# Box 1 Properties of an antimicrobial dressing

Source: Maillard & Denyer (2006) cited in Ousey & McIntosh (2009). Topical antimicrobial agents for the treatment of chronic wounds. *British* Journal of Community Nursing. Vol. 14 (9) p. S8.

### The ideal properties of antimicrobial dressings

- · Sustained antimicrobial activity
- Provide moist wound-healing environment
- Allow consistent delivery of the antimicrobial in the dressing over the entire surface of the wound
- Allow monitoring of the wound with minimum interference
- Manage exudate if this is a problem
- Be comfortable
- Provide an effective microbial barrier
- Absorb and retain bacteria and avoid wound trauma on removal

# Box 2 Key points in perianal wound management

## Key points in perianal CD wound management

- Increase perianal hygiene irrigate with showerhead twice daily and after every bowel motion (if practical)
- Use antimicrobial wound management products silver or honey containing products.
- Moist wounds will need a product which absorbs exudate.
- Protect surrounding perianal skin with non-sting barrier film products.

# Box 3 What we know

#### What we know

- Combined treatment involving medical and surgical strategies provides best outcomes for perianal CD
- MRI is helpful in diagnosis and assessment of perianal CD
- Regular surgical re- evaluation is helpful in assessing progress
- Perianal disease is chronic, difficult to manage and has an adverse effect on quality of life for the patient.

# Box 4 What this article adds

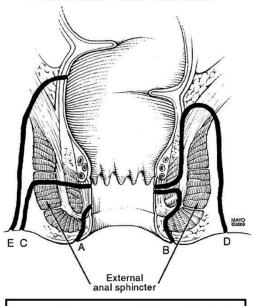
## What this article adds

- Advanced wound management products have a role in the management of perianal CD
- A cohesive MDT approach is fundamental to producing positive outcomes for the patient
- The IBD nurse specialist is best placed to co-ordinate this approach for the patient.

Figure 1. Park's perianal fistula classification.

Source: Parks et al (1976) cited in Sandborn et al (2003). AGA Technical Review on Perianal Crohn's Disease. Gastroenterology. Vol. 125 p.1510.

## Parks Perianal Fistula Classification



- B intersphincteric
- A superficial C transsphincteric E extrasphincteric
- D suprasphincteric

Figure 2. Seton suture

Source: Schwartz et al (2001) cited in Sandborn et al (2003). AGA Technical Review on Perianal Crohn's Disease. Gastroenterology. Vol. 125 p.1518.

# **Non-cutting Seton Suture**

