

Evaluation Of Knowledge On Negative Pressure Wound Therapy Among Interns In A Tertiary Care Centre

Dr. Vinitha. E¹, Dr. Babaiahgari Anjan Ganesh Karthiik^{2*}, Dr. Amudhan Ravi³, Dr. Chitra .K³, Dr. Balasubramanian.V³, Dr. Vishnu.P³, Dr. Priyadharshini .Ad³, Dr. R. Ramprasath⁴, Dr. M. Bhaskar⁵

¹Senior Resident, Department Of General Surgery

^{2*}Post Graduate, Department Of General Surgery

³Interns Department Of General Surgery

⁴Associate Professor, Department Of General Surgery

⁵Professor, Department Of General Surgery, Karpaga Vinayaga Institute Of Medical Sciences And Research Centre

*Corresponding Author: Dr. Babaiahgari Anjan Ganesh Karthiik

*Post Graduate, Department Of General Surgery

ABSTRACT

Negative pressure wound therapy is an effective technique in management of complex, chronic wounds. Assessing the wound complexity is initially done by interns as a first clinician in teaching institute. The main aim of this study is to assess knowledge on negative pressure wound therapy or vacuum assisted dressing among interns.

OBJECTIVE: Main objective of this study is to improve knowledge about negative pressure wound therapy among interns completing rotational posting in department of general surgery in Karpaga Vinayaga Institute of Medical Science and Research Centre

PRIMARY OBJECTIVE: To assess the knowledge among interns about role of negative pressure wound therapy among interns in chronic and complex wounds.

SECONDARY OBJECTIVE: To improve knowledge on the initiation, management of negative pressure wound therapy (NPWT) in chronic, complex wound.

METHOD: A cross sectional study conducted among interns between period of May 2025 ends on May 2026 in department of general surgery in Karpaga Vinayaga Institute of Medical Sciences and Research Centre

Keywords: Negative pressure wound therapy, NPWT, Vacuum assisted dressing, Interns, Wound management.

How to cite this article: Vinitha E, Karthiik BAGA, Ravi A, Chitra K, Balasubramanian V, Vishnu P, Priyadharshini Ad, Ramprasath R, Bhaskar M. Evaluation Of Knowledge On Negative Pressure Wound Therapy Among Interns In A Tertiary Care Centre. *Int J Drug Deliv Technol.* 2026;16(56s): 1200-1206. DOI: 10.25258/ijddt.16.56s.131

INTRODUCTION

Wound healing is a complex process involving various processes and techniques in control of infection - proceeding with wound debridement which means removal of non-viable tissues from the wound, initiation of intravenous antibiotics to reduce bacterial load in the affected wound. Mainly improving patient immunity and control of any systemic disease associated with delayed wound healing, e.g. - uncontrolled diabetes mellitus. Uncontrolled Diabetes mellitus is one of the major diseases causing decreased immunity, reduces tissue perfusion and causes nerve damage, resulting in the formation of chronic and complex wounds.

Chronic wounds pose a major challenge for even expert clinicians in maintaining and providing appropriate care, providing disease-free time for the patient. Newer techniques like negative pressure wound therapy promote healing and provide a promising result for the patient.

Negative wound therapy or vacuum assisted dressing have been a vital and recent advance in management of complex wounds. It effectively improves the wound healing by promoting nutrient supply to wounds with increase in tissue perfusion, absorbing or removing

exudate for the wounds promotes healing in a faster manner. It accelerates the formation of healthy granulation tissue and promotes definitive care and reassurance for the patients with chronic wounds. The main factor in managing negative pressure wound therapy is mainly on first clinical assessment in medical college. It involves assessing the function, troubleshooting findings, early detection of any malfunction of the machine in daily and timely manner for preventing delay in wound healing. First assessor in every medical college for any patients in any department is the intern trainee posted for the follow-up, initiation and management of any patient.

Hence this study focuses on assessing knowledge gap among interns on negative pressure wound therapy. Thereby improving the patient care and clinical outcome also improving the knowledge about NPWT on complex wounds among interns.

MATERIAL AND METHODS

A cross-sectional study conducted among all the interns posted or completed internship rotational posting in department of general surgery, Karpaga Vinayaga Institute of Medical Sciences and Research Centre.

Evaluation Of Knowledge On Negative Pressure Wound Therapy Among Interns In A Tertiary Care Centre

study conducted by one senior resident and one junior resident by providing online questions on assessing only knowledge on the negative pressure wound therapy among interns and supervised by associate professor and professor from the department of general surgery.

Responses were collected through online form using google form and proceeded with data interpretation.

RESULT

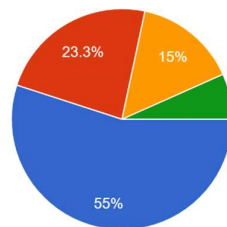
A total of 120 interns participated in this study . Among the total participants majority of the interns are

female with percentage of 65% . Remaining 35% are males . The majority mean age group participated in this study is around 23 ± 1 years of age . A total of 10 questions asked to participants (interns) and response obtained through google forms . Results were interpreted accordingly to assess knowledge of the interns and response were recorded in the pie chart form

questions 1 - 55% answered correctly for the npwt therapy contraindication provide interns knows when not to apply vacuum assisted closure dressing.

1. An intern is asked to review a patient for negative pressure wound therapy contraindication for negative pressure wound therapy is

120 responses

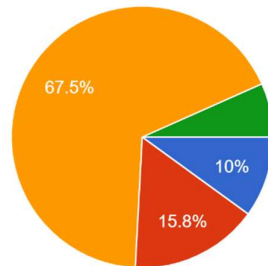


- A. The presence of exposed major blood vessels
- B. An acute traumatic soft-tissue degloving defect that has undergone complete surgical debridement.
- C. A dehisced laparotomy incision with moderate serosanguinous fluid production.
- D. A chronic diabetic foot ulcer stalled in the inflammatory phase with healthy g...

Question 2 - 67.5% answered correctly in the management of air leak in npwt treatment

2. During an overnight shift, the NPWT unit attached to a patient's wound begins sounding a Leak. What is the most appropriate initial step for the intern to take?

120 responses

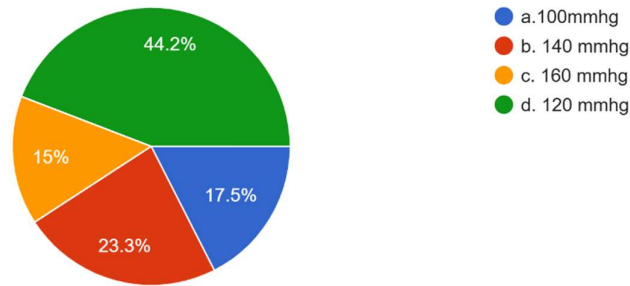


- A. Remove entire vacuum dressing .
- B. silence alarm, re-evaluate during morning consultant rounds.
- C. Systematically inspect the drape boundaries and irregularities, smoothing wrinkles or applying targeted adhesive strips.
- D. Increase the negative pressure setting to -150 mmHg to overpower the air leak.

Question 3 - only 44.2% knows about pressure to be maintained ideally

3. What is the ideal negative pressure should be maintained for patient with systolic blood pressure of 140 mmhg

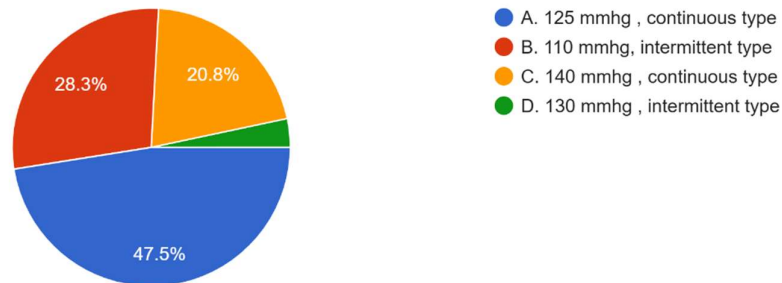
120 responses



Question 4 - 47.5% knows about management of exudative wound with negative pressure wound therapy.

4. A patient with an active exudative wound over lower limb what preference of pressure and vacuum therapy type should be used ?

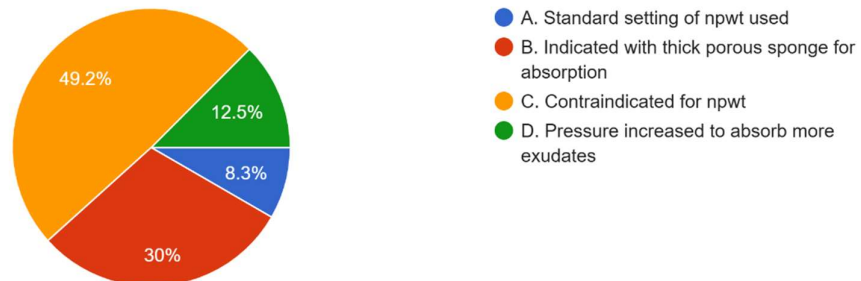
120 responses



Question 5 - 49.2% knows contraindication of vacuum assisted dressing

5. Post op laparotomy wound with high output fistula suggest line of management

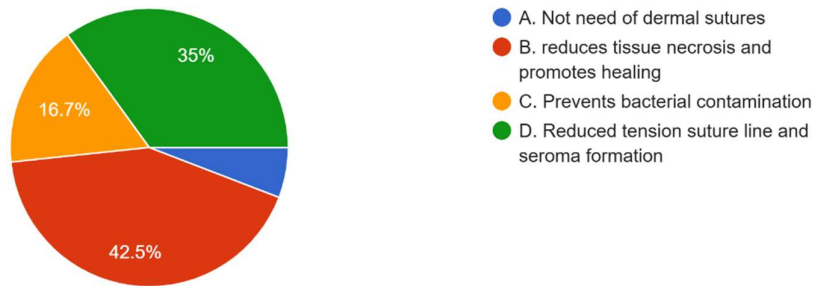
120 responses



Question no 6 - 35% knows true role of prophylactic negative pressure wound therapy

6. primary benefits in the use of prophylactic negative pressure wound therapy

120 responses

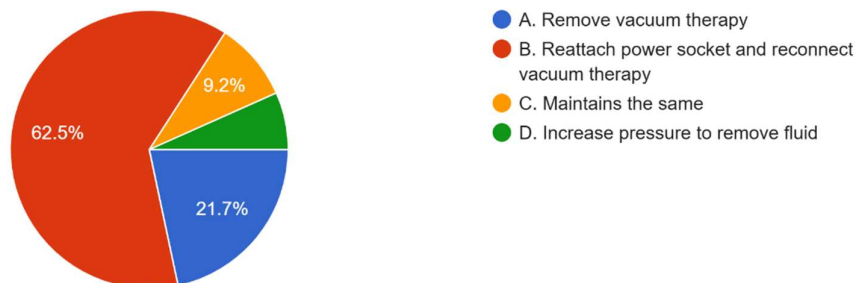


Evaluation Of Knowledge On Negative Pressure Wound Therapy Among Interns In A Tertiary Care Centre

Question 7 - 62.5% majority answered wrongly , only 21.7 % knows about negative pressure wound therapy removal time.

7. An intern during rounds notices fully soaked sponge with inactive vac machine treatment

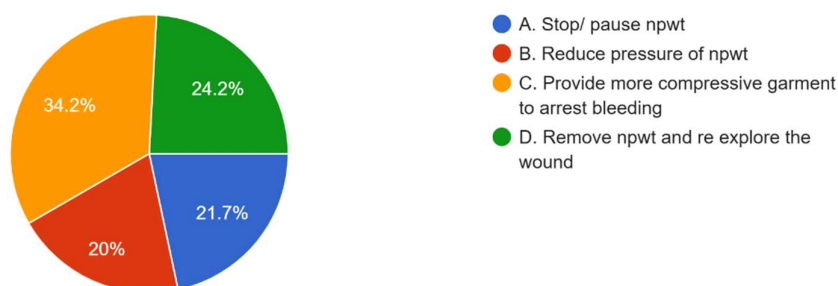
120 responses



Question 8 - only 24.2% answered correctly about complication of vacuum therapy

8. After application of vacuum therapy to post op healing ulcer if it bleeds continuously next line of management should be

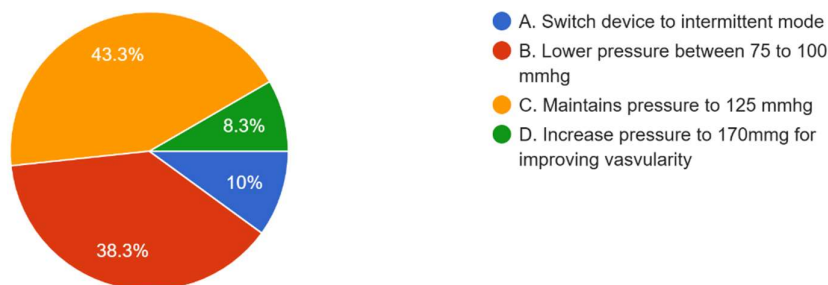
120 responses



Question 9 - only 38.3% answered correctly in the role of prophylactic vacuum therapy

9. For immediate vacuum therapy applied for post op ssg patient

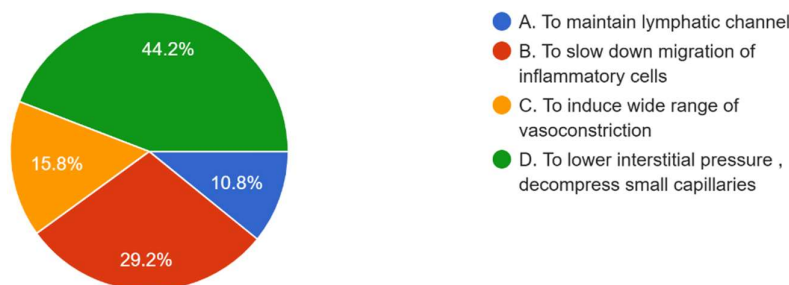
120 responses



Question 10 - 44.2% knows the pathophysiology of vacuum therapy

10. negative pressure wound therapy applied for exudative wound is

120 responses



CONCLUSION

Among the total 120 interns majority of the interns knows about negative pressure therapy but they lack knowledge about the role of negative pressure wound therapy but knows how to maintain the minor problems causing ineffective treatment like air leak , etc . Lacks majorly in the assesement and knowledge of major complications caused by vacuum assisted dressing .Majorly interns knows about the practical aspects of negative pressure therapy in view of post application of management but lacks knowledge on the initiation of negative pressure wound therapy. In view of indication of negative pressure wound therapy and maintenance of adequte pressure in the negative pressure wound therapy interns lack knowledge but have a better knowledge on contraindications of negative pressure wound therapy. Prophylactic negative pressure wound therapy knowledge among interns are low. we conclude that negative pressure wound therapy knowledge among interns lack in the theorteical part but adequate in practical aspect of the application . We need to expertise the interns by showing more practical aspect of negative pressure wound therapy and its role among the patient with complex wounds and need more teaching module on both theoretical and practical aspect of negative pressure wound therapy among interns.

DISCUSSION

Role of negative pressure wound therapy in complex wounds is a vast subject involves advanced medical devices , Requires knowledge on initiation of negative pressure wound therapy , maintenance of vacuum assisted closure and knowledge on when to discontinue the negative pressure wound therapy is based on clinician experience and knowledge about the treatment of the chronic wounds . This study aims to improve interns knowledge on negative pressure wound therapy application with profound maintenance of the function of the device during treatment , to assess and prevent troubleshoot of the device . It improves patient outcome by prevention of the technical error leading to ineffectiveness of vacuum therapy.

Negative pressure wound therapy significantly reduce wound infection by increasing vascularity , removal of exudates and promotes wound healing for both acute infective wounds as well as chronic wounds with complex in nature .It also reduces patient hospital stay and reduces medical expenses drastically .

Negative pressure wound therapy requires air tight environment with negative suctioning for the wound . It is categorized into intermittent and continuous type based on suction pressure application time , minimum of systolic blood pressure + 20 mm hg of pressure should be maintained . The ideal pressure should be around 125 mm hg to promote better condition for wound healing and promoting formation of healthy granulation tissue .

Application of vacuum assisted closure dressing promotes better healing in the chronic wounds however for interns needs more knowledge , experience and technical skill on the initiation of vacuum therapy , maintenance of wound therapy and troubleshoot the device if any technical error occurs.

This study aims on improving the knowledge for the interns on negative pressure wound therapy which in turn improves patients outcome on the advanced wound with complexity.

successful treatment and providing cure for chronic and acute wounds needs a better understanding and approach tailored to individual patient which involves more than one clinician . It starts from interns initially ends up among the experienced clinician . Judgment on application of negative pressure wound therapy for any wounds should be initiated from first assessor interns and should always kept in mind regarding management of the wound .

Tailoring knowledge and improving advanced care on wound to intern improves patient care and efficiently reduces hospital stay . It also minimizes the disability succumb to the disease .hence knowledge about role of negative pressure wound therapy should be emphasized to interns to minimize the damage due to any wounds and prevention of disability to the patient.

REFERENCES

1. Zaver V, Jan A. Negative pressure wound therapy. In: StatPearls [Internet]. Treasure Island (FL): StatPearls
2. Tseng YL, Wang CH, Lin YH. Effects of a situated simulation teaching strategy on advanced wound care knowledge and technical competence among surgical interns in Taiwan. *J Clin Nurs*. 2026;35(2):112-124. doi:10.1111/jocn.17102
3. Gupta A, Kundal A, Mani R, Gajula B, Sindhuri G, Chennat J, et al. Negative pressure wound therapy in surgical practice: an institutional experience from a tertiary centre of North India. *Pol Przegl Chir*. 2022;95(1):1-7. doi:10.5604/01.3001.0015.8170
4. Norman G, Shi J, Westby MJ, McFarlane FA, Stubbs N, Dumville JC, et al. Negative pressure wound therapy for surgical wounds healing by primary closure. *Cochrane Database Syst Rev*. 2022;4(4):CD009261. doi:10.1002/14651858.CD009261.pub5
5. Panayi AC, Leavitt T, Orgill DP. Evidence based review of negative pressure wound therapy. *World J Dermatol*. 2017;6(1):1-16. doi:10.5314/wjd.v6.i1.1
6. Przybek-Mita J, Bazaliński D, Szewczyk MT, Kardys D, Mańkowski B, Więch P. Nurses' and junior doctors' readiness to undertake controlled negative pressure therapy in the treatment of chronic wounds—research report. *Int J Environ Res Public Health*. 2023;20(4):3388. doi:10.3390/ijerph20043388
7. Apelqvist J, Willy C, Fagerdahl AM, Fraccalvieri M, Glaek VA, Groment A, et al. EWMA document: negative pressure wound therapy in a tertiary care setting: overview, challenges, and education. *J Wound Care*. 2017;26(Sup3):S1-S154. doi:10.12968/jowc.2017.26.Sup3.S1
8. Putnis S, Khan WS, Wong JM. Negative pressure wound therapy – a review of its uses in orthopaedic and general trauma at tertiary facilities. *Open Orthop J*. 2014;8(1):142-147. doi:10.2174/1874325001408010142
9. Jain S, Singh S, Sharma A. Assessment of knowledge, attitude, and practices regarding advanced wound dressing techniques among surgical residents and interns in a tertiary care teaching hospital. *Ind J Surg*. 2024;86(3):315-322. doi:10.1007/s12262-024-04021-x
10. Borgquist O, Ingemansson R, Malmsjö M. Negative pressure wound therapy: therapy settings and biological effects in peripheral wounds. Lund University Publications; 2013
11. Kim PJ, Attinger CE, Steinberg JS, Evans KK, Powers CM, Hung RW, et al. The impact of negative-pressure wound therapy with instillation on bioburden and granulation tissue kinetics in a tertiary care center. *Plast Reconstr Surg*. 2014;133(3):709-716. doi:10.1097/PRS.0000000000000135
12. Patel G, Sharma S, Mishra P. Evaluation of clinical competencies and troubleshooting skills of surgical interns in a tertiary medical center. *Med Educ Unit Rep*. 2025;14(2):89-96. doi:10.1016/j.meded.2025.01.004
13. Orscelik A, Yalcinkaya H, Akmaz I. The importance of structured boot-camps for surgical interns on advanced wound care modalities. *J Surg Educ*. 2023;80(5):672-681. doi:10.1016/j.jsurg.2023.02.011
14. Shi J, Dumville JC, Norman G, Westby MJ, McFarlane FA, Stubbs N, et al. Negative pressure wound therapy for treating pressure ulcers in tertiary care. *Cochrane Database Syst Rev*. 2024;6(6):CD011334. doi:10.1002/14651858.CD011334.pub4
15. Huang C, Leavitt T, Bayer LR, Orgill DP. Effect of negative pressure wound therapy on wound healing mechanisms: a training guide for surgical residents. *Cureus*. 2019;11(3):e4182. doi:10.7759/cureus.4182
16. Marck RE, van der Wal MB, Tuinebreijer WE, Breederveld RS, Horch RE. Training and implementing a standardized protocol for negative pressure wound therapy reduces alarm fatigue among junior clinical staff. *Burns*. 2021;47(4):812-820. doi:10.1016/j.burns.2020.09.002
17. Kumaran S, Thomas N, Menon A. Knowledge gap analysis in vacuum-assisted closure therapy management among postgraduate trainees and interns in general surgery department. *J West Asian Med*. 2025;39(1):45-52.
18. Willy C, Agarwal A, Andersen CA, Santis G, Gabriel A, Grauhan O, et al. Closed incision negative pressure wound therapy: international multidisciplinary consensus recommendations on clinical use and staff education. *Int Wound J*. 2017;14(2):287-298. doi:10.1111/iwj.12612
19. Seidel D, Diedrich S, Herrle F, Thielemann H, Marusch T, Schirren R, et al. Negative pressure wound therapy in general and visceral surgery: a systematic assessment of complications and training deficits. *Langenbecks Arch Surg*. 2020;405(4):465-473. doi:10.1007/s00423-020-01890-x
20. National Institute for Health and Care Excellence (NICE). Negative pressure wound therapy for closed surgical incisions [NICE Medical Technologies Guidance MTG43]. London: NICE; 2019 [updated 2025 Dec; cited 2026 May 26].