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Wound cultures: relevance and indications

English summary

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SUMMARY

Wound cultures: relevance and indications

Introduction

The Ministère de la Santé et des Services sociaux (MSSS) has asked INESSS to create clinical decision support tools to promote the judicious use of certain medical laboratory tests. Because of concerns regarding the use of wound cultures in clinical practice, recommendations on appropriate clinical indications have been made.

Methods

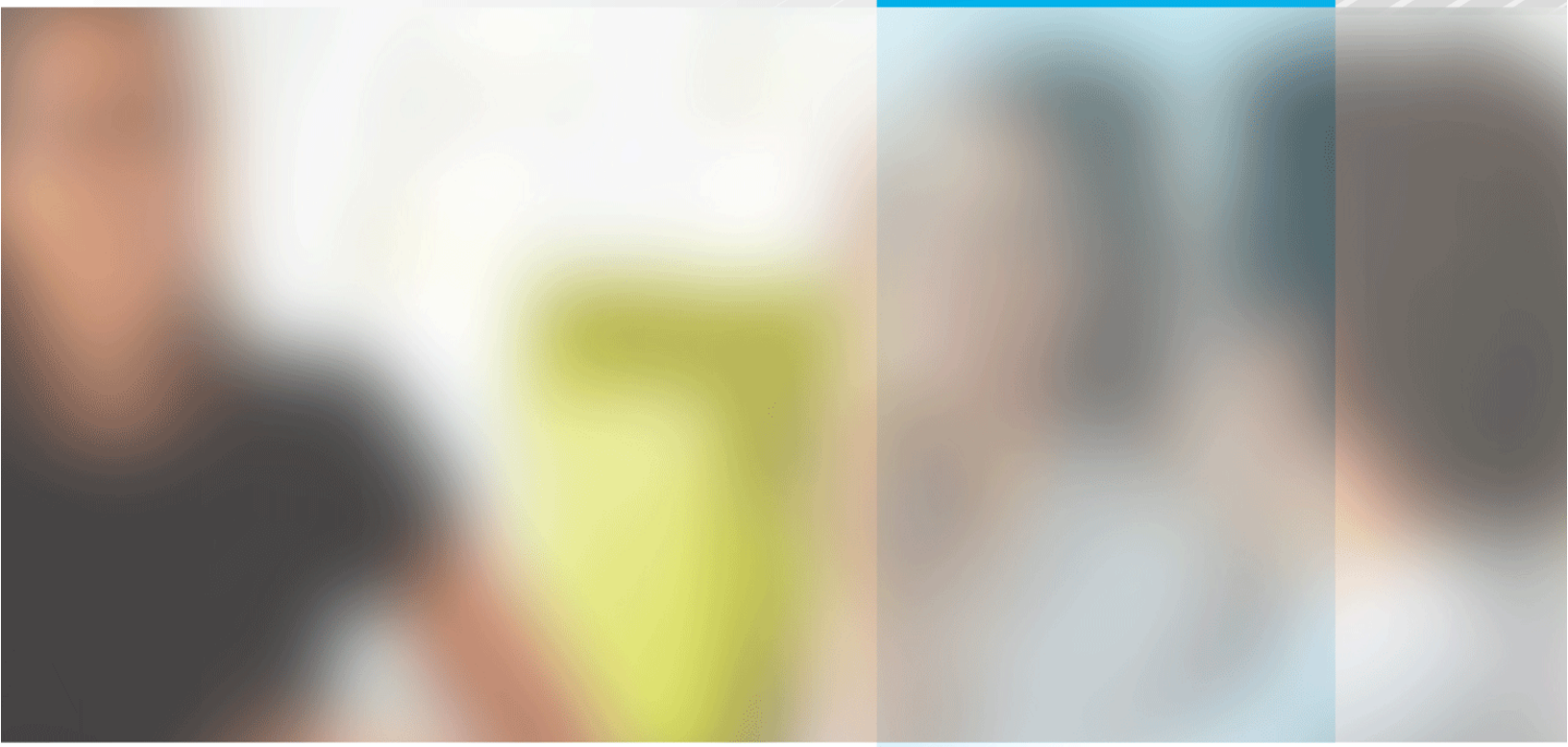
A database literature search was conducted to identify health technology assessments, systematic reviews, meta-analyses, clinical practice guidelines and primary studies on wound cultures for eight indications (surgical wounds, burns, bites, skin tears, pressure ulcers, diabetic foot ulcers, arterial ulcers, and venous leg ulcers), and the grey literature was searched for contextual data on the use of wound cultures for these eight indications. Experiential and contextual data were collected from experts in order to assess the relevance, applicability and implementation of the proposed measures.

Results

For each of the eight selected clinical indications (four acute and four chronic wound types), we present results concerning the clinical utility of wound cultures, the positions and guidance of organizations of interest regarding the use of wound cultures, and the proposed recommendations of the expert committee consulted. This material was integrated into the discussion for the purpose of drawing up five main recommendations and a number of points to be considered for their implementation. Generally, a wound culture is indicated only when clinical signs and symptoms of infection are present. In contrast, a culture is not indicated when systemic antibiotic therapy is not being considered in the management plan for a wound. When indicated, a culture specimen should be collected following debridement and cleansing of the wound. In general, screening for aerobic bacteria is sufficient for identifying the microorganism(s) responsible for the infection.

Conclusion

The recommendations made as part of this project were used to develop a tool for supporting clinicians in deciding, for different indications, whether or not to obtain a wound culture specimen, in order to guide the patient's clinical management. While not a substitute for clinical judgment, the recommendations and the decision support tool based on them should contribute to a more judicious use of wound cultures. However, the practice changes that might result from them will depend on the dissemination of the recommendations underlying the tool and the uptake of and adherence to them by the health professionals concerned. Monitoring the number of wound cultures over the next few years should make it possible to assess the impact of INESSS's recommendations on the judicious use of wound cultures with regard to the various parameters discussed in this report.



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