

Wound Care

By Galen of Ockham

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One of the more common injuries seen at an SCA event is an open wound. The causes are legion, from such divers events as armor bite, kitchen clumsiness, camping klutzes, and dizzy dancers. Likewise, the treatments that have been recommended through antiquity have varied substantially from the sublime to the absurd. Often teachers of Physick wax eloquent with knowledge based on hand-me-down hearsay rather than the latest musings of Scientists. Therefore, I sought to avail myself of the current wisdom of those long in the tooth in our Art, and pass this knowledge on to you, my peers.

After the wounded gentle has made their plight known, and due examination has been performed to ensure the ABCs are all present and accounted for, one may proceed to the examination of the wound in question. **REMEMBER YOUR PERSONAL PROTECTIVE GEAR** – gloves at a minimum, and preferably also a face shield and protective clothing. Bleeding of a rapid nature must be immediately stanchd. A wound of this magnitude warrants immediate referral to emergency facilities. Any wound that is deep enough to show underlying fatty tissue, muscle, or bone or other such parts which rightly should not meet the eye must be referred to Higher Powers. Likewise a wound that refuses to stay closed on its own, one that is extremely dirty, a wound on the face or on a child should be seen somewhere less primitive than the average SCA event site. Don't forget to check for damage to blood, nerve, and muscle by checking these vital functions downstream from the wound. Should any of these functionaries appear impaired – transfer (are you noticing a pattern here?)

Should the wound appear minor and the patient willing to submit to your ministrations, you may then proceed with treatment. First, the wound must be properly cleansed. "Clean wound" and "SCA Event" are mutually exclusive terms. Use not substances meant to disinfect the skin, i.e. hydrogen peroxide, Betadine, Hibiclens, etc. Theses substances are good at killing bacteria, but they also are good at killing our friends the white blood cells and fibroblasts that are nimble at protecting and knitting shut the wound. The best cleanser is clear water (or saline, if handy). If the wound is contaminated with particulate matter, water under pressure is the best. If you can obtain a syringe (a 20 ml syringe works well) and an 18 ga needle or angiocath (I prefer the angiocath as you can remove the steel needle and are left with only a soft plastic catheter – much less threatening to your already wounded patient!) you have a quite effective pressure cleaning mechanism. If you can't get a hold of such toys, then pouring the water from a height might work. If contamination remains – transfer.

After cleansing the wound, it needs a proper dressing to prevent further contamination and promote healing (as well as prevent a mess about the event site). The advice from the Oracle of Wound Healing is that Polysporin ointment (bacitracin and polymyxin B combination) gives the best antibiotic coverage and least possibility of allergic reactions. Use of this unguent has been shown to speed wound healing and produce a better-looking result. (Be warned, however, if the poor, unfortunate gentle was a troll prior to your treatment, he will still be a troll following.)

The wound should then be covered with a non-adherent cover, such as a Telfa pad. If it is still seeping blood, a slight pressure dressing may be applied. (Remember – slight pressure. No

cutting off the circulation. Also not a good idea on neck wounds!) Wounds heal much better if they are kept moist (as in under a bandage and covered with antibiotic ointment).

Counsel your patched gentle to keep the wound covered with the original bandage for 24 hours. Following this period, the bandage should be changed twice daily. If the area needs cleansed, tap water or saline is all that is necessary. The patient should be referred to their usual provider of medical care (as should anyone seen by a Chirurgeon who has a condition that qualifies as a reportable incident). This referral must especially be heeded should they develop any of the classic signs and symptoms of infection – rubor, dolor, calor, and tumor. If you have not the Latin, these are redness (especially in streaks moving out from the wound), pain (which should get better with time rather than get worse), heat (indicative of an inflammatory process), and swelling (which, like pain, should improve with time. Getting worse is, on a scale of good to bad, bad.)

If thou followest these simple guidelines to care for a wounded gentle, you may rest well knowing that thou hast discharged thine duties in the manner most consistent with the extent of Modern Knowledge (can I say that as an Anachronist?)

References

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