especially if the wound continues to exhibit purulent drainage (pus). In this case, bacteria and devitalized tissue are enclosed in the subcutaneous tissues with high likelihood of infection occurring, or in the case of an abscess that had been opened to drain, chronic infection of the site may occur.

Two basic options to slow the progression of re-epithelialization are filling the wound’s opening with packing strip or other suitable material or by burning the epithelial edge with silver nitrate. Silver nitrate sticks are available for this purpose (Figure 3-8). The ends of these sticks need to be moistened with normal saline before application, and the wound needs to be flushed with normal saline to prevent burning other areas of the wound.

Another approach is to determine the cause of delayed granulation and correct it. Possibilities include optimizing the environment for granulation by using an appropriate moisture-retentive to retain not only moisture content, but also temperature and growth factors within the wound microenvironment. Fibroblast activity is greatest at normal body temperature and decreases in either warmer or cooler temperatures. Uncontrolled evaporation of wound fluid can decrease temperature several degrees and require hours for normal temperature to be achieved after the wound is covered by materials that adequately insulate.