Infographic Design Information  
For requests to submit to DesignCrowd

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| Study information | Answer |
| Study title | A randomised controlled trial of standard wound management versus negative pressure wound therapy (NPWT) in the treatment of adult patients with an open fracture of the lower limb. |
| Study acronym | WOLLF |
| Headline | Simple, cheap wounds dressings are as effective as negative pressure wound therapy in treating open fracture of the lower limb |
| Study summary | Fractures of the lower limb are common.  Some are ‘open fractures’, meaning that broken bone has stuck through the overlying skin.  Open fractures expose the broken bone to contamination from the outside environment. This can lead to infection and need extra surgery or even amputation. After an open fracture, a surgeon will clean the wound in the operating theatre.  Sometimes they can close the wound with stitches.  However, if the wound is bigger it may have to left open, and covered later with a skin graft or muscle flap.  To protect the wound after the first clean up, the surgeon will put on a dressing at the end of the operation.  This dressing usually has a non-stick surface with a bandage over the top. Negative pressure wound therapy (NPWT) is an alternative form of dressing. This device creates gentle suction on the surface of the wound.  The suction removes blood and fluid that may collect in the wound. The vacuum may also encourage the formation of granulation (healing) tissue.  However, NPWT dressings and the vacuum machines are considerably more expensive than traditional wound dressings.  The aim of this study was to compare standard wound dressings with NPWT for patients with an open fracture of the lower limb. |
| Key messages/findings | * Patients whose open fracture was treated with simple, cheap dressings reported the same level of disability as those treated with negative pressure wound therapy. * There was also no difference in the number of deep infections at the site of surgery * Nor in the patients’ quality of life in the year after their injury * Because NPWT is more expensive than simple dressings, it is not cost-effective for managing open fracture wounds on the lower limbs. |
| Eligibility criteria (if relevant) | * Patients aged 16 years or older with a severe open fracture of the lower limb * The wound had been assessed by the operating surgeon as unable to be closed surgically * Patient had presented to hospital within 72 hours of injury |
| Study details (if relevant) | * Randomised controlled trial * 460 patients randomised, across 24 major trauma hospitals * Main outcome measure: Disability Rating Index score at 12 months after treatment * Two secondary outcome measures: complications (including deep infection), and quality of life – both measured at 3, 6, 9 and 12 months after treatment |
| Target audience | Clinicians, patients |
| Contact information | [oxfordtrauma@ndorms.ox.ac.uk](mailto:oxfordtrauma@ndorms.ox.ac.uk) |
| Sponsor name | University of Oxford |
| Funder | This project was funded by the UK NIHR HTA Programme (project No. 10/57/20) and was supported by the NIHR Oxford Biomedical Research Centre (BRC) and the NIHR Collaboration for Leadership in Applied Health Research and Care in Oxford |

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| Design information/branding | Answer |
| What is the preferred colour scheme? | Colours can be picked up from the WOLLF logo / University of Oxford logo, but do not need to be limited to these colours. |
| Style and design preferences | The design should be clean and professional but friendly. |

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| Additional notes for designer | Answer |
| Any other details to include in brief which is sent to designers | Please add the logos and funder/BRC acknowledgements (as above, in ‘Funder’ row) at the bottom of the infographic (in similar style to the DRAFFT2 example) |