Dear members and colleagues

Welcome to our June issue of WMAI newsletter. This issue features many articles and reflections from some of our members who participated in this year’s European Wound Management Association (EWMA) Conference in Vienna. It was great to see so many Irish colleagues delivering both oral and poster presentations disseminating research and the great work currently in progress in Ireland. Indeed, this was also a great opportunity to “showcase” some of the activities of our organisation through the co-operating organisations meeting.

There is a growing recognition across Europe of the impact that chronic wounds have upon the lives of individuals and the importance of providing them with effective wound care services. However, there is still much to understand about all aspects of wound healing and management and great opportunities for research both here in Ireland and in collaboration with our European colleagues. Therefore, I would urge our members to avail of the WMAI bursary this year.

On a final note on behalf of all the members of WMAI I would like to congratulate Dr. Georgina Gethin who was elected onto the EWMA Council. Georgina we look forward to working with you and EWMA in driving the agenda of wound care.

Julie Jordan O’ Brien
(President WMAI)
Oral Presentations

Opening Plenary Session – “Multidisciplinarity in Wound Prevention & Management”

Over the past three decades changes in the traditional role of the healthcare professional combined with a better informed consumer and increased patient empowerment, have led to a more questioning approach to care delivery. These changes demand of the health service increasing accountability, efficiency and effectiveness, although with limited resources to achieve these goals. Wound prevention and management is a complex area of patient care. Changing population and epidemiological demographics compounds this complexity. The World Health Organisation stresses the importance of multidisciplinary approaches to patient care delivery in order to maximise health and social gain. In wound care this is fundamentally important as no one profession has all the required skills to manage this cohort of patients. Indeed, lack of integrated care systems and functioning multidisciplinary teams compounds the suffering of patients and increases demands on already overstretched health budgets.

Conversely, structured multidisciplinary interventions, such as interdisciplinary collaboration and education, improve patient outcomes and overall health service delivery. Changing population demographics and the predicted rise in the number of older persons in the future suggests that the number of people with wounds is likely to increase. It is reasonable to propose, therefore, that anything that reduces the occurrence of wounds and enhances outcomes for those with existing problems will have a positive impact on both the individual and the health service as a whole. This presentation will elaborate on the concept of multidisciplinarity in wound prevention and management.

Dr. Zena Moore PhD, MSc, PG Dip, FFNMRCSI, Dip First Line Management, RGN

Immediate Past President - EWMA

PREVALENCE OF LOWER LIMB LYMPHOEDEMA AND QUALITY OF LIFE AMONG PERSONS WITH DIABETIC FOOT DISEASE

Georgina Gethin¹, Sean Tierney¹,², Bryony Treston³, Helen Strapp³, Meabh Prendergast³, Seamus Cowman¹.

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Approximately one in seven people with diabetes will develop foot disease with or without chronic oedema. However, there is little data to determine the prevalence of lymphoedema among this patient cohort.

Aims: To determine the prevalence of lymphoedema among persons with previously diagnosed diabetic foot disease and receiving specialist footwear from a podiatrist in an acute tertiary referral hospital.

Methods: Persons on the register with known diabetic foot disease were invited to attend for assessment. Those who were diagnosed with lymphoedema completed a SF36 quality of life survey.

Results: 178 patients were invited to attend. Fifty three attended (29.8%). A prevalence rate of lymphoedema of 11.3% (n=6) was recorded. All individuals (n=6) had type 2 diabetes mellitus and none were previously diagnosed with lymphoedema. Average duration of lymphoedema was 5.4 years, and 66% (n=4) had a history of ulceration or skin breakdown in the past 6 months. Quality of life data revealed that all participants had difficulty performing their work or regular daily activities and 75% accomplished less than they would like. All participants reported being unable to undertake any vigorous activities. 75% expected their health to get worse over the coming year.

Conclusions: The prevalence of lymphoedema among persons with diabetic foot disease is very high. While the small sample size means results should be interpreted with caution it highlights the multifactorial nature of diabetic foot disease and the increased risk of skin breakdown and infection among this patient cohort.

Writing for the newsletter

Would you like to write a short paper for the WMAI newsletter or share your experiences or expertise with others? We would like
UNDERGRADUATE NURSES’ KNOWLEDGE OF AND ATTITUDES TOWARDS PRESSURE ULCER PREVENTION

Emma Cullen Gill, Zena Moore. 1Faculty of Nursing & Midwifery, RCSI (Dublin, Ireland)

Introduction: Pressure ulcers are a real and actual problem in our health care system and may imply a diminished quality of care. They are mostly a preventable occurrence. Knowledge in preventing pressure ulcers is a key aspect, however studies suggest that nursing staff lack this vital component. Attitude was also explored as research has suggested there may be a link between attitudes and nursing practice.

Methods: The aim of this study was to explore fourth year undergraduate nurse’ knowledge of, and attitudes towards pressure ulcer prevention. Ethical approval was received. A quantitative cross sectional survey design was utilized. A convenience sample of fourth year undergraduate nurses were selected (n=60) to participate in the study. Data were collected using a pre-designed questionnaire. Results were analysed using descriptive and inferential statistics.

Results: The mean attitude score was 40, implying an overall positive attitude towards pressure ulcer prevention. There was no statistical relationship shown between knowledge and experience as a health care assistant (U=.162), attendance at a pressure ulcer lecture (U=.445), or age of the undergraduates (U=.428).

Conclusion: The findings of this study suggest that fourth year undergraduates have a positive attitude but lack adequate knowledge in the prevention of pressure ulcers. Steps need to be taken to improve the education curriculum in tandem with increased support and instruction in pressure ulcer prevention throughout their clinical placements.

My presentation to the European Wound Management Association.

Emma Cullen Gill.

It was a great honour and privilege to present my research findings to the European Wound Management Association in the beautiful European city of Vienna in May 2012. Luckily I wasn’t alone and stood representing Ireland surrounded by all my Irish friends and colleagues.

I wanted to assess the level of knowledge and attitude pertaining to pressure ulcer prevention that nurses of the future were equipped with prior to registration. However, I worried that my research would not be ground breaking enough or others may consider it inconsequential. Fortunately, other people were interested in this topic too. I was proud of the fact that when asked at the conference if my work has led to any changes, that I was able to answer confidently that yes, my research has made a difference. It has led to an amendment in the undergraduate nurses’ curriculum. A wound care module is now incorporated into their curriculum on a yearly basis and tissue viability clinical nurse specialist are invited twice a year to deliver presentations on up to date, evidence based wound care practices.

Undertaking a Masters while also working and raising a family is tough and at times I questioned my reasons for starting it. The impact of studying for 2 years should not be underestimated and I now realize all the small sacrifices myself and my family suffered for the duration of the course. However, the feeling of achievement is immense and never more so than on ones graduation day when the wearing of the cap and gown dismisses all the trials and tribulations you have undergone. Having a supportive family and network of understanding friends is invaluable. My advice, it is worth it.....

My highlight at the conference was when I met Dr Win Fleischman, original inventor of VAC who is still pushing the boundaries on wound care (see picture).

Bursary

We are now accepting applications for the WMAI bursary 2013, for application information go to www.wmaoi.ie.

Application must be made by 1st October 2012.
Oral Presentations

EDUCATION ONE GOAL: TO MAKE AN IMPACT
Seamus Cowman\(^1\).
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Context: In recent years the wound care commercial market has seen a double digit growth, with a global valuation of US$4.9 billion in 2008 (Tibballs 2009). Commensurate with the health care challenges and the related market growth in wound care products, there has been increased participation among health professionals in wound-related education and research activities. But what has been the impact of education and should we view education as an investment or as an expensive consumption of scare resources.

Thesis: Oscar Wilde once claimed that ‘Education is an admirable thing but it is as well to remember that anything worth knowing cannot be taught’. This is the antithesis of the decades of effort by professions to formalise education methods and programmes for health professionals. There might there be some truth in Oscar Wilde’s comment given that a major part of our of our education system is based on training professionals to work in Institutional settings, yet some work by this author et al, in an Irish context, shows that most wounds are treated in the community and may account for up to 68% of a community nurses time. (Moore & Cowman 2005, McDermott-Scales et al. 2009, Cowman et al. 2012.

Conclusion: Through education are we meeting the needs of health professional? Have we any evidence that the education of health professionals makes a difference to wound management. How do individual practitioners evaluate and measure the outcomes of their practice and how is this fed back to our educational systems.

References:

CURRENT PRACTICE IN MANAGEMENT OF WOUND MALODOUR – AN INTERNATIONAL SURVEY

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Background: Malodour is cited by patients and care givers as being the most distressing wound related symptom. However, research based guidelines to aid treatment decisions is lacking?

Aims: This study aimed to determine from an international perspective those measures that clinicians currently use to manage and assess malodorous wounds.

Method: A survey method using an anonymous, on-line, self-report questionnaire was developed in 4 languages. (Survey will close in Jan 2012)

Results: Preliminary data from 500 individuals across 5 continents reveals a lack of strategies to assess and manage malodour. The majority of participants use charcoal and/or metronidazole to the wound bed, yet only 30% report this as being very effective. A range of aromatherapy oils are used in the patient’s environment but only 35% report these as being very effective. 73% do not have any method of assessing malodour, yet 83% report this as being a major problem for both the patient and caregiver. Participants combine a range of dressings and topical agents in an attempt to manage malodour but cite these as being only ‘somewhat effective’. Malignant fungating wounds and leg ulcers are reported as being most often associated with malodour.

Conclusions: This survey will include responses from over 1,000 clinicians and is the first to collate information on management of wound malodour. Preliminary results indicate a lack of effective management or assessment strategies. Given the psychological impact of chronic wounds and malodour on the individual, there is an urgent need for further research in this area.
Oral Presentations

PRESSURE ULCER PREVENTION IN AN IRISH COMMUNITY CARE SETTING – A CROSS SECTIONAL SURVEY
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Introduction: The prevention of pressure ulcers is contingent upon healthcare professionals using evidence-based guidelines and clinical judgement to inform decision-making. Accurate documentation is a legal and professional requirement, and can support the efficient and effective use of resources. Given the current emphasis on patient outcome data and the international goal of delivering community-led healthcare, it is timely and relevant to review Irish community nursing documentation practice in relation to pressure ulcer prevention. Furthermore, there is a gap in the literature on this topic for this care setting. Hence, the purpose of this study is to determine if community nursing documentation reflects best practice in the prevention of pressure ulcers. That is, does the care plan incorporate risk assessment, planned care and the outcome of nursing care provided?

Methods: The study employed a quantitative cross sectional survey method to explore the care plans of patients (n=124) in one community care area who were over 65 years of age and identified as being ‘at risk’ of pressure ulcers.

Results: The majority of patients were female 55% (n=68) and 67% (n=82) were over 81 years of age. The Waterlow risk status of the participants was mainly high risk (34% n=42) and very high risk (25% n=24). Pressure ulcer prevalence was 33% (n=41 persons). Some patients had more than one pressure ulcer, thus of the total number of pressure ulcers recorded (n=46), 41% (n=19) were Grade 1, 32% (n=15) were grade 2-4, with 15% (n=7) ungraded. Eighteen percent of those with pressure ulcers had no formal risk assessment conducted, 39% of patients had no skin assessment recorded and 56% had no BMI recorded. Seventy four percent (n=91) of cases had no repositioning regime recorded for when seating, furthermore, there was no mention of the type of positioning or use of pillows for when the patient was in bed. In total, 68% (n=84) of patients had no pressure ulcer prevention care plan documented.

Conclusion: In similarity to studies in other care settings, the study found inconsistent and incomplete documentation practice. This suggests a lack of awareness of the implications of nursing documentation that does not reflect international best practice. The study highlights that further organisation-led education and training opportunities are required to achieve good standards of nursing documentation within the Irish community setting.

ONCOLOGY TREATMENTS – SIDE EFFECTS ON WOUND HEALING
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Cancer and its subsequent management present one of the most significant and serious challenges to our health care systems today. Cancer treatments involves multiple modalities including – chemotherapy, radiotherapy, surgery, bone marrow and stem cell transplantation and biology; many of these treatments can have a considerable impact on skin integrity and wound healing. Chemotherapy agents target proliferating cells by interfering with specific components of the cell cycle, thus rapidly dividing cells such as macrophages and fibroblasts central to wound healing are affected. Radiotherapy may non specifically damage adjacent healthy tissue within the path of the radiation beam. Skin reactions caused by radiotherapy can vary greatly from dry, flaking skin or a slight erythema to the presence of moist desquamation (O’Regan, 2008). Long term effects may also occur such as skin atrophy, soft tissue fibrosis and micro vascular damage, leading to a higher risk of developing problematic non healing wounds that are unmanageable to surgical repair (Dormand et al, 2005). Cancer Surgery remains the primary cancer treatment however, cancer surgical treatments are often complex and wound related complications frequently occur. Additionally, oncology treatments frequently involve further side effects such as malnutrition, bone marrow suppression, nausea and vomiting, psychological distress and fatigue; all of which can have a detrimental consequence to effective wound repair and management.

The impact of cancer treatments can have a deleterious effect on wound healing, and may cause irreversible skin damage. This presentation will outline the impact that the various cancer treatment modalities have on wound healing.

PERCUTANEOUS PIN SITE MANAGEMENT, CONTENTION IN THE ABSENCE OF CONSENSUS

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Background: Percutaneous pins are commonly used in corrective orthopaedic and plastic surgery. Pins, metal rods or wires are inserted into surgically created skin incisions penetrating muscle, soft tissue and bone. This metal may be used to apply skeletal traction or external fixation. Advantages include early mobilization, stabilization of fracture, access to the limb for observation and tissue viability assessment. Pins may be insitu for many months therefore presenting challenges for infection control and tissue viability management.

Aims:
• To present variations in current pin site management.
• To promote best practice in the management of pin sites by adherence to principles of wound management and timely recognition of infection.

Methods: A search of the literature predominately identified two methods of care.
The British Consensus and the Russian Protocol. Variations in practice include the following:
• Wound cleansing
• Crust management
• Dressing selection.

Results: Wide variation exists internationally in pin site care, so contention does exist in the absence of consensus.

Conclusions/Discussion: There is an urgent need for;
• Robust research including multi-centre, randomised controlled trials.
• The development of valid and reliable tool for the recognition of infection.
• Collaborative consensus between health care experts including infection control and tissue viability experts.

THE CHALLENGES OF MANAGING COMPLEX LEG ULCERATION

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Patient Background: M is a hairdresser who has been unable to work for 20 years due to leg ulceration. This ulceration has impacted on her life, physically, psychologically and socially. She has been treated by vascular surgeons, GP surgery, district nurses and leg ulcer clinic with little success. In December 2010 she was referred to Tissue Viability service when her ulceration had deteriorated to the point where she was unable to walk with pain.

Methodology: January 2011 M was admitted to hospital for bed rest and leg elevation. Holistic and Doppler assessment confirmed diagnosis of venous ulceration. Ulcers were treated with appropriate wound dressings and short-stretch compression bandaging. She was discharged 1 month later to the care of district nurses with support from tissue viability. Healing has been very slow, infection and slough has been an ongoing problem with M requiring several antibiotics. In November polihexanide and betaine containing viscous wound gel was applied to the wounds and surrounding skin as a cleansing agent in conjunction with a simple wound contact layer and compression bandaging. This regime has been carried out twice weekly.

Results: Infection is no longer an issue; wound beds are now 50 percent slough, 50 percent granulation tissue, with reduced exudate and pain. A significant reduction in the wound sizes is evident from measurements and the surrounding skin is healthier.

Discussion/Conclusion: Use of the gel appears to have assisted in the reduction of bio burden in these ulcers, and M’s quality of life has improved significantly with healing progressing.

Compression Bandaging Workshop

Helen Strapp, Niamh McLain

The objectives of this session are to enable the participant to:
• Understand the aetiology and non invasive investigations for leg ulceration prior to the application of compression therapy
• Develop an understanding of the principles underpinning compression therapy
• Be aware of the different types of compression
• Understand the application of the compression therapy (short and long stretch)

Critically evaluating the published literature Workshop

Seamus Cowman

At the end of this workshop the participant will:
• Understand the importance of critically evaluating the literature
• Be aware of the key methodological aspects that affect study quality in quantitative research
• Be aware of the key methodological aspects that affect study quality in qualitative research
• Be aware of tools useful in determining study quality
• Have an increased awareness of the process of critically evaluating the literature
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