



WMAI
Wound Management
Association of Ireland
Quarterly Newsletter

Promoting Best Practise in Wound Care



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Dear Members and Colleagues.

Welcome to our September issue of the WMAI newsletter.

Our National Conference is just around the corner. The Committee look forward to meeting you all again and participating in an informative and educational few days. The theme of this conference is "Wound Care The Journey Through Life" so there is something for everyone in the audience. We anticipate that our members and delegates will not only take this opportunity to update their knowledge and skills through lectures and workshops but also use this time to network with other wound care specialists to improve their practice. We hope that delegates will also seize this opportunity at the conference to renew memberships and encourage new members from all disciplines including doctors, podiatrists, and occupational therapists. Remember an education bursary of €5,000 is

available for members who wish to conduct research in the area of wound care.

On a final note and on behalf of all the members of WMAI I would like to congratulate the Regional committee in Cork for their hard work and dedication to date in organising this 12th Wound Management Conference with over 300 delegates registered to date. We wish all those attending a 'Happy Conference'. We will issue a post conference report following the Conference featuring the main outcomes of the event with lots of photos!



Julie Jordan-O'Brien, WMAI President

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EWMA2014
14-16 May 2014
Madrid · Spain



The next EWMA Conference will be held in Madrid, Spain next May. The conference is organised in cooperation with the Spanish Group for the Study and Advice on Pressure Ulcers and Chronic Wounds (GNEAUPP) and will take place from 14-16 May 2014. The theme of the EWMA 2014 Conference is:

INNOVATION, KNOW-HOW AND TECHNOLOGY IN WOUND CARE

Abstract submission and participant registration opens November 2013 with a deadline for submission of abstracts on January 1st 2014. Early bird registration is by March 15th 2014. For more information about the conference, please visit the conference website: www.ewma2014.org

The Impact of Lower Limb Chronic Oedema on Patient's Quality of Life - WMAI Bursary Grant



I wish to thank the Wound Management Association of Ireland for awarding me a research/education bursary in 2012. This bursary assisted me to conduct a piece of research on lower limb chronic oedemas as part fulfilment of a Masters in Nursing Sciences.

Chronic oedemas of the lower limb(s) are incurable, debilitating and progressive conditions that can have detrimental effects on an individual's psychological, social and physical well-being. However, there is a paucity of published studies which specifically focus on the lower limb and on the broad concept of chronic oedema. Therefore a descriptive survey design was used to explore the impact of lower limb chronic oedema on patient's quality of life in an Irish context. Utilising a condition-specific tool, the Lymphoedema Quality of Life tool (LYMQOL), questionnaires were distributed among patients (n=122) attending various MLD clinics, a vascular clinic in a large teaching hospital and to various public health centres peripheral to the identified teaching hospital. A total of 90 questionnaires were completed yielding a response rate of 74%.

One of the most important findings of this research were the many psychological, physical and social consequences that living with lower limb chronic oedema has on the persons quality of life. The obvious physical change in the shape and size of the affected limb(s) is one of the most challenging and devastating problems associated with chronic oedema (Green, 2008). Concerns regarding poor bodily image were strongly highlighted in this study with many patients stating that their chronic swelling affected their appearance and caused difficulties with clothing and footwear. Furthermore, findings from this study indicate that patients with lower limb(s) chronic oedema experience a wide range of physical problems. Physical symptoms of limb heaviness and limb weakness were experienced by many participants while limitations on physical functioning were also reported with mobility being most affected. In addition emotional symptoms including irritability, anxiety and tension were reported by many patients. Issues with social functioning and the ability to engage in leisure activities were

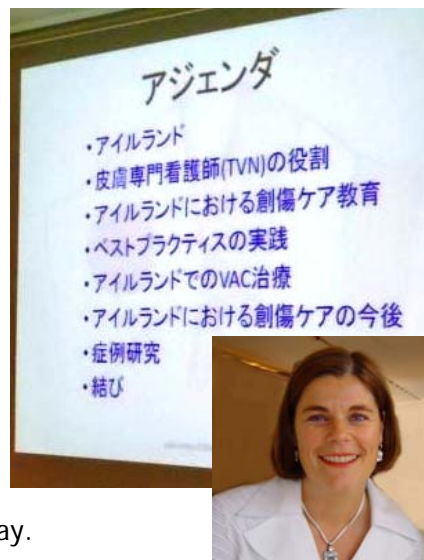
also identified by participants.

Previous studies have highlighted improvements in quality of life following appropriate treatments (Sitzia & Sobrido, 1997; Hardy & Taylor, 1999; Kim & Park, 2008), therefore it is of concern that best evidence is not informing resource planning around the management of this condition. Knowledge, awareness and the development of adequate services in Ireland is required to care for patients with lower limb chronic oedema and subsequently improve their quality of life. This study adds to the nursing body of knowledge by identifying the challenges endured by patients with lower limb chronic oedema and therefore highlighting the need for the reappraisal of services in relation to this specific client group.

Adelene Greene, Clinical Nurse Specialist Tissue Viability, UCHG.

WMAI GOES GLOBAL!

Congratulations to Julie Jordan O'Brien, Tissue Viability CNS in Beaumont and WMAI President, who recently presented at an international conference in Shinagawa Tokyo Japan. Julie spoke about her role as a TVN in Ireland and healthcare system in general, focusing on wound care education and how physicians and Tissue Viability Nurses collaborate in Ireland when treating patients. Julie said that it was an exciting (and nerve wracking) opportunity to share experiences with other international colleagues. She presented her role and responsibilities as a SWOT analysis and outlined some difficult case studies. Well done to Julie who no doubt presented the Wound Management Society in Ireland and her employer Beaumont Hospital in a most positive way.





What's New in Research/Education

A review of PU prevalence and incidence across Scandinavia, Iceland and Ireland (Part I)

Z. Moore, PhD, MSc, PG Dip, RGN, Associate Professor (School of Nursing, RCSI); **E. Johansen**, BSc, MSc, RN, Assistant Professor (Faculty of Health Sciences, Hogskolen I Buskerud, Drammen, Norway); **M. van Etten**, Physiotherapist (Wheelchair Seating and Mobility Consultant, Halden, Norway).

Objective: To provide a critical appraisal and synthesis of the published literature pertaining to pressure ulcer (PU) prevalence, incidence and prevention practices from the context of Scandinavia, Iceland and Ireland.

Method: An integrative research review following Cooper's five stages. Studies published in peer-reviewed journals, involving any study design, but specifically exploring PU prevalence or incidence in adults or children, in any care setting, were included.

Results: Fifty-five papers were data extracted, quality appraised and included in the qualitative synthesis of the review. Mean prevalence in Norway was 17% (4.8–29%) in Ireland was 16% (4–37%), in Denmark was 15% (2.2–35.5%) and in Sweden was 25%, (0.04–42.7%). Prevalence in Iceland was 8.9%. In acute care, mean prevalence was 21% (0–42.7%) and in long stay was 12% (2.4–23.7%). Prevalence among hospice patients was 35.7%, and in community care was 0.04% and 4%. No incidence study from Iceland was identified; the single incidence study from Norway noted a figure of 16.4%. The mean incidence from Ireland was 11% (8–14.4%) from Sweden was 20% (3.1–49%) and Denmark was 1.8% (1.4–2.7%). Mean incidence in acute care setting was 17.6%, (1.4–49%); in long stay was 6.63% (3.1–8.4%). Incidence in the hospice setting was 20.4%. No study reported PU incidence figures from the community setting.

Conclusion: Figures for both prevalence and incidence were similar in Ireland and Norway and highest in Sweden, whereas Denmark demonstrated the lowest incidence rates and Iceland demonstrated the lowest prevalence rates. Figures were consistently highest in acute care and hospice settings, and lowest in the care of the older person setting.

(Full text on *Journal of Wound Care* vol 22, no 7, July 2013. Part II can be found on *Journal of Wound Care* vol 22, no 8, August 2013 - www.journalofwoundcare.com or through www.wmai.ie/links)

The Use of Hydro debridement Therapy for Successful Debridement: The Experience of a Dublin Teaching Hospital.

Julie Jordan O'Brien CNS Tissue Viability Beaumont Hospital

Background: In order for a wound to heal it must be free from dead or none viable tissue. Since introducing the Versajet (A hydro surgery system) in 2009 the hospital has been able to reduce expenditure and time spent debriding both chronic and acute wounds. As this procedure can now be carried out by a specialist nurse rather than a surgeon in theatre or a prolonged inpatient treatment, the multidisciplinary team including Tissue Viability, Vascular, and Podiatry offer this as an innovative service, considerably shortening the length of wait for treatment resulting in a positive impact on patient care and the treatment itself while simultaneously reducing costs.

Aim and objectives

- To provide a more rapid treatment of debridement
- To provide excellent visualization of the wound and clearer operating field
- Aim to increase day case rates

Methods: The Versajet hydro debridement system consists of a console and a single use disposable hand piece. The console pressurises saline or water and causes a very fine jet of fluid to be shot across an aperture at the tip of the hand piece. The speed of the jet creates a localised vacuum, which lifts the non-viable tissue into the path of the jet, which vaporises the tissue and carries the debris away into a collection canister

Analysis and Results: In my experience the Versa jet is well tolerated by patients and no one has refused this therapy. To date we have used 23 sets and successfully healed 20 wounds 2 went on to amputation for vascular reasons and 1 needed further debridement in theatre. Not all wounds are suitable but it is an effective form of debridement

Recommendations: Overall the Versa jet hydro debridement system allows faster access to treatment and reduced delays and steps in the treatment process. This allows for faster return to normal functioning and work and general anaesthesia avoidance. The patient experience is enhanced as there is constant communication with the clinician throughout the procedure and the patient may be able to see their own wound if they wish. As procedures can be performed by nurse specialists this leaves the Consultant free to concentrate on bigger procedures. However, further research is needed to evaluate a clearer understanding of the need for various methods of debridement. Based on this information plans can be drawn regarding appropriate education, resource allocation and future research within the Irish healthcare setting.



Journal Watch

How are topical opioids used to manage painful cutaneous lesion in palliative care? A critical review

Pain, 154, 1920-1928

Graham, T., Grocott, P., Probst, S., Wanklyn, S., Dawson, J., Gethin, G.

There are no exact figures for the number of persons with palliative wounds but research would show that such wounds have a profound effect on the individual and their carer in physical, psychological, spiritual and social domains. Wounds such as non-healing chronic wounds, fungating lesions and secondary cancerous wounds are often characterised by odour, pain, and exudate and bleeding. Effective pain management is a challenge and is often based on local protocols and a trial and error approach.

A critical review of the literature was undertaken to critique clinical practice and provide insights into the use of topical opioids in the management of painful cutaneous lesions. In total 77 articles were identified of which 27 met the inclusion and exclusion criteria.

The findings indicate that topical opioids are clinically useful and safe for controlling inflammatory pain in wounds. The finding that systemic absorption of topical opioids occurs at a safe level is reassuring. There was wide variation in wound terminology used through the studies supporting the need for consistency, particularly if clinical guidelines are to be meaningful and transferable. There was some variation in efficacy of topical opioids as they appeared to be less effective for venous and arterial ulcers, but results should be considered with caution as the number of studies was low and the number of patients was also small. It was difficult to determine the source of pain in many of the studies as it could have been due to the lesion itself, the inflammatory process or to infection. This limits the generalizability of the results. It was interesting to note that only one study reported patient comments on opioid treatment thus under-representing patient's views. This is an area that warrants consideration in future research studies.

Overall the study has concluded that systematic approaches to establishing the effectiveness and dose-response relationship of topical opioids are required to inform clinical practice.

EWMA Publish Document on Antimicrobials

The EWMA Document *Antimicrobials and Non-healing Wounds*

Evidence, Controversies and suggestions can now be downloaded free of charge via the EWMA website (www.ewma.org)



The overall aim of this document is to highlight current knowledge regarding use of antimicrobials, particularly in non-healing wounds, to discuss what still is controversial and give suggestions for future actions.

FUTURE DOCUMENTS & PROJETS

The **Home Care–Wound Care Document** will explore opportunities and possible barriers to best practice wound treatment conducted in the home care setting. The aim is to identify a list of recommendations for the treatment of patients with wounds in their own homes. The document is chaired by Dr. Sebastian Probst.

The **Multidisciplinary Treatment Project** will promote the use of a multidisciplinary team approach to wound care and identify challenges and barriers to its use. This project is chaired by Professor Zena Moore. The project is a joined collaboration with the Australian Wound Management Association (AWMA) and the Association for the Advancement of Wound Care (AAWC) of the USA.

Both documents are expected to be published in 2014 and presented at the EWMA-GNEAUPP 2014 conference. Read more about the documents on www.ewma.org.

EWMA ADVOCATES WOUND CARE IN THE EU PARLIAMENT

EWMA is committed to working towards acknowledgement of pressure ulcers as an important patient safety concern across Europe, and to promote the implementation of the guidelines of EPUAP and NPUAP.

Represented by Professor Zena Moore, EWMA presented on the topic of "Prevention of Healthcare Associated Infections" in a Workshop on Patient Safety organised by the European Parliament on 30 May 2013 in Brussels.