MYCETOMA WOUND DRESSING (SOP)

Purpose: To standardize the management of chronic mycetoma lesions, prevent secondary bacterial infections, and minimize the risk of environmental contamination within the clinic.
Scope: This protocol applies to all nursing and clinical staff responsible for wound care at the Mycetoma Research Centre (MRC)

1. PREPARATION AND ASEPTIC TECHNIQUES

Hand Hygiene: Perform hand hygiene using an alcohol-based rub or antimicrobial soap according to the WHO "Five Moments," specifically before touching the patient and before an aseptic procedure.

Environment: Ensure the dressing station is cleaned and disinfected with an available disinfectant before the patient is seated.

Equipment: Assemble a sterile dressing tray containing sterile gauze, forceps, normal saline, antimicrobial topical agents.

PPE Selection: Don a clean apron, surgical mask, and non-sterile gloves for the removal of the old dressing.

2. REMOVAL OF THE SOILED DRESSING

- **Technique:** Carefully remove the old bandage and gauze. If the dressing is adhered to the wound, moisten it with sterile saline to prevent tissue trauma.

- **Observation:** Assess the wound for signs of secondary infection, the presence of characteristic mycetoma "grains," and the status of the surrounding skin.

- **Containment:** Immediately place the soiled dressing into a yellow biohazard bag to prevent the aerosolization of fungal spores or bacteria.

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3. WOUND CLEANSING AND DRESSING APPLICATION

- **Aseptic Technique:** Remove soiled gloves, perform hand hygiene again, and don new sterile gloves.

- **Cleansing:** Cleanse the lesion using a "no-touch" technique.

- **Cleansing:** Cleanse the lesion using a "no-touch" technique, moving from the cleanest area of the wound toward the periphery using sterile saline.

- **Application:** Apply the prescribed antimicrobial or moisturizing agent and cover with a sterile primary dressing.

- **Securing:** Secure the dressing with a clean secondary bandage, ensuring it is firm enough to protect the wound but not so tight as to compromise circulation.

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4. POST-PROCEDURE AND WASTE MANAGEMENT

- **Disposal:** Close the biohazard bag when 3/4 full and dispose of it according to the institutional waste management protocol.

- **Sharp Safety:** If a scalpel or needle was used for debridement or grain collection, dispose of it immediately into a puncture-resistant sharps container without recapping.

- **Disposal:** Thoroughly disinfect the dressing table and any sterile reusable equipment used during the session.

- **Hand Hygiene:** Perform hand hygiene after removing gloves and after touching the patient's surroundings.

5. DOCUMENTATION AND PATIENT EDUCATION

- **Recording:** Document the wound appearance, the type of dressing applied, and any specific grains observed in the patient's clinical record.

- **Education:** Instruct the patient on signs of worsening infection (increased pain, redness, or foul odor) and provide guidance on maintaining dressing hygiene at home.