

Wound Care **for HS**

A Practical Guide to Managing HS Wounds





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What is HS?

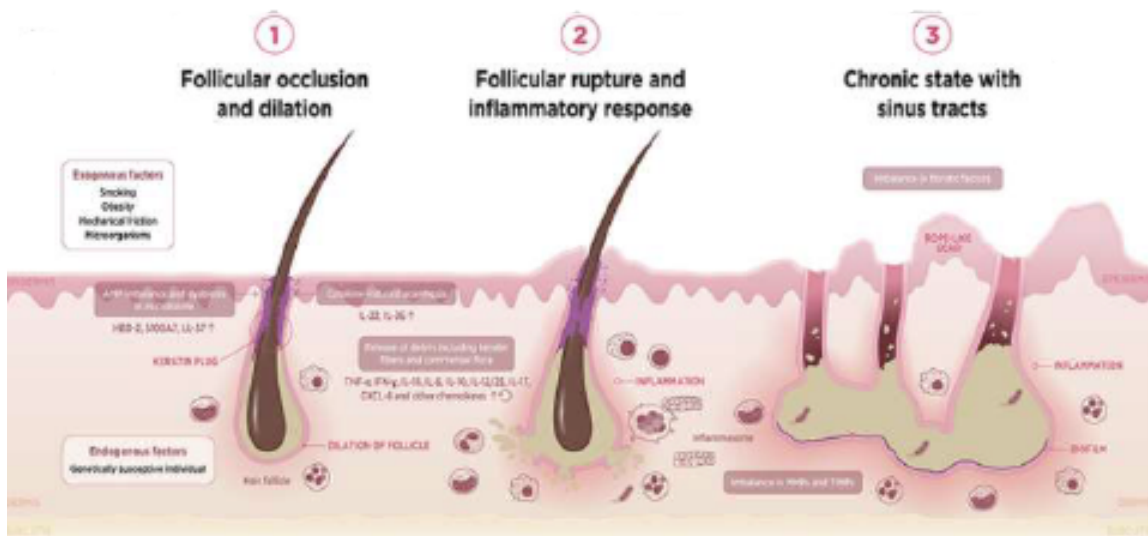
Hidradenitis Suppurativa (HS) is a chronic inflammatory skin condition. Although it appears on the skin, the inflammation in your body impacts much more than just your skin. It can occur in anyone, regardless of age, gender, or ethnicity.

- **It is NOT your fault**
- **It is NOT an STD**
- **It is NOT caused by poor hygiene**
- **Anyone can have HS**
- **Family history is reported in approximately 1/3 of patients**
- **Obesity and smoking do NOT cause HS but may make symptoms worse**

It's not you — it's the disease.

What Causes HS?

Scientists don't fully understand what causes HS, but recent research points to a few key factors. Some people are born with genes that make their immune system overreact around their hair follicles. This overreaction causes blockages to form, which then lead to painful boil-like abscesses. HS also affects the whole body, not just the skin. Researchers are still trying to figure out whether the body-wide inflammation starts before or after those abscesses form.



How Common is HS?

Approximately 1-4% of the global population report having HS (however, growing awareness and diagnosis rates suggest the disease is more prevalent than once thought).

You are NOT alone in this journey.

Treatment Determination

Treatment recommendations are based on disease severity:

- The extent of skin involvement and presence of secondary lesions (i.e., sinus tracts and abscess formation)
- Severity of associated symptoms (i.e., pain, functionality)

The Hurley staging system stratifies HS severity and helps guide therapy recommendations. Additional information on Hurley Stages can be found [here](#).



Response to Treatment

- Reduced number of lesions and frequency of flares
- Reduced severity of inflammation and pain
- Improvement in quality of life (i.e., activity level, range of motion, time off work or avoiding certain activities)

Patients can help by recording the number of new lesions, daily log of activity, and pain level throughout preceding weeks or month(s)

Click [here](#) for the Papaya App an HS flare & lifestyle tracker.

Additional information regarding treatment options can be found in this [video](#).

Surgical Options

Surgery for HS focuses on removing diseased tissue to reduce lesions, drainage, scarring, and pain. The right procedure depends on your Hurley Stage (disease severity) and the size/location of affected areas. Below are the two procedures most recommended by HS specialists.

More information on surgical options can be found [here](#).

Deroofing	RECOMMENDED
Best for:	Smaller or recurrent abscesses; Stage II HS
What happens:	The 'roof' of the abscess or tunnel is removed, exposing the wound bed to heal openly from the inside out.
Healing time:	Weeks — less likely to reoccur in the same area compared to I&D.
Anesthesia:	Local anesthesia in-office or under general anesthesia (varies by provider and lesion size).
Recurrence:	Lower than I&D; higher than wide excision.

Wide Excision	MOST DEFINITIVE
Best for:	Larger areas, Stage II–III HS; diffuse or interconnected sinus tracts.
What happens:	A margin of disease-free tissue is removed around the entire affected area. The wound may be closed with a skin graft, flap, or left open to heal by secondary intention (inside out).
Healing time:	Weeks to months depending on wound size and closure method.
Recurrence:	Lowest of all surgical options (13% overall recurrence rate).
Closure types:	Primary closure • Skin graft • Flap • Secondary intent (open wound healing)

A Note on Incision & Drainage (I&D);

- I&D; is NOT recommended as a long-term treatment for HS.
- While it provides short-term pain relief, lesions almost always return. There is no evidence that I&D; reduces recurrence or promotes true healing.
- If I&D; has been suggested for your HS, ask your provider about deroofing or wide excision as more definitive alternatives.

How We Heal & Healing Time

Average healing times:

- I&D – healing occurs within days, but lesions are likely to reoccur. (I&Ds are not recommended unless absolutely necessary.)
- Deroofing – healing occurs within weeks, less like to reoccur in the same area.
- Wide excision – healing occurs within weeks to months, least likely to reoccur.

<p>Inflammatory Phase</p>	<ul style="list-style-type: none"> • Begins when the wound develops, lasts 4-6 days • Marked by oedema, erythema, inflammation and pain • Healing process triggered • Immune system works to prevent bacteria colonization
<p>Proliferative Phase</p>	<ul style="list-style-type: none"> • Lasts 4-24 days • Granulation tissue fills in the wound • Fibroblasts lay collagen in the wound bed, strengthening new granulation tissue • Wound edges begin to contract • Epithelial cells migrate from the wound margins
<p>Maturation Phase</p>	<ul style="list-style-type: none"> • Can last 21 days - 2 years • Length of time depends on patient- and wound-related complicating factors (e.g. patient comorbidities, infection, etc) • Scar tissue forms

Inflammatory phase



Proliferative phase



Maturation phase



Dressings for Difficult Locations

Bordered dressings or “Island dressing”:
Essentially a nonstick gauze with an adhesive border. This cloth tape adheres well but may cause pain on removal, especially if there is hair.

Silicone Bordered Foam Dressings: May be more comfortable but tends to be more expensive. Silicone tapes are also gentle and can be used to secure a number of different dressings.



Non-Adhesive Options

Non-Adhesive Dressing: May give you more flexibility in terms of shaping and placement.

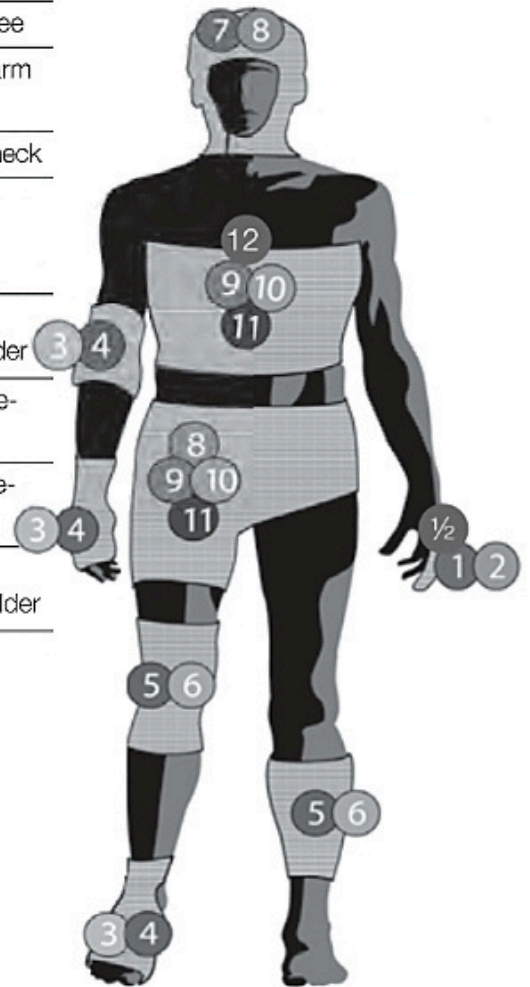
Feminine hygiene pads are designed to be highly absorbent and the adhesive backing may work well in underwear or adhered to t-shirt under arms.

Mesh/Netting (AKA “Burn” or “Wound”) dressing



Mesh/Netting (AKA “Burn” or “Wound”) Dressing Size Chart

Item#	Size	Stretched Width	Relaxed Width	Description
Elastic Net, 25 yards stretched length, 1 roll per box				
NONNET012	½	4" (10.2 cm)	⅝" (1.6 cm)	Small fingers, toes, wrists, circumcision
NONNET01	1	6" (15.2 cm)	0.6" (1.5 cm)	Large fingers, toes, wrists
NONNET02	2	7⅝" (19.5 cm)	0.8" (2 cm)	Small hand, arm, leg, foot
NONNET03	3	9⅛" (23.7 cm)	1" (2.5 cm)	Med hand, arm, leg, foot, multiple fingers
NONNET04	4	11⅜" (29.6 cm)	1.2" (3 cm)	Lrg hand, arm, leg, foot
NONNET05	5	12⅝" (31.4 cm)	1.5" (3.8 cm)	Avg arm, small leg/knee
NONNET06	6	17" (61 cm)	1.9" (4.8 cm)	Lrg leg, amputation, arm board, small head
NONNET07	7	28⅝" (72.8 cm)	2.3" (5.8 cm)	Avg head, face, ears, neck
NONNET08	8	31⅛" (79.6 cm)	2.8" (7.1 cm)	Small chest, back, perineum, axilla, shoulder, large head
NONNET09	9	35" (88.9 cm)	3.2" (8.1 cm)	Med chest, back, perineum, axilla, shoulder
NONNET10	10	41" (93.1 cm)	3.6" (9.1 cm)	Lrg chest, back, perineum, axilla, shoulder
NONNET11	11	46" (101.6 cm)	4.3" (10.9 cm)	XL chest, back, perineum, axilla, shoulder
NONNET12	12	56" (142.2 cm)	4.7" (11.9 cm)	XXL chest, back, perineum, axilla, shoulder
NONNET22	22	80" (203.2 cm)	8" (20.3 cm)	Bariatric/custom size



How Do I Treat This Wound?

The goal with wound care is to create a moisture balanced environment; not too moist and not too dry. The following information is meant to serve as a general guide and may not work for every person or wound. Please consult your doctor if you need assistance with treating a specific wound.

Should we let our wounds breathe?

Wounds heal from the oxygen, growth factors, and nutrients we get from our circulatory system. Leaving wounds open to air will most likely dry them out and in some cases dry wounds heal slower.

It's also not necessary to occlude wounds (i.e., tape them so tightly no air flow is possible). Most dressings have a degree of air transparency/fluidity to promote moisture and temperature balance.

There is anecdotal evidence (meaning not statistically significant) that wearing looser clothing and avoiding occlusive garments (no air flow) may reduce skin irritation, but this is not the case for everyone.

BOTTOM LINE: WEAR WHAT FEELS COMFORTABLE TO YOU.

What do we do with “holes?” To pack or not to pack...

Incision & Drainage (I & D): Does not generally need to be “packed” – “packing” is an old school thinking. Patients usually have pain and difficulty “packing” their wounds and there is no evidence that this procedure reduces reoccurrence, infection, or promotes healing.

Recommend: Emollient or hydrogel to be placed in the wound if the opening is large enough, and cover with a protective absorbent pad that may be secured with a bordered adhesive dressing or held in place with undergarment/clothing or netting.

Larger or Deeper Wounds: May be “lightly filled” to help impart moisture or to wick drainage.

Recommend: Saline moistened gauze (also called wet to dry dressings) against the wound bed, covered with absorbent cover dressing, such as an ABD pad. Change daily or more often to ensure moisture balance; do not allow gauze to dry out.

More advanced therapies may be discussed with the surgeon or wound care provider.

Salves and Ointments

<p>Medical Honey</p>	<p>Advantages</p> <ul style="list-style-type: none"> • Anti-inflammatory • Antimicrobial • Creams, salves or topical products are more affordable • Can be applied directly to the wound bed or on the dressing and placed against the wound bed 	<p>Disadvantages</p> <ul style="list-style-type: none"> • Costly for honey impregnated dressings (not necessary) • May increase moisture/drainage
<p>Neosporin, Vaseline, A&D, Hydrogel, or Lanolin</p>	<p>There is likely no additional benefit from Neosporin and it may cause more skin irritation than Vaseline or another similar product.</p>	<p>Recommended: A&D or lanolin-based product (be sure to read the active and inactive ingredient list).</p>

Cleansing Products

- Saline
- A mild hypoallergenic wash is always reasonable
- Chlorhexidine 4% (Hibiclens) antimicrobial soap
 - Use 2-3 times per week
 - Leave in place for 3-5 minutes before rinsing
 - Rinse thoroughly
 - Foaming pump is recommended. It makes the product last longer and is easier to apply. This product can be drying, do not use where there are mucus membranes, such as in the vagina.
- Zinc Pyrithione: Antimicrobial and antifungal properties often used to treat seborrheic dermatitis or psoriasis (also an inflammatory condition). May reduce inflammation.
- Benzoyl Peroxide is not recommended as it is likely to cause drying and skin irritation.

Hypertrophic Scarring

- Disease states needs to be under control
- Silicone scar sheets or silicone cream could be considered and may be effective for new scarring
- Vitamin E orally and topically is reasonable (do not overdose, take only as recommended on bottle usually 400IU per day)
- Hydrocortisone cream or ointment over the counter is safe and may reduce hypertrophic formation, particularly with new scarring.
- Consult a dermatologist or plastic surgeon to consider surgical management for older and/or extensive scarring.

Additional products for wound care can be found on our [Product Suggestion page](#).