



Government of **Western Australia**  
North Metropolitan Health Service  
Women and Newborn Health Service

# Evaluating a Wound Care Practice Change Following Vulvar Cancer Surgery: Pilot Audit



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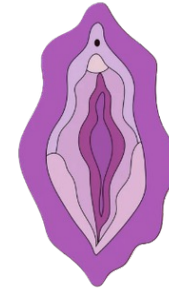
# Acknowledgement of Country

We acknowledge the Noongar people as the traditional owners of the land on which we are meeting today. We pay respect to their Elders past, present and emerging. We extend that respect to Aboriginal and Torres Strait Islander people here today.



# Vulvar Cancer

- Rare: ~400 diagnoses in Australia/year
- Primary treatment = surgery
- ↑ Conservative approaches
- Wound complications = 50%



## Evidence to guide care

- Clinical assessment
- Practitioner assessment
- Specialist wound nurse review

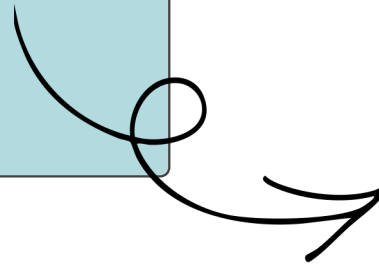
# Wound Care



## Benchmarking vulva wound procedures study (2025)

Most common:

- Wound irrigation - H<sub>2</sub>O/NaCl
- Drying with a fan
- No wound dressings



## Prontosan

- Wound irrigation solution
- Cleansing acute & chronic wounds
- Betaine and polyhexamethylene biguanide + broad antimicrobial
- Prevents biofilm formation

OBSTETRICS AND GYNAECOLOGY QUICK REFERENCE GUIDE

Procedural Document for:

### PERIWASH for Postoperative Vulvar Cancer Surgical Procedures

#### AIM/GOALS OF CARE

To optimise vulvar surgical wound for healing, aiming to prevent infection and/or dehiscence. Prontosan® solution aims to prevent infection by creating an optimal wound bed to prevent the formation of wound biofilm. The mechanism of action is effected on contact of the solution with the skin and remains even after drying. If the solution is removed (such as during showering or washing), the mechanism of action will cease.

Nursing assessment should consider:

1. Current washing habits
2. Existing urinary/faecal incontinence
3. Consultation with wound care specialist

#### FREQUENCY OF PROCEDURE

Beginning the day after surgery, vulvar periwash should be conducted at least three times a day including after any potential contamination, such as a bowel motion, for at least the duration of the patient's hospital stay and ideally until the wound is healed. Initially, vulvar periwashes should be conducted by the nurse, however once the patient is mobilising and showering, this can be done independently by the patient (if physically able). Prontosan should be applied to the wound after every periwash/shower to ensure maximum amount of time the solution is in contact with the skin, for maximum efficacy.

#### PATIENT EDUCATION

As soon as practicable following surgery, nurses should begin patient education on how to perform vulvar periwash independently. This may involve discussing the procedure with the patient, encouraging use of a mirror or involvement in the procedure, i.e. placing the Prontosan soaked gauze on the skin.

# Wound Care Procedure



## Goals of Care

- Optimise wound for healing
- Prevent infection & dehiscence



## Procedure frequency

- Begin day after surgery
- At least 3 x day
- Plus after potential contamination (i.e. BO)
- For hospital stay duration (ideally beyond)
- Maximise time Prontosan is in contact with skin



## Patient Education

- Procedure discussion
- Encourage use of mirror/involvement
- Aiming for independent periwash



## Procedure

- Consent, positioning (bedpan)
- Hand hygiene
- Irrigate with Normal Saline
- Wipe with N/S soaked gauze
- Apply Prontosan soaked gauze
- Dry
- Hand hygiene, document

Acute/Post-surgical



Chronic/infected



# Aims & Objectives

To audit vulvar cancer surgical wound infection measures before and after the implementation of a change in wound care practice to include the use of Prontosan®.

1. Retrospectively audit the **number of vulvar cancer surgical wounds** and measure post operative **wound infections**, prior to a change in wound care practice
2. Prospectively audit the **number of vulvar cancer surgical wounds** and measure postoperative **wound infections**, after a change in wound care practice
3. Measure the **rates of readmission** for wound infection within 30 days of surgery
4. Describe **demographic characteristics** of the sample population

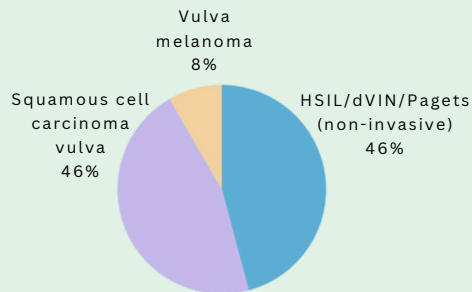
# Results - Demographic Characteristics

## BEFORE PRONTOSAN® IMPLEMENTATION

n=24

66.7

MEAN AGE  
(YEARS)



CANCER DIAGNOSIS  
(%)



BMI 25-30: n=12 (50%)  
BMI >30: n=8 (33%)

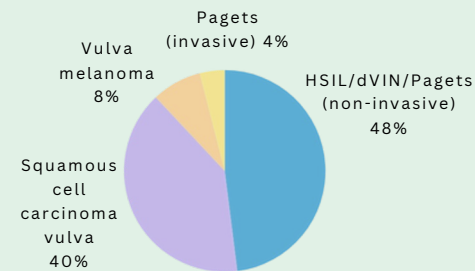


## AFTER PRONTOSAN® IMPLEMENTATION

n=25

66.5

MEAN AGE  
(YEARS)



CANCER DIAGNOSIS  
(%)

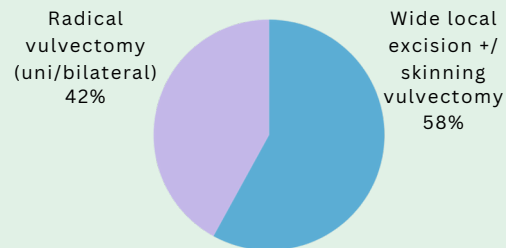


BMI 25-30: n=8 (32%)  
BMI >30: n=13 (52%)



# Results - Surgical Measures

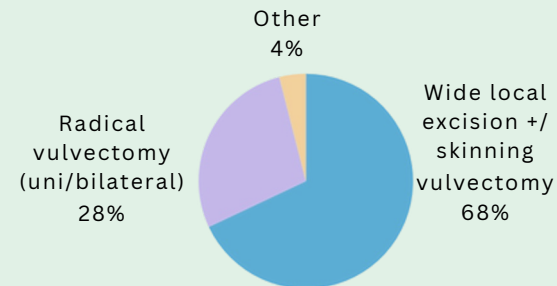
## BEFORE PRONTOSAN® IMPLEMENTATION



**SURGICAL INTERVENTION (%)**



## AFTER PRONTOSAN® IMPLEMENTATION



**SURGICAL INTERVENTION (%)**



# Results - Wound Outcomes

## BEFORE PRONTOSAN® IMPLEMENTATION



HOSPITAL READMISSION RATE FOR INFECTION WITHIN 30 DAYS OF SURGERY



RATE OF DOCUMENTED WOUND INFECTION WITHIN 30 DAYS OF SURGERY

## AFTER PRONTOSAN® IMPLEMENTATION



HOSPITAL READMISSION RATE FOR INFECTION WITHIN 30 DAYS OF SURGERY



RATE OF DOCUMENTED WOUND INFECTION WITHIN 30 DAYS OF SURGERY

# Conclusions

- Findings suggest comparable infection rates with or without Prontosan® in this cohort.
- No improvements in infection rates were noted with the addition use of Prontosan® but importantly, no increase in the number of infections was reported (i.e. no harm)
- There were notable differences in risk factors in the pre and post intervention populations, i.e. Diabetes (28% cf 44%), BMI=overweight (50%cf 32%), BMI=obese (33% cf 52%)
- The sample size precludes analysis of significance in outcomes; however, findings contribute preliminary data to an understudied area of gynae-oncology care.
- Expansion to a larger study is warranted to establish more conclusive evidence.



# References

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# Want to know more?

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