

Mundane technologies and magic dressings: Exploring the materialities of 'advanced' wound care

Materialities of care: encountering health and
illness through objects, artefacts, and
architecture, University of York,
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Mundane practices and technologies

- The experience of wound care falls as much in the domain of the domestic and everyday as in that of professional medicine, healthcare or institutionalised care
- Draw on data generated in semi-structured interviews with patients and health professionals which explored outcomes and impacts of treatment for chronic wounds
- Dressings, hosiery, bandaging and footwear interventions form part of the treatment landscape

Disclaimer

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Madden, M. (2015) The Ghost of Norah Batty: A qualitative exploration of the impact of footwear, bandaging and hosiery interventions in chronic wound care. *Chronic Illness*, 11 (3) pp. 218-229
Madden, M. (2012) Alienating evidence based medicine vs. innovative medical device marketing: A report on the evidence debate at a Wounds Conference. *Social Science and Medicine*, 74 (12) pp. 2046-2052.

Compression bandaging

‘Gold standard’ treatment, but:

- pain
- discomfort
- reduced mobility
- limits on bathing or showering
- social embarrassment (ugly, leakage, smell, affects what you can wear) leading to reduced social engagement
- fixed ankle

Support hosiery

but:

- no benefit or skin trauma because of inability or difficulty getting them on
- social embarrassment for men
- social embarrassment (and skin trauma) from leakage
- wrinkles forming dangerous tourniquet

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Footwear

but:

- social embarrassment leading to reduced mobility and reduced social engagement
- (diabetes) loss of the freedom to walk barefoot

Shoes ascribed the capacity to have 'transformative' powers. Markers of, gendered identities, life course stage, social class, work and leisure activities, health and illness (and transitions between these)

Quest for the magic dressing

- *..they'll come to us and say, 'oh is there not a cream I can put on it or a dressing' and you're like, nothing is going to fix it from the outside (TVN)*
- *I suppose they [patients] expect a solution and if they've got a wound, I suppose they expect some part of that solution is going to be whatever covers the hole. But I think the myth the patients [have] is just re-enforced by staff ... all the adverts that you see ... these beautiful bodies that have got dressings on, you know, that just got better magically ... it's pedalled by industry that the dressing is the solution. Wound care solutions, you know, that's often what the mantras are of the various companies. They provide wound care solutions" (TVN)*
- RCTs methodologically poor. European regulatory focus (CE marking, MHRA) on safety assessment, viability, competitiveness not population effectiveness (BMJ 2011; 342:d3123).
- Advanced dressings may have little to offer in terms of improved healing rates for complex wounds that are due to systemic disease (though they may offer benefits for symptom management).



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There is insufficient high-quality evidence to distinguish between any of the advanced wound dressings used in the management of chronic wounds
<https://www.nice.org.uk/advice/ktt14/chapter/Evidence-context>.

- A key material public health issue is the extent to which innovation in advanced wound care lies in the technologies being promoted and/or in the marketing strategies being used to promote them
- Wound care programmes have to fit not just with clinical expectations and medical technologies available (cure), but also with the everyday lives of patients (care).