guideline, practice standard Provision of clear instructions from treating team Advice from other health professionals, including wound care specialists Skills, practices and resources that assist wound care e.g. nurses with expertise and training, regular review, peri-washes, photos to monitor progress Good communication with colleagues and patients Wound characteristics that facilitate healing e.g. wound location, size, extent of surgery Individual patient factors that facilitate wound healing e.g. mobility, motivation, lack of co-morbidities (e.g. diabetes, obesity), health literacy A well-informed patient e.g. pre- and post-op education and psychological preparation 	<ul style="list-style-type: none"> Wound complications e.g. infection, previous radiation Individual patient factors that challenge wound healing e.g. smoking, poor mobility, comorbidities Lack of documented evidence e.g. evidence-based guidelines, no guidelines, unclear evidence Differing opinions, experience and knowledge of clinicians Systematic issues e.g. lack of privacy, lack of rural/regional care, dressing availability/affordability, lack of access to specialist services (i.e. wound care specialist) Poor communication e.g. unclear documentation or lack of information Poor visualisation and access Pain and discomfort Balancing recovery priorities

“Patient education is the most important thing to prepare for discharge home and prevent wound breakdown... (P10)”

“High rates of infection. Lack of evidence-based guidelines (P31)”

Suggestions for improvement

<p>More education for health professionals including nurses, doctors & GP's</p> <p>“More education for nurses who may not be familiar with this kind of care” (P10)</p>	<p>An evidence-based document to guide and improve vulvar wound care</p> <p>e.g. clinical guideline, best practice guideline, standardised protocols</p>	<p>Patient education</p> <p>“Educate patients as early as possible for wound care and making sure patient is competent taking care of wound prior to discharge” (P1)</p>	<p>Addressing barriers in the healthcare system</p> <p>e.g. privacy, adequate staffing, availability of products, availability of wound care specialist, improve community services</p>	<p>Point of care solutions</p> <p>e.g. using photos to track healing progress, simplifying wound care procedures, providing psychological support, good analgesia</p>	<p>Research into vulvar wound care practices</p> <p>e.g. which dressings and wound care practices work best</p>
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Research priorities

- Building an evidence base for best practice**
Wound healing physiology specific to vulvar cancer
Evaluating efficacy of wound care interventions
“Does the use of prophylactic antibiotics improve infection rates?” (P27)
- Evaluating the patient experience**
Including quality of life and survivorship issues
“Any evidence of the positive impact access to community wound care has on the outcome of wound healing” (P30)
- Reduce the impact of risk factors on wound healing**
E.g. Smoking, obesity, diabetes, poor nutrition
“Whether hair dryers used for drying are best practice” (P47)
- Education for patients and staff**
“Research into pre and post op education of patient and staff” (P11)

Consumer advisory group

What next?

Three women with a lived experience of vulvar cancer confirmed survey results reflected their experience

Development of consensus guidance

Build evidence for wound care using a multidisciplinary multi-centre collaborative approach

Investigate the patient's experience of vulvar surgical wounds