

Taking control of your hidradenitis suppurativa (HS):

A guide to effective primary wound management

HS is a chronic inflammatory condition and is not contagious. It often leads to painful, swollen, pusfilled bumps which come and go in areas where skin rubs together, such as your armpits, groin, anus, buttocks or under the breasts.¹ These bumps or 'lesions' can lead to wounds which sometimes drain (leak fluids such as pus and blood) and may need daily care to prevent infection and absorb

any pus.¹⁻⁴ These wounds are often called 'primary' or 'routine' because they are caused by HS itself.^{5,6} This guide contains information and practical tips based on the latest scientific evidence to help you care for these wounds when they occur. However, it is important to remember that every wound is unique, and this is not a one-size-fits-all guide.

Some patients may have surgery to remove skin affected by HS. There are three main types of surgery: incision and drainage, deroofing and wide excision. Surgical treatment results in 'secondary' or 'post-surgical' wounds and need different care from the primary wounds that are caused by HS itself.^{5,7}

For the care of post-surgical wounds, please follow the specialist advice provided by your surgeon.



There are three main types of HS lesions:



Nodule^{1,4,8}

- A solid, raised bump under the skin
- Earliest and most common lesion in HS which is often painful



Abscess^{1,4,8}

- A nodule which fills with pus
- Often painful, and may eventually burst



Fistula (or tunnel)^{1,4,8,9}

- A tunnel which forms under the skin, sometimes connecting nodules and abscesses
- Often painful and drains liquids such as pus or blood

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If you have any questions about managing your wounds, do not hesitate to reach out to your doctor or wound care specialist within the dermatology department

If yes

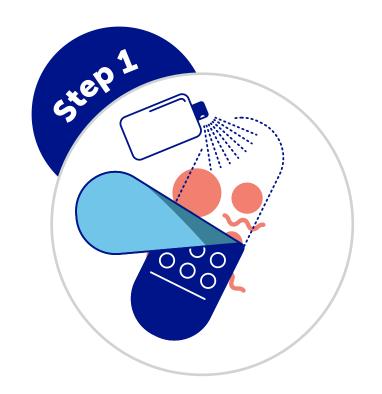
- Use the table in this guide to learn about the different dressing options
- When choosing a dressing suitable for you, consider the location of your wound, how much pus is draining and if there is any odour⁵

If no

- Regularly clean the affected skin using water and dab dry with a clean towel⁶
- Inspect the lesion for signs of infection such as increased redness, swelling, heat or discharge^{6,10}
- There is no need to dress non-draining wounds, but a moist dressing may be soothing (see table)¹¹

Is your lesion

Changing your dressing: A step-by-step guide



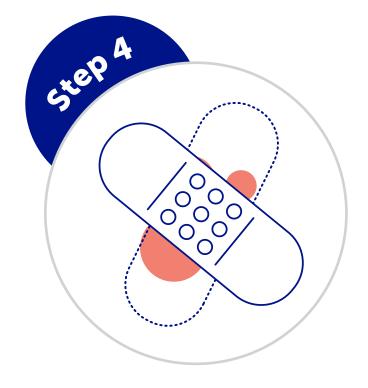
Slowly remove the existing dressing (preferably before showering), using an adhesive removal spray if necessary^{6,11}



Clean the wound carefully using water and a clean towel or gauze to gently remove any crusting and dab dry⁶



Choose a dressing type that best suits your needs using the table in this guide to help you



Try to place your next dressing in a slightly different position from the one you removed to avoid irritating the surrounding skin



Carefully apply the new dressing

Tell your doctor if a wound does not heal; this may mean your HS is not under control^{6,10}

For odour control, remove the dressing, shower and then apply a specialised dressing containing a filter and charcoal as an absorbent. If the odour persists, consult your doctor¹¹

Use dressing changes to check for signs of infection⁶

Top tips for the ideal wound dressing

For closed and painful lesions, discuss potential treatment options to relieve symptoms with your doctor⁵

- 1. Avoid woven gauze as it tends to stick to the wound and results in painful dressing changes⁶
- 2. If the skin around a lesion is sore, avoid very adhesive dressings which can pinch and injure the skin^{2,3}
- 3. How often you shower and change dressings depends on your personal preference and the amount of pus draining from your wound⁶
 - If you have heavily draining wounds, you may need to shower and change dressings daily^{2,6}

- 4. The thickness of the dressing you choose may depend on where your wound is located⁶
 - If your wound is in a fold of skin, thinner dressings may be more comfortable and prevent rubbing compared to bulky dressings⁶
- 5. Secure dressings can reduce rubbing and leaking³
- 6. For heavily draining wounds, ensure the dressing is larger than the wound site¹¹

Summary of available wound dressings [to be adapted for country-specific use]

Type	Subtype	Strengths		Weaknesses	When to use for HS
Moist	• Hydrogel ¹¹	 Breathable¹¹ Flexible¹¹ Maintains moist environment¹¹ 	 Cools and soothes skin¹¹ Can help with the healing process² 	 Only able to absorb a small amount of pus¹¹ Can stick firmly to the skin¹¹ 	 Dry-to-minimal drainage¹¹ Inflamed nodules¹¹
Absorbent	• Foams ¹¹	 Flexible¹¹ Absorbs pus well¹¹ 	 Easy to remove¹¹ Waterproof (longer wear time)¹¹ 	• Can be expensive ¹²	Moderate-to-heavy drainage ¹¹
	• Charcoal ¹¹	• Controls odour ¹¹		 Could mask signs of infection¹¹ 	 Malodourous drainage¹¹
	• Hydrocolloid ¹¹	 Breathable¹¹ Flexible¹¹ Can be cut to size¹¹ 	 Easy to remove¹¹ Absorbs pus¹¹ 	• Cannot absorb large amounts of pus ¹³	None-to-minimal drainage ¹¹
	• Superabsorbent ⁶	• Absorbs large amounts of pus ⁶	• Can help with the healing process ⁶	-	 Moderate-to-heavy drainage⁶
	• Calcium alginate ⁶	 Absorbs large amounts of pus⁶ Can help with the healing process⁶ 	 Can be worn for up to 3 days depending on the amount of drainage¹² 	 Requires a second dressing to hold it in place and stop it from drying out¹² 	Moderate-to-heavy drainage ⁶
	• Gelling fibres ⁶	 Absorbs large amounts of pus⁶ Can help with the healing process⁶ 	• Can fit into areas difficult to dress ²	Possible allergic reaction ¹⁴	Moderate-to-heavy drainage ⁶
Anti-microbial	• Silver ¹⁵	• Kills bacteria ^{15,16}	• May need less frequent changing ¹⁵	 Only for use when there are signs of infection¹⁵ Prolonged use may delay healing¹⁶ 	• Signs of infection ¹⁵
	• lodine ¹⁷	• Kills bacteria ¹⁷		May irritate skin ¹⁷	• Signs of infection ¹⁷



Superabsorbent foams are often suitable, and silicone adhesives tend to be gentle on the skin^{5,11}



The content of this guide has been reviewed and endorsed by an expert HS wound care nurse.

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