New global consensus confirms that:

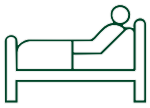
The ideal surgical incision dressing supports ‘undisturbed wound healing’ and has a range of ideal properties

Publication summary: Morgan-Jones R. et al. Defining excellence in incision care: Consensus from over 100 surgeons and surgical experts on the importance of undisturbed wound healing and surgical dressing properties. Global Wound Care Journal, 2025.

What’s at stake with post-surgical incision care?

300 million procedures

With over 300 million surgical procedures globally each year[1], incision care – including dressing choice – can have a huge impact on outcomes.



Surgical wound complications (SWCs)

SWCs, including surgical site infections (SSIs)[2], are one of the most common causes of healthcare-acquired infections globally[3] and it is estimated that up to 50% of SSIs may be preventable[4].

Global variations in best practice

The importance of undisturbed healing to protect wounds from contamination has been highlighted[5], but there has been little global guidance published and it appears that practices vary.

The consensus overview

Aim and scope

To synthesise the findings of 12 reports, based on the contributions of over 100 surgeons and surgical experts from around the world.

Methodology

The consensus is the outcome of meetings held between 2019 and 2025. Each meeting featured structured discussions on post-surgical incision care, incorporating regional considerations.

Consensus objectives

Through discussion of key areas to:

- clarify views on incision care and dressing selection for surgical wounds
- reach consensus on recommendations
- agree on the properties of the ‘ideal’ dressing

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Consensus results

Key characteristics of the 'ideal' wound dressing for surgical incisions:

- Flexible and comfortable
- Fixes well to the skin
- Absorbent
- Skin protective
- Waterproof
- Eliminates 'dead space' between the wound bed and dressing

The benefits of undisturbed wound healing (UWH):

- Healing is optimised if the wound remains undisturbed, in the absence of clinical reasons for doing so
- UWH reduces the risks of contamination and potential infection
- UWH yields savings in cost and healthcare professional time

Clinical reasons to change a dressing include:

- Saturation
- Leakage
- Excessive bleeding
- Suspected infection
- Wound edge deterioration or dehiscence
- Loss of adherence of the dressing
- Skin irritation or allergic response to the dressing

Key takeaways of the new consensus:

1. Leave the dressing in place for as long as possible to promote undisturbed wound healing and efficiency savings

2. Change dressings when clinically necessary, *not* on a set schedule

3. Choose dressings that display the 'ideal' characteristics and will not damage the skin or limit movement

References: **1.** Gillespie BM, Harbeck E, Rattray M et al (2021) Worldwide incidence of surgical site infections in general surgical patients: a systematic review and meta-analysis of 488,594 patients. Int J Surg 95: 106136. doi: 10.1016/j.ijsu.2021.106136. **2.** Sandy-Hodgetts K, Ousey K, Conway B et al (2020) International best practice recommendations for the early identification and prevention of surgical. **3.** European Centre for Disease Prevention and Control (2023) Healthcare-associated infections: surgical site infections: Annual Epidemiological Report for 2018–20. Available at: https://www.ecdc.europa.eu/en/publications-data/healthcare-associated-infections-surgical-site-annual-2018-2020 (accessed 05.09.2025). **4.** Umscheid CA, Mitchell MD, Doshi JA et al (2011) Estimating the proportion of healthcare-associated infections that are reasonably preventable and the related mortality and costs. Infect Control Hosp Epidemiol 32(2): 101–14. doi: 10.1086/657912. **5.** World Union of Wound Healing Societies (2016) Closed surgical incision management: Understanding the role of NPWT. London: Wounds International.

To read the consensus, scan the QR code

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