

## Potential Abuse of Negative Pressure Wound Therapy (NPWT)

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### Editorial

NPWT is a promising adjunct in the treatment of surgical and non-surgical wounds. These include wounds due to trauma, pressure ulcers, chronic venous or arterial ulcers, radiation-induced wounds, burns, neuropathic wounds, necrotic wounds, high output lymph or serous fluid producing wounds.

NPWT can easily become a method of treatment in the absence of other effective modalities which may be costly and only postpone an inevitable debridement or secondary closure. It may become a “lazy” way of treating wounds.

We strongly advised against this strategy and urge Healthcare Providers (HP) to act in concert with each other and diligently document the proposed treatment schedule. This should include systemic management of health issues such as diabetes or kidney failure, malnutrition and infection, supervision and documentation of healing progression by serial wound measurements should be done by a HP.

Daily documentation of drainage should also be done even if the patient receives home therapy. We also recommend wound vac sponge exchanges 3 times per week.

We also encourage the treatment team to seek alternative advice if progress in healing is not taking place. Healthcare costs are expensive and there is no place for complacency or lingering in the management using NPWT.

### References

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