

17 MAY 2023 7.30

JOY TICKLE



**TREATMENT OF WOUNDS
IN CHALLENGING AREAS:
HIDRADENITIS SUPPURATIVA**

ALISON SCHOFIELD





LIVE Q&A

*SEND IN YOUR QUESTIONS BY
COMMENTING ON THE VIDEO*

LEARNING OBJECTIVES



Highlight a devastating condition



Outlines the clinical features to aid recognition



Understand the impact on patient quality of life



Explore challenging areas in wound treatment



Discuss wound care treatment options



Practical advice for successful wound management



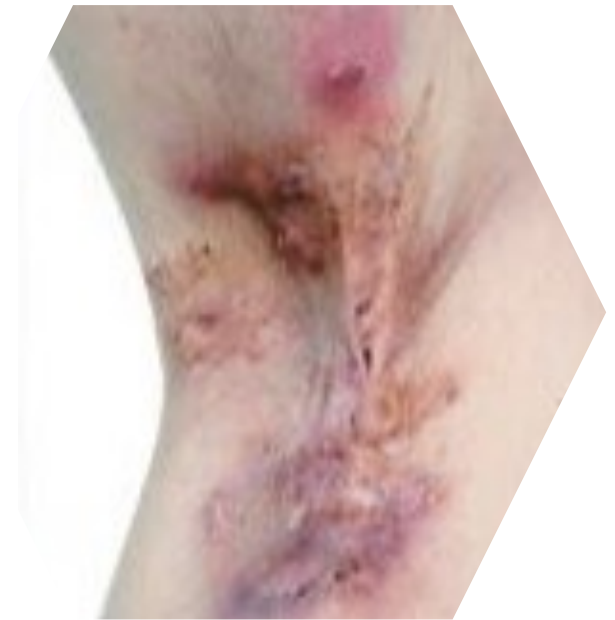
Help raise awareness and improve diagnosis



WHAT IS HIDRADENITIS SUPPURATIVA?

- Hidradenitis suppurativa (HS) is a **chronic inflammatory skin disease** (Ingram, 2020)
- HS presents with **painful secreting, malodorous lesions** in areas near the **apocrine** or **sweat glands** (Fisher et al, 2020)
- HS can have a profound **physical and psychological impact** on individuals (World Union of Wound Healing Societies [WUWHS], 2016)
- HS impacts patient quality of life **more than any other skin disease** (MacMahon et al, 2020; Sabat et al, 2020; Kattach, 2021; Trinidad et al, 2021)

WHAT IS HIDRADENITIS SUPPURATIVA?

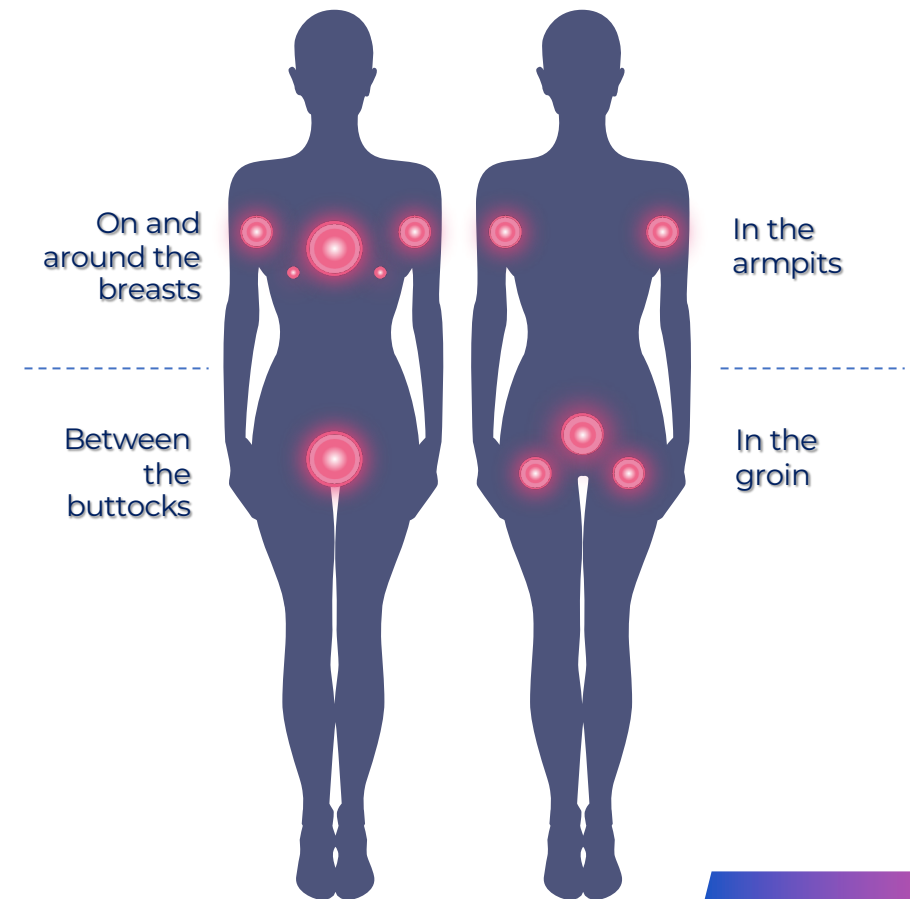


WHAT IS HIDRADENITIS SUPPURATIVA?

HS most commonly involves axillary, inguinal, genitofemoral, gluteal, perineal and inframammary areas.

Less common anatomical sites include:

- Peristomal areas
- Areola of the breast
- Submammary fold
- Scalp
- Thighs



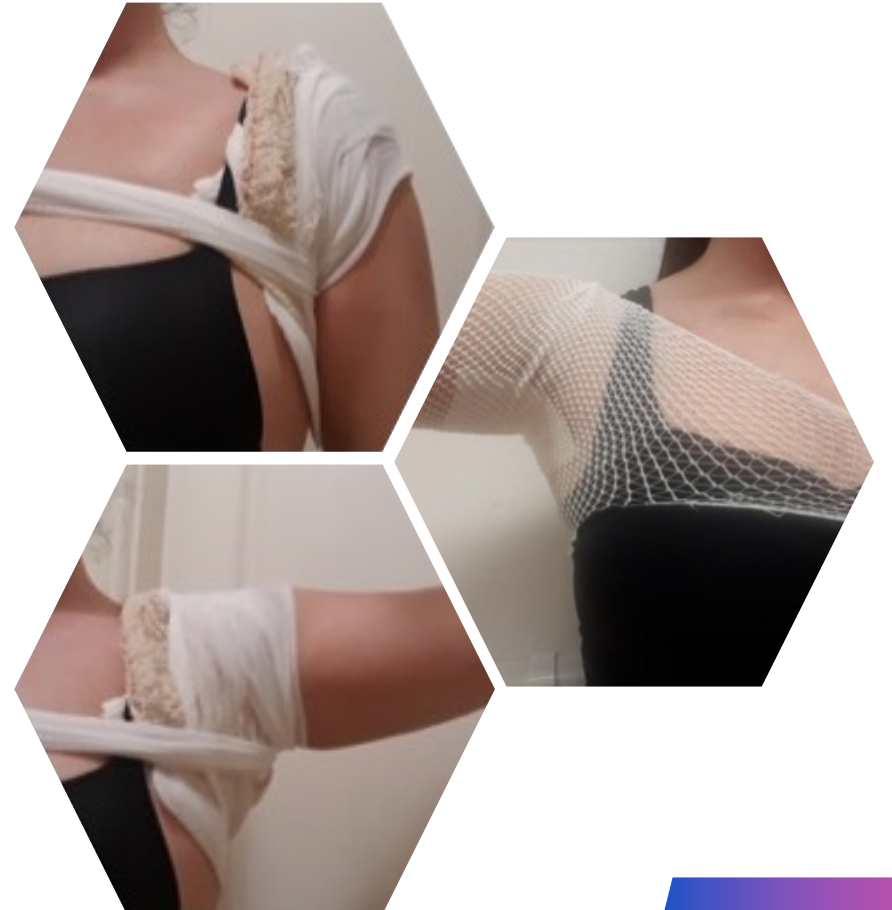
WOUND CARE CHALLENGES

- Bulky and indiscreet
- Stains and odour lead to anxiety
- Rubbing and chafing causing further irritation and discomfort
- Medical adhesive-related skin injury (MARSI)
- Dressings are not designed for HS patients
- Genital oedema

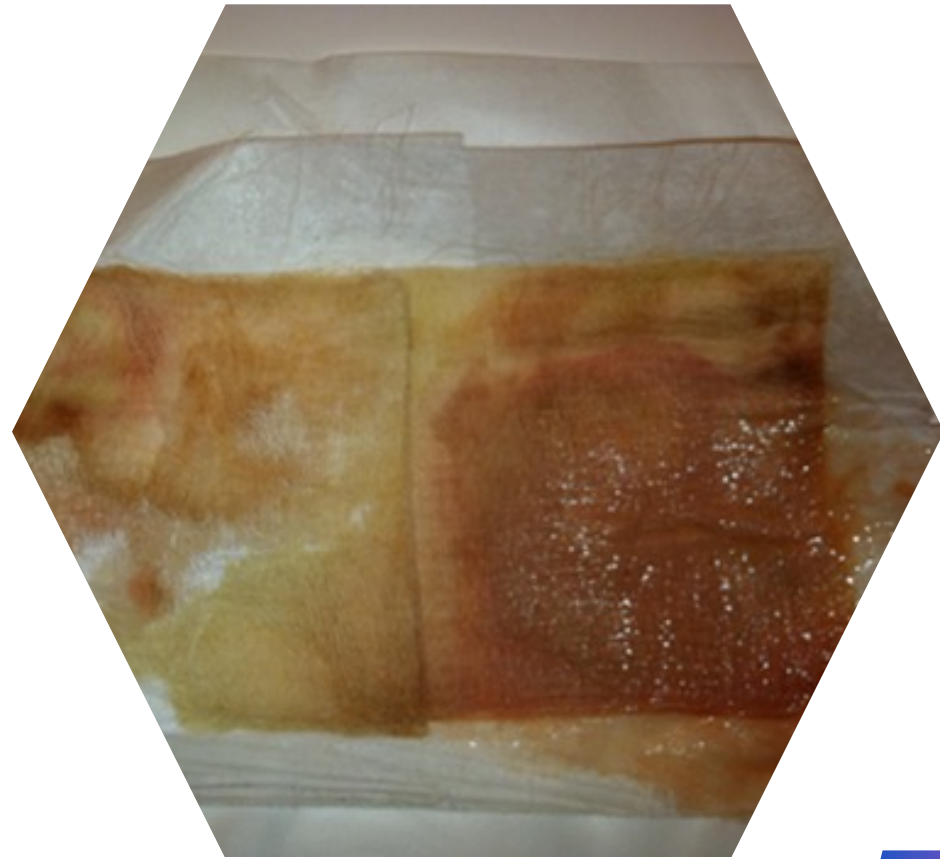


WOUND CARE CHALLENGES

- Restricted movement
- Leakage and lost dressings
- Embarrassment and shame
- Difficult to apply, adjust and remove
- Dressings noticeable under clothing



WOUND CARE: WHAT IS THE MOST APPROPRIATE TYPE OF DRESSING?



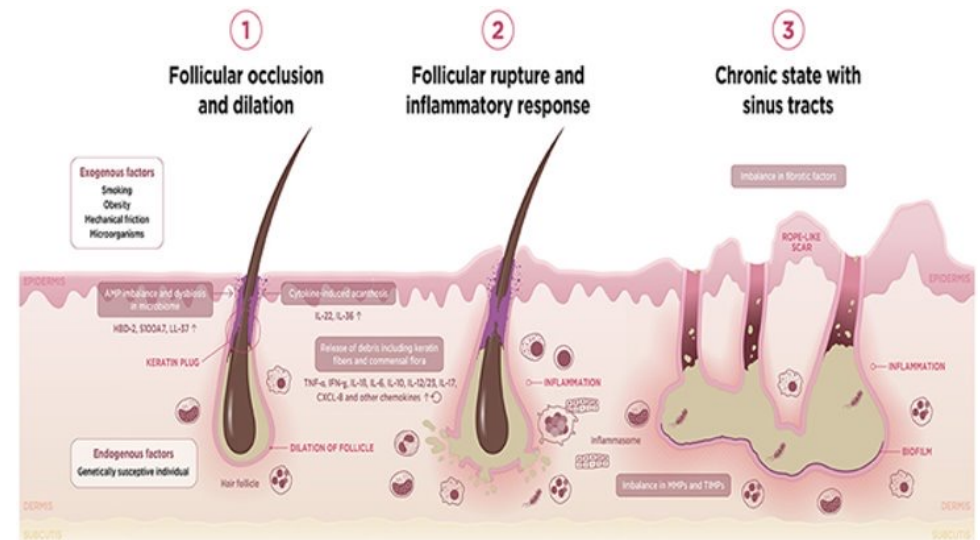
WOUND CARE TODAY

Daylong
DIRECT.

PATHOPHYSIOLOGY

HS is a disease of the hair shaft and follicle, the sebaceous gland, and the erector pili muscle.

- Blockage and **inflammation** of follicle and dilation of follicle
- Rupture of dilated follicle; release of contents; increased inflammation
- Formation of tunnels (filled with fluid) between follicles and connecting to skin surface

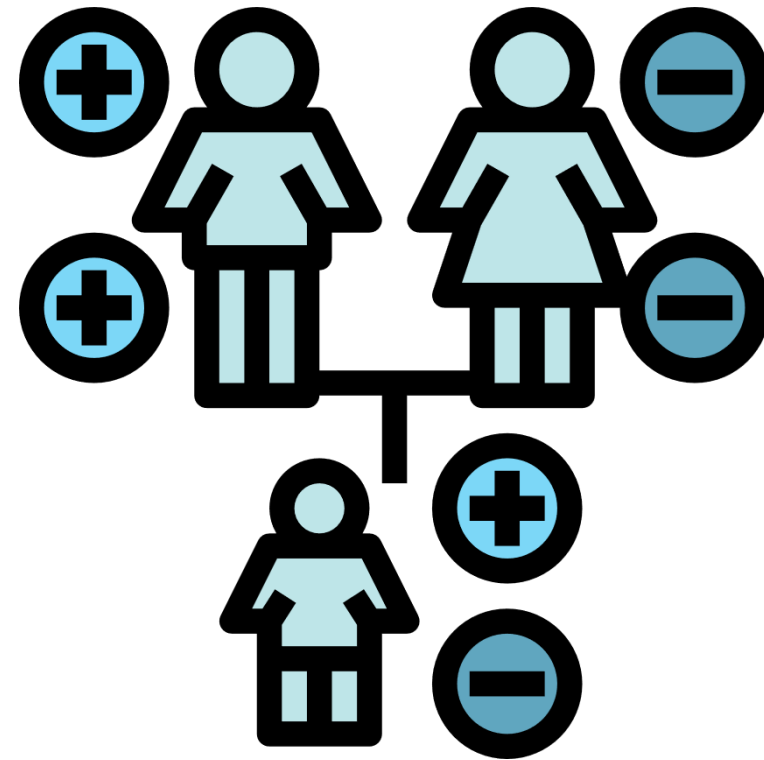


Chronically inflamed wounds = MMP overproduction!



RISK FACTORS FOR HS (NOT CAUSES)

- Genetic
- Immune response
- Hormonal influence
- Obesity
- Smoking
- Mechanical friction



ASSOCIATED COMORBIDITIES



01

Metabolic

Metabolic Syndrome:

- Obesity
- Diabetes
- increased Blood Pressure
- Increased cholesterol



02

Cardiovascular

- Myocardial infarction (heart attack)
- Cardiovascular associated mortality



03

Gastrointestinal

- Inflammatory Bowel Disease
- Crohn's Disease
- Ulcerative Colitis



04

Endocrine

- PCOS
- Thyroid Dysfunction



05

Rheumatologic

- Spondyloarthritis
- Systemic Lupus Erythematosus



06

Malignancies

- Lymphoma
- Squamous cell carcinoma (males) with ~50% mortality



PREVALENCE OF HS

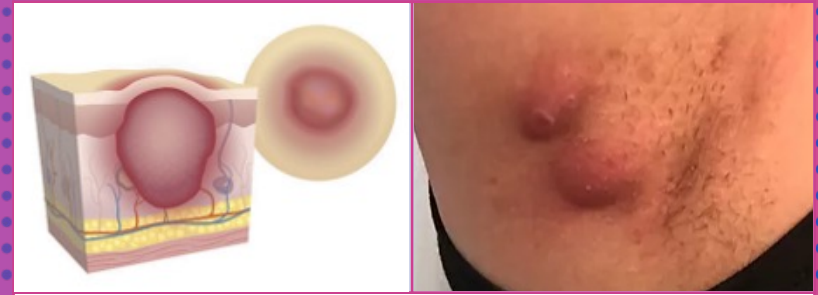
- The prevalence of HS is thought to be **1% in Europe** (Ingram et al, 2018)
- **Three times more likely** to develop in women than men (WUWHS, 2016)
- Often misdiagnosed, as it can be confused with many other diseases (e.g. acne) — as a result, **diagnosis is often late**
- Studies have shown that HS patients visit their GP **five times before receiving a diagnosis** and that the average time is around **seven years** (Anduquia-Garay et al, 2021)



Papule: A solid palpable lesion <1cm



Pustule: Superficial circumscribed lesion that contains opaque fluid (pus) ≤ 1 cm



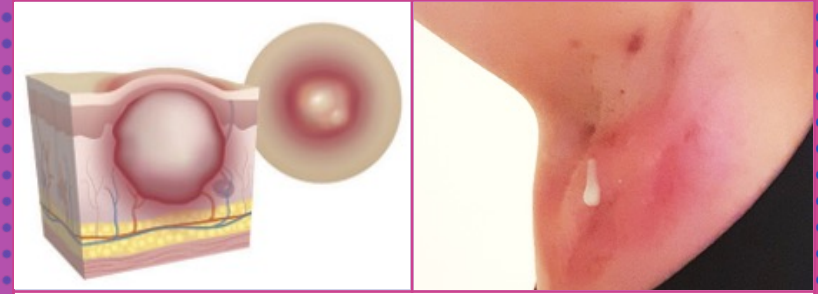
Nodule: A solid, spherical, palpable lesion >1cm



Plaque: A variably shaped, non spherical, palpable lesion >1cm



Ulcer: Full-thickness loss of epidermis and at least a portion of the dermis



Abscess: Tender, fluctuant (compressible). Palpable lesion, with erythema



Comedo: Dilated skin opening with keratinous debris



Tunnel: A linear tract that may open onto the skin surface

HS CLASSIFICATION: HURLEY STAGING



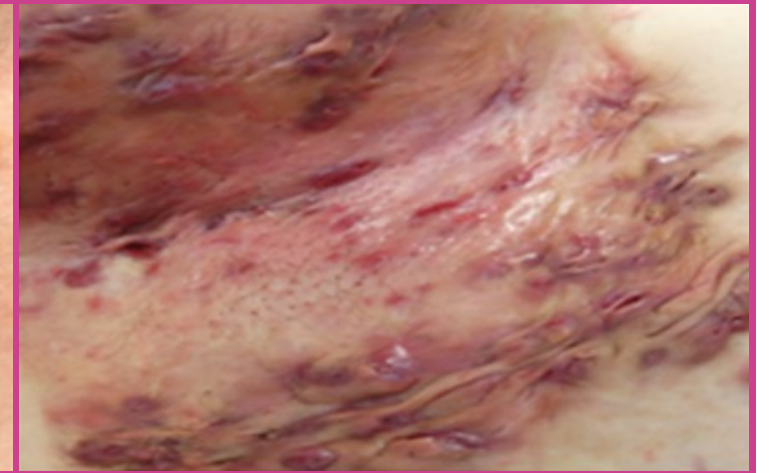
STAGE 1

- Single isolated lesions
- No sinus tracts/scars



STAGE 2

- Single/multiple lesions
- Sinus tracts



STAGE 3

- Widespread diffuse areas with sinus tracts



DIARY OF A HS FLARE

DAY 1

- Fatigue and malaise
- Area is a **little sore, warm** and **tender**, by evening it is **swelling** and **hot** to touch

DAY 2

- Area is more **inflamed** and **painful** and **mobility is affected**
- Skin is stretched and tight
- This will continue like this for several days

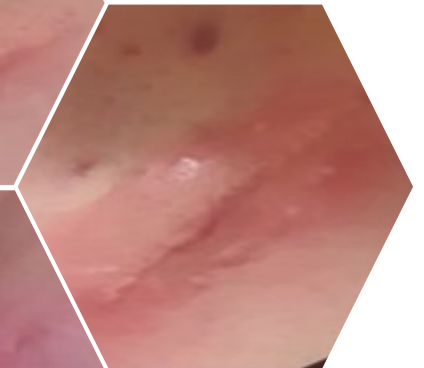
DAY 7-8

- An **opening has appeared in the skin** – the lesion will drain now
- There are sinus tracks beneath the skin, which will continuously **trickle and drain**

Day 1



Day 2



Day 3



AFTERMATH OF HS FLARES & DAY-TO-DAY EXPERIENCE

- Areas of skin left scarred, pitted and disfigured
- Open skin trying to heal
- Pain and restricted movement
- Clothing choices affected
- Regular drainage wound care requirement

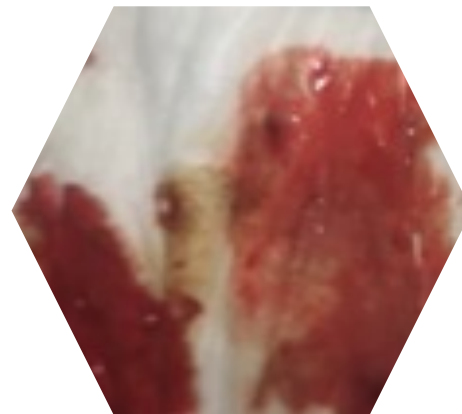
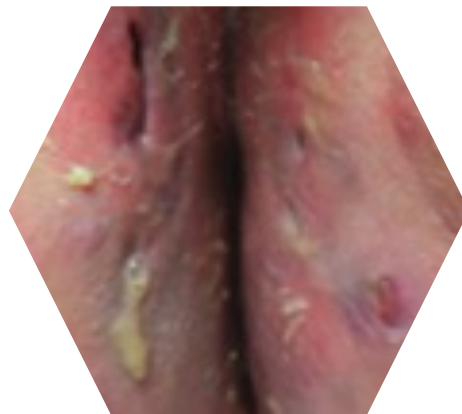




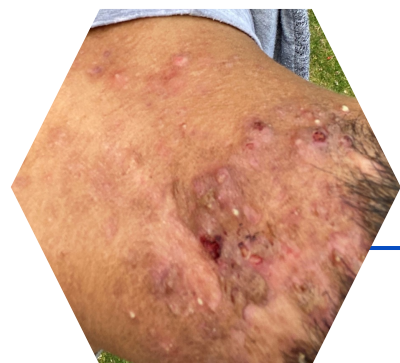
WOUND CARE TODAY

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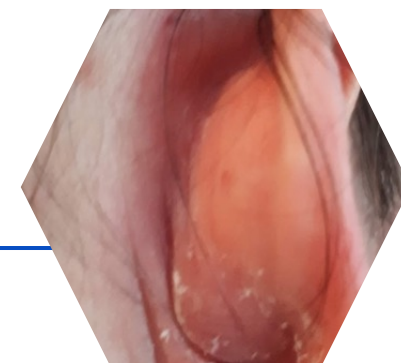
HS IN TYPICAL ANATOMICAL AREAS



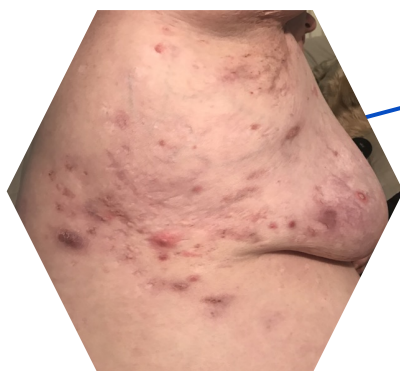
ATYPICAL HS ANATOMICAL SITES



Head
Neck



Face
Ears



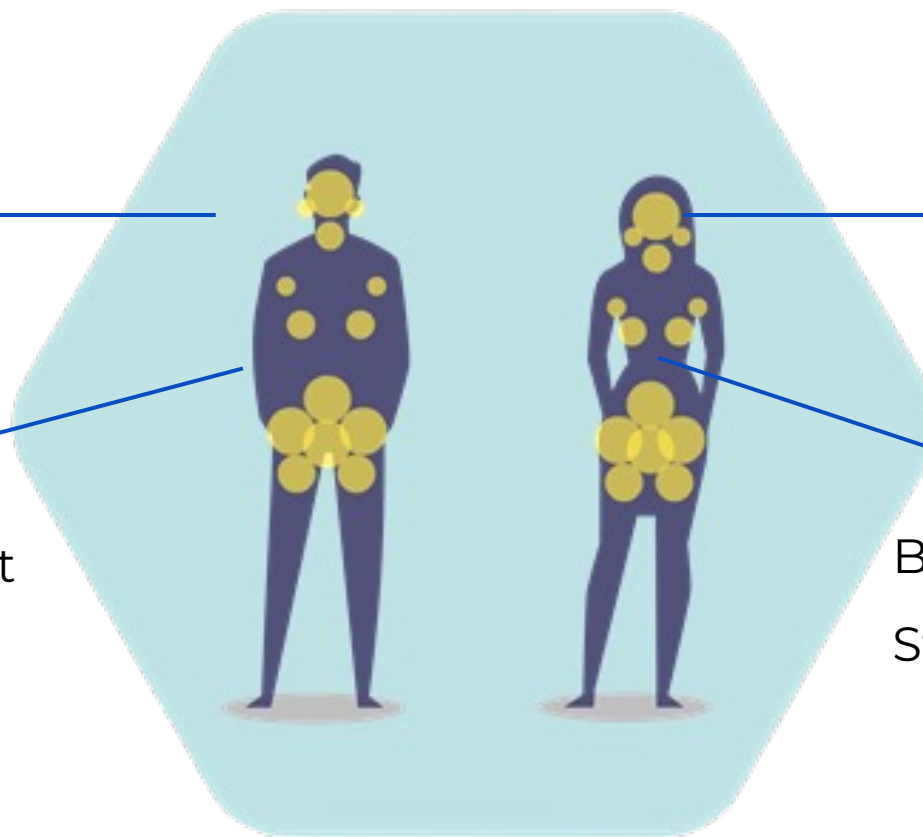
Hands

Chest
Back



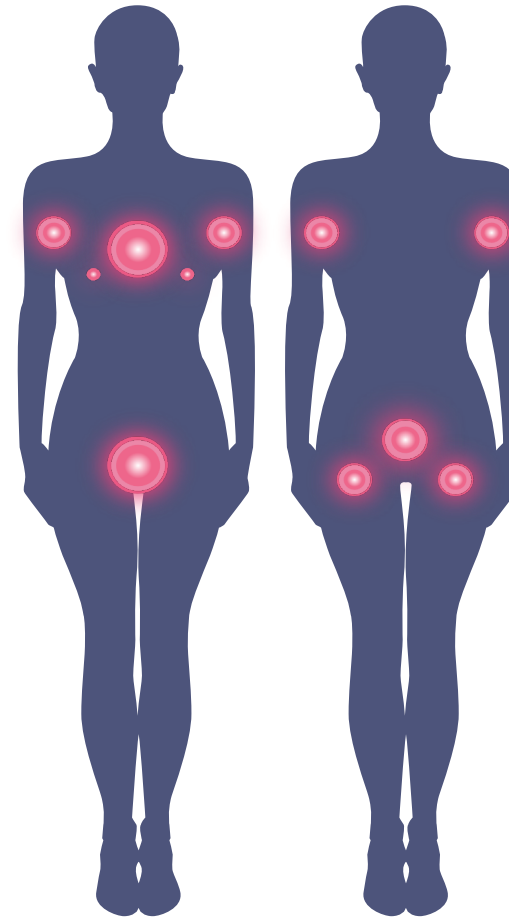
Toes

Breast
Stomach



OTHER WOUND TYPES IN CHALLENGING AREAS

- Malignant fungating wounds
- Post surgical breast wounds and mastectomy
- Post surgical and dehiscence wounds to the groin
- Pilonidal sinus
- Subcutaneous Crohn's
- Epidermolysis bullosa (EB)
- Acute cysts, abscesses



Dressing wounds is difficult, time-consuming, painful, and often depressing for patients and healthcare professionals alike.

50%

of nurses' time is spent on dressing changes

UP TO HALF

of such dressing changes could be clinically unnecessary

2/3

of patients with chronic wounds need dressings changed by a clinician at home at least twice weekly

77%

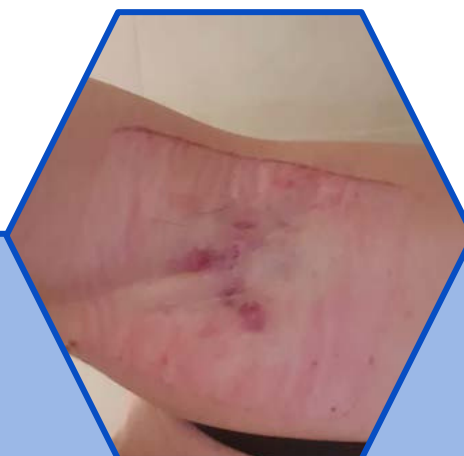
of HCPs reported that higher levels of patient involvement could improve quality of life



Dressing wounds is difficult, time-consuming, painful, and often depressing for patients and healthcare professionals alike. This presents multiple challenges for patients.



78% of patients report that their quality of life is negatively impacted.



85% have experienced adhesive skin damage.



93% have experienced a dressing leak or fall off.



98% of patients report pain during dressing changes, of which **43%** report extreme pain.

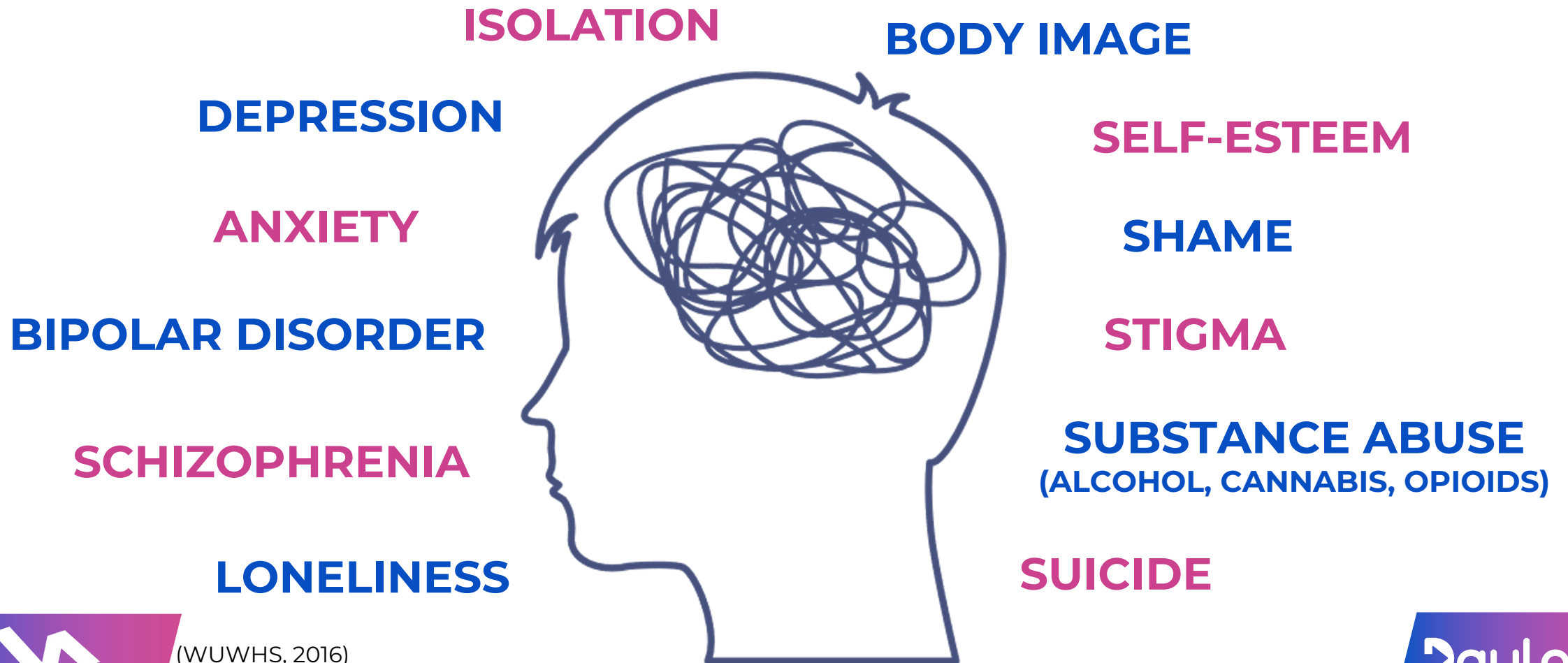


WOUND CARE TODAY

(Moloney et al, 2022)

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MENTAL HEALTH IMPACT OF HS



IMPACT OF DAILY WOUND CARE ON QUALITY OF LIFE

Assessing the most affected aspects of patient's lives based on varied criteria. Participants were asked to select which areas of their life were negatively impacted by daily HS wound management.

CRITERIA	%
Work life	69.4%
Social life and hobbies	83.6%
Relationships and sex life	86.9%
Day to day activities	81.8%

Living with Pain

97% of HS patients list pain as the most difficult aspect of living with HS

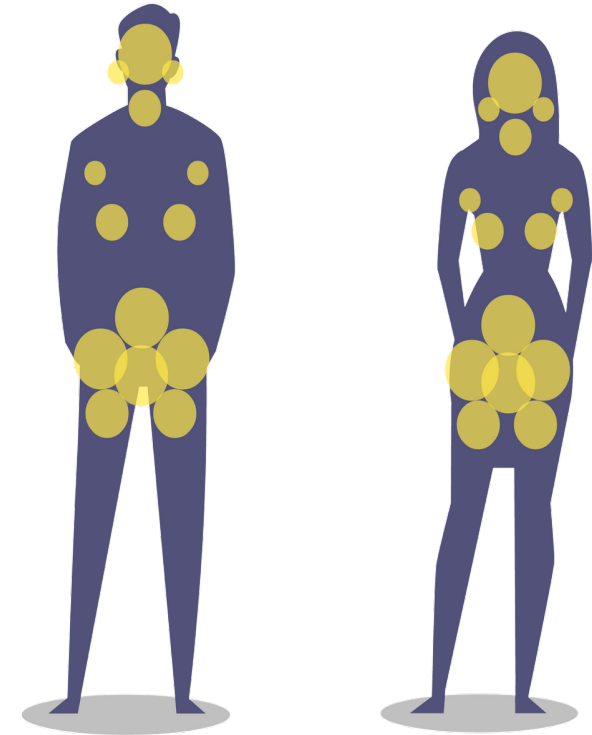


WHAT CAN I LOOK OUT FOR?

Do you have a patient presenting with boils*?

Have they experienced an outbreak of boils in the last six months?

Were there multiple boils and were they located in more than one area?



Please note: HS can present outside of the common areas highlighted, including the arms, back and legs.



WOUND CARE TODAY

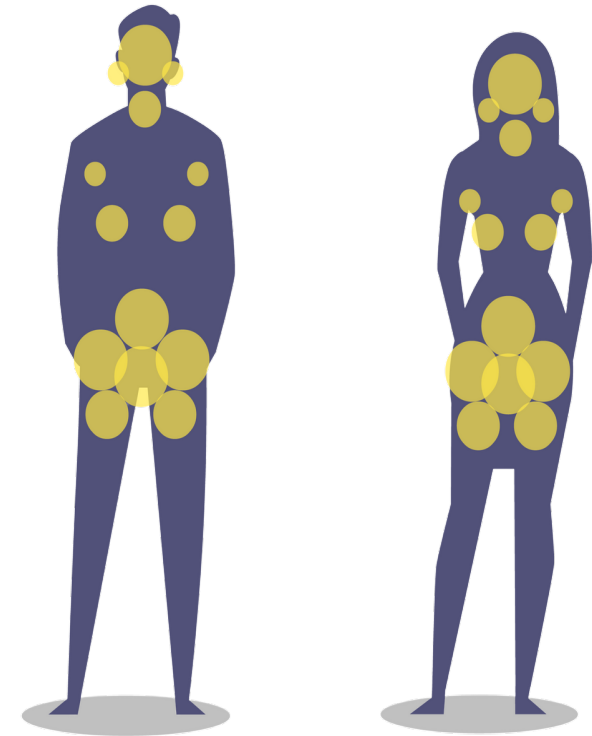
* Patients often refer to their symptoms as boils or abscesses.

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WHAT CAN I LOOK OUT FOR?

Do you have a patient presenting with boils*?

If they have answered **YES** to the **two questions** above and the boils are presenting in the common areas indicated in yellow, **HS may be diagnosed**.



Please note: HS can present outside of the common areas highlighted, including the arms, back and legs.



WOUND CARE TODAY

* Patients often refer to their symptoms as boils or abscesses.

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HIDRAWEAR

A major advancement in hard-to-dress wound management



HydraFlex™ Baselayer



100%
ADHESIVE-
FREE

0%
SILICONE



HydraWear Dressings
with SecureLock™ Technology



HIDRAWEAR

HidraWear is the world's first wearable wound care system that empowers patients living with chronic wounds in hard-to-dress areas to self-care.

Wearable Wound Care

- ✓ Straightforward for patient to change dressing themselves
- ✓ Dressings safely and securely in place
- ✓ No skin damaging silicone/acrylic adhesive dressings or tapes
- ✓ Removes risk of medical adhesive-related skin injury (MARSI)
- ✓ HidraWear leads to a clinically proven '*improvement in patient quality of life using the DLQI scoring system*' (Moloney et al, 2022)



HydraWear

**Dressing change
in under 30 seconds**



WOUND CARE TODAY

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HOW IT WORKS

STEP 1

Put on the HydraWear Garment

STEP 2

Insert the HydraWear Dressing
Place over the wound area

STEP 3

Secure the HydraWear Dressing in
place with the External Fastening Tab

HydraWear^{AX} Crop Top
Axillary Region



HydraWear^{BB} Boxer Briefs
Buttocks & Groin



1st Place
Innovation in
wound care



WOUND CARE TODAY

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SELF-CARE SUPPORT



Warm flannels to aid drainage



Do not shave the area



Natural clothing material



PH balanced wash products



Support groups



Prescribe appropriate dressings and explain how to use



Refer to wound care specialists for support in out of hospital care



Integrated working with patient-centred care



SUPPORT GROUPS

- British Skin Foundation: www.britishskinfoundation.org.uk/
- European Hidradenitis Suppurativa Foundation e.V. <https://ehsf.eu/>
- Hidradenitis Suppurativa online: www.hsonline.ae/en_ae/home.html
- Patient UK: www.patient.co.uk
- British Association of Dermatologists: www.bad.org.uk
- NHS Choices: www.nhs.uk/conditions/hidradenitis-suppurativa/



HS BEST PRACTICE EVIDENCE DOCUMENTS

Hidradenitis Suppurativa (HS)

Wound and skin care support

By Alison Schofield & Suzanne Moloney



DERMATOLOGICAL
NURSING

OPTIMISING
HIDRADENITIS
SUPPURATIVA CARE

A multi-professional
consensus statement



WOUND CARE TODAY

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Hidradenitis Suppurativa (HS) Patient Care Provision

Improving diagnosis is the key to delivering value-based care for this patient group

Have they experienced more than one outbreak of boils in the last six months?

Were they located in one or more of the common areas of axillae, groin, buttocks and infra- or inter mammary? If the answer is YES, your patient likely has HS.

NHS Online
(Digital 1st)
Pharmacy, 111

- » Diagnosis flow chart
- » Improved information about HS for patient and guidance online
- » Access to patient support groups
- » Educational resources for pharmacy
- » Public awareness campaigns

GP Services
(PCN)

- » Educational resources for primary care physicians to improve diagnosis rates and reduce missed opportunities to begin initial treatment
- » A local HS care pathway and referral recommendations to specialist services
- » HS can flare up at anytime. Patients therefore require easy access to appropriate pain relief and wound care/dressings on prescription

HS Suspected ↓

Access to ↓

Place-based
Partnership
(old CCG
Footprint)

Dermatology

- » Referral for confirmed diagnosis based on Hurley scale staging system
- » Making a diagnosis: BAD Patient Management Pathway - Hidradenitis Suppurativa
- » Typical lesions: inflamed nodules, open comedones sinus tracts, bridge scars
- » Predominantly flexural locations: axillae, groin, perineum, infra- or inter-mammary
- » Chronicity: two lesions in the last six months / lifetime history of ≥5
- » DLQI assessment
- » Administer biologics/immunosuppressant drugs
- » Refer to surgery if required

Access to →

Wound Management

- » Full wound care and holistic assessment - this could be PNs or DNs in the first instance
- » Selections and access to adequate prescription dressings to manage the patients wound (see chart on page 11)
- » If failure to respond to first-line wound management in two-to-four weeks, involvement of TVN recommended
- » Locally agreed formularies for products specific to the management of HS wounds i.e., axillae, groin, and buttocks
- » Offer referral to smoking cessation or weight management if required

Mental Health Support

- » Regular assessment of impact on mental health. This is particularly important for teenagers and young adults
- » Encourage patient to seek help
- » Access to IAPT programme

Ongoing Patient Support

- » Provision of quality education
- » Access to pain services
- » Flare clinics in specialist service
- » Offer referral to smoking cessation or weight management if required

A CHANGE IN PRACTICE

Access to ↓

Wound Management

- » Full wound care and holistic assessment - this could be PNs or DNs in the first instance
- » Selections and access to adequate prescription dressings to manage the patients wound (see chart on page 11)
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WOUND CARE TODAY

(Schofield A, et al (2022) *Optimising Hidradenitis Suppurativa Care, A multi-professional consensus statement.* Dermatological Nursing, Sept 2022)

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CONCLUSION

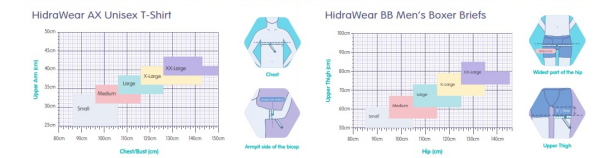
- HS is a devastating condition
- **Faster diagnosis** will **prevent progression** of the disease
- This will have a dramatic **impact on quality of life** for individuals and **reduced economic burden** for the health service
- You can make a difference by **being aware of the disease**, looking out for the **early clinical signs** and **spreading the word** to your colleagues
- Ensure patients with HS have **appropriate wound care products and advice**

CALL TO ACTION

Daylong Direct has many support and educational tools:

- WCT eLearning - <https://www.woundcare-today.com/learning-zone/understanding-hidradenitis-suppurativa/details>
- Learn more about Hidradenitis Suppurativa - <https://www.daylong.co.uk/info/condition-guides/hs-awareness/>
- Get involved with HS Awareness Week 5–11th June 2023 and request a FREE information pack - <https://www.daylong.co.uk/info/request-starter-pack/>

To find out more about HydraWear contact us at sales@daylongdirect.co.uk or your local Daylong Direct representative.



DERMATOLOGY NURSING
OPTIMISING HIDRADENITIS SUPPURATIVA: A multi-professional consensus statement

Hidradenitis Suppurativa
Wound and skin care
By Alison Schofield & Suzanne McKinney

patient assist
HydraWear: a new solution for people with hidradenitis suppurativa (HS)

If you suffer from painful leaking lumps and bumps that come and go, you may have Hidradenitis Suppurativa (HS).

HS is a chronic inflammatory skin disorder that causes painful secreting nodules and abscesses near the apocrine glands, commonly including the armpits (axilla), groin, buttocks and breasts. It can occur in anyone, but is more common in adult women of working age and in people of African and Afro-Caribbean origin. People with HS can often wait for years before the condition is diagnosed properly.

HS is seen as a debilitating disorder because of the impact that signs and symptoms such as pain, discomfort, leaking discharge and itching, have on everyday life. Leaking lumps and bumps can be difficult to manage because of their location. Historically there has been no specific dressing available for people with HS to wear, presenting a number of challenges. Frequent dressing changes may be needed as they are not absorbent enough, white dressings that are sufficiently absorbent may be bulky and uncomfortable to wear. Mobility can be restricted so that dressings don't fall off, since adhesives can't be used on fragile skin.

Fortunately, HydraWear is a wearable wound care system that has been designed, developed and tested by people with HS for people with HS.

The HydraWear garment (available as a women's top, unisex t-shirt, male shorts, or female briefs) is designed to conform to the body and is used in conjunction with HydraWear-Hidrosoft Dressings that are secured into place using external fasteners that use HydraWear Hook and Loop retention technology.

Daylong | Patient Assist

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