CORK 2013
12th National Wound Management Conference

Tues. 1st & Wed. 2nd October 2013
Rochestown Park Hotel, Cork

www.wmai.ie

Wound Care:
The Journey Through Life

A Multidisciplinary Conference
Nursing and Midwifery Board of Ireland Category 1 Approval – 12 CEUs
The Wound Management Association of Ireland is extremely grateful to the following sponsors for their kind support of the National Conference 2013.

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I would like to offer a sincere thank you to our guest speakers who have given their valuable time so willingly to share their knowledge with you. A special thanks to our sponsors who assist us as always in making this conference possible. Finally, thank you to all of you, our delegates, who have made a great effort to attend. We are confident that you will enjoy this wonderful programme we have to offer and that ultimately our principal beneficiary will be our patients.

Warm Regards,

Mary Madden.
Conference Chairperson.
Southern Branch, WMAI.
PROGRAMME: TUESDAY, 1ST OCTOBER 2013

08.00-09.00  Registration, tea/coffee

09.05-09.10  Welcome: Mary Madden, Chairperson, Southern Branch WMAI
Julie Jordan O’Brien, President WMAI.

09.10-09.30  Opening Address: Dr. Maura Pidgeon, CEO, Nursing and Midwifery
Board of Ireland (NMBI)
Chair: Eileen Kelly, Co-Ordinator, Inservice and Continuing Nurse
Education, Cork University Hospital

09.30-10.30  Wound Care in Paediatrics - Ms. Glynis Peel, Clinical Nurse Manager 2,
Burns Unit, Our Lady’s Hospital for Sick Children, Dublin

10.30-11.10  Wound Management In Adults - Mr. Jason Kelly, Consultant Plastic
Surgeon, Cork University Hospital & South Infirmary Victoria
University Hospital

11.10-11.30  Tea/coffee. Poster & exhibition viewing
Chair: Dr. Georgina Gethin, National University of Ireland, Galway

11.40-12.20  Diabetic foot disease: the Irish perspective · Dr Diarmuid Smith,
Consultant Endocrinologist, Beaumont Hospital/RCSI, and former
National Lead for Diabetes, HSE

12.20-13.00  Obstetric Wound Care – Lessons from Practice -
Professor Richard Greene, Cork University Maternity Hospital.

13.00-14.00  Lunch. Poster & exhibition viewing
Chair: Eileen O’Riordan, CNM2, Burns/Haematology Dept,
Cork University Hospital

14.00-14.45  Obstetric Wound Care - Lessons from Practice -
Professor Richard Greene, Cork University Maternity Hospital.

14.45-15.30  Surgical Site Infection: how important is surveillance? ·
Professor David Leaper, Emeritus Professor of Surgery, UK

15.20-16.00  Has wound care become a more exact science? The case study
approach - Ms. Pat McCluskey, CNS - Wound Care, Cork University Hospital

16.00-17.00  Parallel Sessions: Workshops x4 (Repeat)
Oral Presentations (6) · Estuary Suite
Chair: Professor Zena Moore, RCSI

17.00  WMAI AGM - Laurel Room

19.30:  Pre-dinner Reception

20.00  Conference Dinner in Rochestown Park

PROGRAMME: WEDNESDAY, 2ND OCTOBER 2013

08.00-09.00  IWII Open Discussion and AGM - Laurel Room

08.55-09.00  Mary Madden, Chairperson, Southern Branch, WMAI

09.00-09.15  Guest Speaker: Brian Crowley, MEP
Chair: Julie Jordan O’Brien, President, WMAI

09.15-10.00  Prevention and Treatment of “Black Heels” ·
Dr. Jeannie Donnelly, Queen’s University Belfast

10.00-10.45  Prevention & Treatment of Pressure Ulcers ·
Professor Zena Moore, Royal College of Surgeons in Ireland

10.45-11.15  Tea/coffee. Poster & exhibition viewing
Chair: Ms. Eileen Walsh, A/Asst. Director PHN, North Cork PCCC

11.15-12.15  Prevention of Pressure Ulcers –
Mr. Menno van Etten, Wheelchair Seating and Mobility Consultant, Norway

12.15-13.00  The Diabetic Foot Wound - Aspects of Treatment and Management -
Ms. Maureen Bates, King’s College Hospital London

13.00-14.00  Lunch. Poster & exhibition viewing
Chair: Eileen Kelly, Co-Ordinator, Inservice and Continuing Nurse
Education, Cork University Hospital

14.00-14.45  Ethical Challenges in Wound Care: Consent and Refusal -
Dr. Joan McCarthy, Department of Nursing, University College Cork

14.45-15.30  Palliative Wound Care and the concept of Skin Failure -
Dr. Georgina Gethin, National University of Ireland, Galway

15.30-16.15  Workshops x 4 (Repeat)

16.15  Prizegiving and Close of National Conference

PRIZES:
WMAI Prize for best Oral Presentation
The Lilian Bradley Prize for best Poster

The Lilian Bradley Prize was established by the Wound Management Association of Ireland in 2008, to commemorate the contribution made by Lilian Bradley to the nursing profession in Ireland, and in particular to the areas of tissue viability and dermatology. In 2002, she was joint winner of the Northern Ireland RCN Nurse of the Year award. She was an excellent speaker, clinical expert, researcher, as well as a skilled and passionate teacher. She lectured at Queen’s University, Belfast and was instrumental in the development of leg ulcer education in Northern Ireland.
**SPEAKER BIOGRAPHIES**

**MAUREEN BATES**

Maureen Bates qualified as a podiatrist from University of Glasgow in 1989 and subsequently obtained an MSc in diabetes. She worked as a podiatrist in Birmingham and Lambeth until 1997, when she joined the Diabetic Foot Clinic at Kings College Hospital, London. In 2004 she was appointed podiatry manager of the clinic.

The Diabetic Foot Clinic at Kings College Hospital is a centre of excellence for the treatment of acute diabetic foot conditions, involving a multidisciplinary team which includes consultant diabetologists, podiatrists, nurses and orthotists. In addition, combined clinics with vascular, orthopaedic and plastic surgeons occur on a weekly basis, providing improved patient outcomes and increasing the armamentarium in dealing with challenging and complex diabetic foot cases. The expertise brought to the patient is second to none, and all members of the team learn from it too.

Maureen is a great advocate of total contact casting for the treatment of neuropathic ulceration and Charcot’s osteoarthropathy in diabetic patients. She has presented locally, nationally and internationally in these areas and has run many casting courses both at Kings and on tour, teaching this technique to podiatrists, nurse’s doctors and casting technicians. She believes very strongly in the multidisciplinary team approach for the management and treatment of patients with diabetic foot complications.

**BRIAN CROWLEY MEP**

Brian Crowley’s career as a public representative began in 1993 with a Senate appointment by the then Taoiseach, Albert Reynolds, “to be a voice for all those who have no voice”.

Born in 1964, he is a wheelchair user since the age of sixteen after an accidental fall from a building left him paralysed from the hips down. Some years later he was also examined how the materials on which people are seated or lying may help in preventing these situations. The seating workshop will explore what “normal” may be for the wheelchair user, the Prevention of Pressure Ulcers lecture will discuss cushions, mattresses and (re) positioning. For these situations. The seating workshop will explore what “normal” may be for the wheelchair user, the Prevention of Pressure Ulcers lecture will discuss cushions, mattresses and (re) positioning.

**DR. E. J. DONNELLY**

Dr. Jeannie Donnelly is at present a Lead Nurse in Tissue Viability, Belfast Health & Social Care Trust. She is also a Teaching Fellow Assistant at Queen’s University, Belfast and part-time teacher in the Faculty of Life and Health Sciences.

Dr. Donnelly is an RN, has a B.Sc in Health Studies and a PhD from the University of Ulster. She is a Trustee of the European Pressure Ulcer Advisory Panel, as well as a member of the EPUAP/NPUAP International Small Working Group appraising best practice statements relating to pressure ulcer prevention in bariatric patients. Among other commitments in the area of Wound care, (Regional Wound Management Products Group, Regional Topical Negative Pressure Group, Public Health Agency Pressure Ulcer Advisory Group, Tissue Viability Nurse Network of Northern Ireland) she is a member of the Editorial Board of the Journal of Wound Care and of Wounds UK.

**MENNO VAN ETten**

Wheelchair Seating and Mobility Consultant

Menne van Etten is a physiotherapist originally from the Netherlands, living in Norway. For the last 24 years he has been involved in wheelchairs & wheelchair seating in different roles. He was initially involved in carrying out wheelchair seating assessments, followed by giving seminars on wheelchair seating in Norway and later in other parts of Scandinavia.

He has been a product manager for a wheelchair manufacturer, mainly involved with chairs for the elderly and those with severe disabilities. Later again, he worked as European product manager for a major international wheelchair seating system manufacturer. He has always had an interest in how our thoughts on seating and what is considered normal, (i.e. to be seated at 90°), can be translated into wheelchair seating.

Menne has worked in recent years on the relationship between seating and lying positions in the prevention of physical deformities and pressure ulcers. He has also examined how the materials on which people are seated or lying may help in preventing these situations. The seating workshop will explore what “normal” may be for the wheelchair user, the Prevention of Pressure Ulcers lecture will discuss cushions, mattresses and (re) positioning.

**Dr. Georgina Gethin**

Dr. Georgina Gethin PhD, RGN, PG Dip Wound Healing, Dip Anatomic, Dip Applied Physiology, FFNARCSI.

Dr. Georgina Gethin was appointed Senior Lecturer in the School of Nursing and Midwifery, National University of Ireland, Galway in 2012. She holds a PhD and fellowship from the Royal College of Surgeons in Ireland and has an extensive background in wound management as a clinical nurse specialist, clinical consultancy, member of the diabetic foot team in NUI Galway, lead researcher on the development of the first national wound care guidelines in Ireland and national framework for procurement of wound care products. She lectures at undergraduate and graduate level on wound healing and tissue repair and research methods and is the programme director for the Doctorate in Nursing Practice which has been developed in partnership with Fairfield University in Connecticut, USA.

Georgia is a council member of the European Wound Management Association, the International Wound Infection institute and the Wound Management Association of Ireland in addition to being a member of the Cochrane wounds group. In 2012 she was a member of the working group to develop HSE national wound care education course for nursing.

Her specialist areas of interest are in epidemiology of wounds, wound bed assessment incorporating wound pH, palliative wound care and the use of honey in wound healing. This is supported through a commitment to evidence based practice as evidenced by being on the editorial board of 3 journals, over 60 publications, book chapters and presentations at national and international conferences. She is collaborating with colleagues in the UK, Switzerland and Italy on research projects including development of guidelines for palliative wound care. Her work in EWMA currently includes development of a new document on Home-care Wound-care which will be launched in 2014 at the next conference of the association in Madrid.

**Mr. Jason Kelly**

Mr Kelly is a Consultant Plastic Surgeon at the Cork University Hospital and South Infrmary Victoria University Hospital since June 2006. He studied Medicine at University College Cork and graduated with an MB BCh BAO in 1991.

After being awarded a fellowship from the Royal College of Surgeons of Ireland he was appointed to a unique training scheme in Plastic Surgery in the UK where he worked as a specialist registrar in Plastic and Reconstructive Surgery at The Leeds Teaching Hospital NHS Trust and the South Manchester Teaching Hospitals NHS Trust.

During his training he was a Blond McIndoe Research Fellow and worked on his Doctoral thesis with this group at the Royal Free Hospital in London and in the Stoford Building of the Manchester Medical School. This research work on the regeneration of nerves in the skin following major nerve injury was completed at Umea University in Sweden.

He was awarded an MD in Medicine from this University. He has presented his research work and clinical experience in Sweden, Japan, the United States, the UK and Ireland. He has published his work in all of

**Professor Richard Greene**

Professor Greene, a graduate of Trinity College Dublin, gained much of his clinical experience in the Coombe Womens’ Hospital, Dublin. In July 1999, he took up a position as Fellow in Maternal-Fetal Medicine in Thomas Jefferson University Hospital, Philadelphia, USA.

On his return to Ireland in 2001, he joined UCC as Senior Lecturer/Consultant in Obstetrics and Gynaecology and took up his current posts as Director of the National Perinatal Epidemiology Centre (NPEC) and Professor of Clinical Obstetrics, UCC, in 2007. Prof. Greene was instrumental in commissioning and establishing the new maternity services at CUH and continues to maintain a senior management position within the service as Clinical Director.

His research interests include maternal-fetal medicine, epidemiology, health services research incorporating risk management, quality of service and translational research.

Specifically, his future interests lie in the establishment of NPEC as a national service with the aim to improve clinical services for Irish patients. Towards this goal, he has been involved in the development of a single national chart for obstetric an is generally involved in the Maternal Newborn Clinical Management System (MNCMS) project, to get a single electronic medical record for all maternity hospitals. Prof. Greene is also committed to advancing the UCC Department of Obstetrics and Gynaecology goal to become a major research unit in Obstetrics and Gynaecology at a molecular and clinical level. Prof. Greene’s clinical practice is undertaken at the Cork University Maternity Hospital and at Cork Obstetrics and Gynaecology Associates.
the major Plastic Surgery Journals. Mr Kelly was a Consultant Plastic Surgeon at St James’s University Hospital in Leeds prior to his return to Ireland in 2006.

**PROFESSOR DAVID LEAPER**

Professor Leaper qualified from Leeds Medical School in 1970 MB ChB (with honours) and trained in general surgery in Leeds, Scarborough, King’s College and Westminster Hospitals in London with research periods as a Cancer Research Campaign Fellow and Medical Research Council Fellow.

He has the Fellowship in Surgery of the Royal Colleges of Edinburgh, England and Glasgow; by thesis the MD and ChM; and the Fellowship of the American College of Surgeons. He was Senior Lecturer in Surgery/Consultant surgeon at the University of Bristol (1981-1995), Professor of Surgery at the University of Hong Kong (1988-1990) and the University of Newcastle upon Tyne (1995-2004), and now Emeritus Professor, with Visiting Chair status at Cardiff University and Imperial College, London. His surgical expertise was developed in colorectal and breast cancer, oncology and development of day case surgery.

Professor Leaper’s research interests include surgical site infection, sepsis and critical care, wound healing, breast and colorectal cancer, computer-aided diagnosis, and surgical education and training. He has been an editor/reviewer for many journals. He is a past president of the Surgical Infection Society of Europe and the European Wound Management Association and a Hunterian Professor and a Zachary Cope lecturer at the Royal College of Surgeons of England. He has published over 10 books, 50 chapters and 500 original research papers and abstracts (over 180 on Medline). He has subsequently examined for the Intercollegiate Examiners of the Royal College of Surgeons of England. He has published Hunterian Professor and serves as an external examiner for the National Best Practice Standards in Wound Management which have been presented at local, national and international meetings. He is the Chairperson and Clinical Lead for the HSE/RCPI National Pressure Ulcer Collaborative Project, Chair of the repositioning group of the European Pressure Ulcer Advisory Panel guideline development project, Chair of the European Wound Management Association (EWMA) Multidisciplinary Project, an Honorary Senior Tutor at the University of Wales and a visiting lecturer at the Faculty of Health Sciences, Hogskolen i Buskerud, Drammen, Norway. Professor Moore is a past president of EWMA and an ongoing board member of the World Alliance for Wound and Lymphoedema Care.

**DR. JOAN MCCARTHY**

Dr. McCarthy lectures in Healthcare Ethics and coordinates the MSc in End-of-Life Healthcare Ethics in the School of Nursing and Midwifery, University College Cork, Ireland.

She is a member of the Irish National Advisory Committee on Bioethics, the Ethics Committee of the Nursing and Midwifery Board of Ireland, the Editorial Board of Nursing Ethics and the International Centre of Nursing Ethics. Her research interests include ethical issues that arise in relation to death and dying as well as moral distress and feminist ethics. Joan’s recent publications include End-of-Life Care: Ethics and Law (with M. Donnelly, D. Dooley, L. Campbell and D. Smith, 2012, Cork University Press) and Nursing Ethics, Irish Cases and Concerns (2nd edition with D. Dooley 2012, Gill and MacMillan).

**PAT MCClusKEY**

Pat McCluskey is a Registered Nurse and Midwife who has worked in wound care for 23 years, 13 years as a Clinical Nurse Specialist in Cork University Hospital.

She completed her PG H.Dip in Wound Healing with the Thames Valley University in London and completed the Nurse Prescribing Dip in University College Cork, followed by an MSc there also.

Pat is a member of WMAI and the Leg Ulcer Forum, she is also a member of the working group responsible for the National Best Practice Standards in Wound Management Ireland, the National Framework Procurement Group and the Local Procurement Group for wound dressings and products. Pat is also a Guest Lecturer in UCC at Post Graduate and Undergraduate level.

**GLYNIS PEEl**

Glynis Peel is a CN2 in the National Paediatric Burns Unit, St. Anne’s Ward, Our Lady’s Children’s Hospital, Crumlin. She is a Registered Children’s Nurse, a Registered General Nurse, and a Registered Midwife.

Ms. Peel has extensive experience in the field of burns and wound care and has addressed national and international wound and burn care conferences. She is currently a Principal Investigator of a study looking at donor site wound care in paediatrics - the first such study of its kind internationally.

**DR. MAURa PIDGEoN**

Maura Pidgeon completed General Nursing Training with Honours in the Mater Misericordiae University Hospital Dublin, and Midwifery training at the Coombe Hospital in Dublin. She completed a post registration course in Neonatal Intensive Care at the National Maternity Hospital, Dublin. She has a BSc (Hons) Nursing from the University of Ulster at Jordanstown and an MBA from the Ulster Business School.

Dr. Pidgeon has been Director of Nursing in the Mater Private Hospital. She is also an academic, her teaching and management experience was gained at Queen’s University Belfast and as Head of the Department of Nursing & Health Sciences at the Letterkenny Institute of Technology.

She received a PhD in Leadership from Queen’s University Belfast in 2009.

In July 2011 Dr. Pidgeon became CEO of An Bord Altranais where she worked on the implementation of the Nurses and Midwives Act 2011, and participated in the National Review of Undergraduate Programme.

In June 2012 she was appointed Adjunct Professor at the UCD School of Nursing, Midwifery & Health Systems. In December 2012 she became Fellow Ad Eundem, Faculty of Nursing, RCSI.

**PROFESSOR ZENA MOORE**

Professor Moore, who is a registered nurse from Dublin, is Associate Professor and Director of Nursing Research, School of Nursing, at the Royal College of Surgeons in Ireland. She also lectures in research methodology and wound healing and tissue repair across the schools within the RCSi.

She received a post graduate diploma with distinction, in wound healing & tissue repair from the University of Wales, College Of Medicine in 1998 and an MSc in wound healing & tissue repair in 2001 from the same university. In 2002 she received a Fellowship of the Faculty of Nursing & Midwifery, RCSI and in 2009, she completed her PhD studies. In 2013, she completed an MSc in Leadership in Health Professionals Education.

Professor Moore is actively involved in research in wound management and has undertaken 9 systematic reviews with the Cochrane wounds group and the Cochrane renal group. She has also published over 100 articles and book chapters and has researched in many aspects of wound management which have been presented at local, national and international meetings. She is the Chairperson and Clinical Lead for the HSE/RCPI National Pressure Ulcer Collaborative Project, Chair of the repositioning group of the European Pressure Ulcer Advisory Panel guideline development project, Chair of the European Wound Management Association (EWMA) Multidisciplinary Project, an Honorary Senior Tutor at the University of Wales and a visiting lecturer at the Faculty of Health Sciences, Hogskolen i Buskerud, Drammen, Norway. Professor Moore is a past president of EWMA and an ongoing board member of the World Alliance for Wound and Lymphoedema Care.

Dr. Diarmuid Smith

Dr. Diarmuid Smith is a UCD graduate in Medicine. He completed his specialist registrar training in diabetes and endocrinology in 2004 and completed his MD thesis with Kings College London in 2002.

He became lecturer in Endocrinology in St Vincent’s University Hospital in 2004 and was then appointed as Consultant Endocrinologist to Beaumont Hospital in 2005. He has been Secretary and Chair of the Diabetes Section of the Irish Endocrine Society from 2005 to 2011 and was appointed as the HSE National Clinical Lead for Diabetes from 2011 to 2013. Dr. Smith has a particular interest in the diabetic foot and diabetic vascular disease and has published over 70 papers in the field of endocrinology and diabetes.

**FACULTY OF NURSING - RCSI**

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**Glynis Peel**

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**Professor Zena Moore**

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**Dr. Maúra Pidgeon**

**Professor Zena Moore**

**Dr. Diarmuid Smith**

**Faculty of Nursing - RCSI**
SPEAKERS BIOGRAPHIES

Masters Degree at the University of Ulster. She worked in community and private practice for 5 years. She has a particular interest in the High Risk foot/wound management field. She became a CNS in tissue viability 18 years ago and managed the wound management clinic in the SIVUH, Cork until 2011. She was a visiting lecturer in UCC in tissue viability for 8 years. Presented abstracts in international conferences. She is currently employed as a Senior Community Podiatrist with the Diabetes Team in Cork University Hospital.

Jan Cumisky
Jan worked as a general registered nurse for 10 years prior to completing a BSc in Podiatry at Queen Margaret University, Edinburgh. She completed a Master’s module in orthopaedic footwear at Cardiff University in 2008 and worked in private practice for 5 years. She is currently employed as a Senior Community Podiatrist in Kerry where her cohort of patients consists of those at risk of, or who have, active foot ulcers secondary to their medical condition.

Paula Gardiner
Paula qualified from University College Cork with a BSc and postgraduate Diploma in Biotechnology. After completing a Higher Diploma in Education she worked as a science teacher. She also completed diplomas in Physical Therapy and in the Treatment & Management of Sports Injuries. Paula obtained a BSc in Podiatry (University College London) and an MSc in Wound Healing & Tissue Repair (Cardiff University) and has an interest in wound infection and biofilms. She has worked in primary care (Lewisham NHS Primary Care Trust) and as a specialist podiatrist (Diabetic Foot Clinic, Kings College Hospital). She is currently employed as a senior podiatrist at the Diabetic Foot Clinic, Cork University Hospital.

Susan Sheehan
Susan qualified in Podiatry from Brighton University and worked in community and private practice for 5 years. Since 1996 she has been part of the Diabetes Team in South Infirmary/Victoria University Hospital where she has a particular interest in the High Risk foot/wound management. Since 2012, Susan also attends the Bon Secours Hospital, Cork, with the Diabetes Team, for inpatients with acute foot problems. She runs a private practice for all Podiatry problems, but specialising in the High Risk foot. She is currently undertaking a Masters Degree at the University of Ulster.

Helen Strapp
Helen has been involved in wound care for the past 13 years. She completed a Post Graduate Course in Wound Healing and Tissue Repair in the University of Wales College of Medicine, Cardiff and an MSc in the Royal College of Surgeons Ireland. Her research was on nurses’ knowledge of pressure ulcer prevention and management. She also is an RNP. At present Helen is working in A&NH, Tallaght, Dublin as Tissue Viability Clinical Nurse Specialist.

Niamh McLain MSc, HDip in Tissue Viability, RGN, RNP
Niamh is a Clinical Nurse Specialist and runs a nurse-led wound care and leg ulcer clinic in Dun Laoghaire Local Health Office, Dublin.

Mary Conroy
Mary worked in wound management for over 25 years. She became a CNS in tissue viability 18 years ago and managed the wound management clinic in the SIVUH, Cork until 2011. She was a visiting lecturer in UCC in tissue viability for 8 years. Presented abstracts in Copenhagen and Trinity College, Dublin. Is a member of WMAI for 20 years.

OP2 The role of the pharmacist as a member of the MDT wound care team - a systematic review
Aisling English, Zena Moore
Royal College of Surgeons in Ireland, Dublin
Aim: To conduct a systematic review of the literature to explore the role of the pharmacist as a member of a multidisciplinary wound care team.
Background: Wounds are a significant global problem impacting negatively on health and social gain. Due to the complex nature of wounds, a multidisciplinary approach is required to ensure the delivery of cost effective, efficient care pathways. Pharmacists, as members of a multidisciplinary wound team, have the potential to contribute to enhancing patient outcomes and delivery of care. However, their precise role has not been previously explored in a systematic way, thus this review set out to bridge this theory-practice gap.
Methods: Electronic databases were searched including PubMed, the Cochrane library, EBSICO CINAHL, Ovid EMBASE, Web of Knowledge and Science Direct (1993-2013). Reference lists, textbooks and websites were also explored. A data extraction sheet was employed to extract and summarise all relevant findings of included studies.
Results: Three studies and two reviews were located. Three major themes emerged from these papers which delineated the pharmacist’s contribution to multidisciplinary wound management. These themes included patient safety, enhanced clinical outcomes and significant cost avoidance. Such themes were illustrated through the primary and secondary outcomes of the review, for example, the percentage of wounds healed, achievement of total pain relief and reduction in overall treatment costs. However, the studies reviewed were of poor methodological quality, thereby limiting any firm conclusions which may be drawn from the findings.
Conclusion: This review identified three key areas where the pharmacist contributed to the outcomes achieved by the multidisciplinary wound team. However, poor methodological quality of the studies included limited the conclusions which may be drawn from these findings. Further research is warranted to fully elucidate the role of the pharmacist as a member of the multidisciplinary wound team.
OP3 The scourge of chronic venous leg ulcers - is topical zinc the answer? A review of the literature
Siobhan O’ Connor, Siobhan Murphy
University College Cork Ireland

Introduction: Venous leg ulcers (VLUs) are chronic leg wounds which can have a debilitating effect on the physical and psychological health of patients. Older patients, who are a vulnerable group, suffer from VLUs more frequently and they are on the increase as the population ages. Venous leg ulcers also pose a serious cost to the health service. Zinc, in the form of topical creams and lotions has been used in wound care for over 3,000 years and today it is contained in a variety of wound care products which are used to treat chronic venous leg ulcers.

Aim: The aim of this review is to undertake the first in-depth analysis of whether topical zinc based wound products are effective in promoting the healing of venous leg ulcers.

Methods: Following a systematic search and review of literature, based on selected keywords, eleven studies were identified as being relevant and data extracted using content analysis.

Results: The results show that there is currently very poor quality evidence to suggest that topical zinc based wound products are effective in healing venous leg ulcers; either in conjunction with compression therapy, as compression bandages themselves, or as a topical skin protectant. Some of the studies were sponsored by industry which calls into question the validity and reliability of their results.

Conclusion: It is apparent that not only was much of the literature conducted on a small-scale, it is also outdated and methodologically inconsistent. There is scant high quality evidence to suggest that topical zinc based wound products are effective in promoting the healing of venous leg ulcers. New studies are urgently needed which are larger, scientifically rigorous and without bias from industry. This will enable nurses to implement evidence based practice and choose the most appropriate wound management product to improve patient care and reduce costs to the health service.

OP4 A cluster randomised trial of the leg ulcer prevention programme (LUPP) in venous leg ulcer patients within an Irish community care setting
Emer Shankey, Zena Moore
West Cork Community Care, Royal College of Surgeons in Ireland

Aim: The aim of this study was to determine the effects of a Leg Ulcer Prevention Programme (LUPP) on patient’s knowledge of, and attitudes and behaviours towards, leg ulcer prevention within the Irish community care setting.

Method: The research design employed was a multi-centre, cluster, randomised controlled trial. Participants had attended the nurse-led clinic in the previous twelve months and had a history of venous ulceration. Participants (n=51) were divided into two groups: the control group received “usual” care, the intervention group, participated in the education programme. A pre and post-intervention evaluation was conducted to examine any statistical differences between the groups. Data were analyzed using descriptive and inferential statistics as appropriate.

Results: There was no statistically significant difference between groups regarding baseline knowledge. Post- LUPP the knowledge score of the control group was lower, whilst there was a statistically significant improvement in the knowledge score of the intervention group (p < .001). The proportion of correct answers for the intervention group increased statistically significantly in nearly every case. Findings also showed improved healthy behaviours, attitudes and self-management practices.

Conclusions: The findings suggest that LUPP has a positive impact on patients’ knowledge of venous leg ulcer prevention. The writer proposes the implementation of an education program within the Irish Healthcare setting for the prevention of recurrence.

Further research is necessary to study effects in longer term.

OP5 Child Focused Wound Management: Facilitating Early Discharge of a Child with a Complex Wound
Mary Trayan, Carol Hilliard
Our Lady’s Children’s Hospital, Crumlin

Introduction: Accurate assessment of children’s wounds ensures appropriate wound care, and can reduce unnecessary burden on the child and family, including prolonged hospital stays, non-attendance at school, and restricted activity. This presentation illustrates how effective wound assessment and multidisciplinary communication facilitated the early discharge of a child with a complex wound.

Background & Rational: The Children’s Tissue Interest Group (CTIG) consists of nurses from the three children’s hospitals in Ireland. The aim of the group is to develop resources on children’s wound care. CTIG found little information and guidance which related specifically to children’s wound care, as most research and resources are based on adult wounds. CTIG therefore develop a suite of child focused wound care resources which were launched in 2012: 1) Wound Assessment Tool and 2) Wound Classification Chart.

Case Study: A 7½ year boy developed an extensive wound dehiscence on Day 7 following surgery for a perforated gangrenous appendix. A structured wound assessment and management protocol was devised. The patient was discharged 30 days postoperatively with a still significant wound. Ongoing wound care was provided by community services with ongoing support from the hospital. This communication was enhanced by a detailed wound discharge plan which involved doctors, nurses, community services and the parents, who were all guided by the wound classification and dressing chart. Wound closure was achieved by Day 58 post discharge. The early discharge improved the child’s outcomes and the reduced inpatient stay generated cost savings of €81,200.

Discussion: The wound care resources enable the parents and healthcare professionals to assess and manage the child’s wound at home using a consistent approach. The early discharge of the child had a positive outcome for both him and his family and generated significant cost-savings for the hospital. This case study presents a useful model for early discharge of a child with a complex wound.

OP6 Do people with Diabetes have a greater risk of developing active foot disease when living within an urban population?
Risk stratification in south inner city Dublin Ireland
Pauline Wilson
St. James’s Hospital, Dublin

Introduction: It is well documented that assessing the foot of the person with diabetes is important. Numerous authors have written about the importance of assessing Neuropathy Status, Vascular status, taking a history and completing an examination as part of the annual diabetes review. Following this examination an appropriate risk status is also important to be able to ensure that the patient receives appropriate prevention and or treatment. Data is available for individual populations globally on their relatively risk status, however Irish data in this regard was scarce. We hypothesised that those living in an urban area of social deprivation would be at an increased risk of developing foot disease and have a higher risk status when compared to international trends.

Methods: Building on work done within rural settings we observed the risk status of 503 patients attending an urban diabetes consultant led service for review over a 6 month period.

Results: Results showed that patients attending this service receiving a comprehensive foot assessment and stratification following the Scottish model were identified as 78% Low risk, 14% moderate risk, 7% High risk and 1% active foot disease.

Conclusion: This observational study represents approximately 10% of the population attending the specialist clinic. This highlights the need to record data accurately so that to allow appropriate resource allocation and compare trends nationally and internationally. This study also shows that there is no difference between urban and rural populations in relative risk stratification.
P1 Audit Results of a Nurse Led Venous Leg Ulcer Clinic established in 2010
Marie Byron
Mercy University Hospital, Cork

Background: The introduction of a health service reform programme within the Irish healthcare system combined with changing epidemiological and demographic patterns are providing challenges to the traditional delivery of healthcare. Nurse led clinics are seen as one way of meeting the current demand to reduce patient waiting times and improve quality care (Loftus and Weston, 2001).

Methods: With a view to establishing a Nurse Led Venous Leg Ulcer Clinic in MUH, a service needs analysis was carried out and the criteria for the referral of patients were agreed.

In June 2010, a Nurse Led Venous Leg Ulcer Clinic, seeing both new and return patients, was established in MUH. The clinic was audited after 6 months in 2010 and on a yearly basis in 2011 and 2012.

Results: Audit results showed that there was a reduction of 15% in the number of patients with medical cards attending the clinic between 2010 and 2012. This has implications both for patients and service providers. A 20% increase in the number of patients whose ulcer size reduced within 6 weeks of referral to the clinic was noted between 2010 and 2012. The percentage of patients healed at audit in 2012 was 57% in comparison to 38% in 2010.

Conclusions: These figures demonstrate that the clinic is providing an improved service to patients, with a reduction in waiting time from 4.46 weeks in 2010 to 3.7 weeks in 2012.


P2 Concordance studies between hospital discharge data and medical records for the recording of lower extremity amputation and diabetes in the Republic of Ireland
Caoimhe Casey, Claire Buckley, Colin Bradley
University College, Cork

Background: Hospital discharge data have been used to study trends in Lower Extremity Amputation (LEA) rates in people with and without diabetes. The aim of this study was to assess the reliability of routine hospital discharge data in the Republic of Ireland (ROI) for this purpose by determining the level of agreement between hospital discharge data and medical records for both the occurrence of LEA and diagnosis of diabetes.

Methods: Two concordance studies between hospital discharge data (HIPE) and medical records were performed. To determine the level of agreement for LEA occurrence, HIPE records were compared to theatre logbooks in 9 hospitals utilising HIPE over a two-year period in a defined study area. To determine the level of agreement for diabetes diagnosis, HIPE records were compared to laboratory records in each of the 4 largest hospitals utilising HIPE over a one week period in the same study area. The proportions of positive and negative agreement and Cohen’s kappa statistic of agreement were calculated.

Results: During a two-year study period in 9 hospitals, 216 LEAs were recorded in both data sources. Sixteen LEAs were recorded in medical records alone and 25 LEAs were recorded in hospital discharge records alone. The proportion of positive agreement was 0.91 (95% CI 0.88-0.94), the proportion of negative agreement was 0.99 (95% CI 0.98-0.99) and the kappa statistic was 0.91 (95% CI 0.88-0.94). During a one-week study period in 4 hospitals, 49 patients with diabetes and 716 patients without diabetes were recorded in both data sources. Eighteen patients had diabetes in medical records alone and 2 patients had diabetes in hospital discharge records alone. The proportion of positive agreement was 0.83 (95% CI 0.76-0.9), the proportion of negative agreement was 0.99 (95% CI 0.98-0.99) and the kappa statistic was 0.82 (95% CI 0.75-0.89).

Conclusions: This study detected high levels of agreement between hospital discharge data and medical records for LEA and diabetes in a defined study area. Based on these findings, we suggest that HIPE is sufficiently reliable to monitor trends in LEAs in people with and without diabetes in the ROI.

P3 CASE STUDY: Management of a Diabetic Neuropathic Digital Ulcer using Acticoat Flex-7 and Allevyn
Tina Clark
Roscommon Podiatry

Background: The complex management of a difficulty located diabetic foot ulcer (DFU) in a primary care setting. Highlighting the benefits of using specialised dressings which incorporate flexibility and high conformability and reducing wound bio burden while protecting the foot against confounding factors, such as neuropathy and physical malformations which prevent the wound healing cascade.

Methods: Wound Healed in 4 weeks, maturation at week 10.

Discussion: Ulcerations and foot injuries are major causes of lower extremity amputations in patients with Diabetes Mellitus (DM). Poly-neuropathy often with a sensory, autonomic or motor component is the primary factor that leads to foot ulceration in the DM patient when combined with unperceived trauma. If the skin is damaged or subjected to continuous trauma, e.g. friction from wearing shoes, then wounds may develop that go unnoticed by the patient. Infected wounds require dressings that have an antibacterial action; infection usually goes hand-in-hand with severe to high laboratory that also have to be managed. Treatment of these ulcers is aimed at preventing infection, providing optimal wound healing environment and regulation of serum glucose, combined with debridement, pressure off-loading and choice of optimal wound dressing. Many foot ulcerations are anatomically difficult to treat and choice of dressings can be limited.

The wounds of patients with DM present a number of clinical challenges to practitioners who treat them. These challenges are not unique to the patient group but confounding factors, such as neuropathy leading to loss of sensation and physical malformations, may enhance the problems. The wound location, especially with regards to digit ulcerations, makes application of dressing’s difficult. Acticoat Flex 7 technology has been used to successfully treat many different types of both acute and chronic wounds, although the evidence presented refers to a specific case study, it shows how in ‘real life’ situations, the clinical challenges presented by this DFU were successfully overcome with dressing regimens that utilise Acticoat Flex 7 technology.

P4 The role of Manual Lymph Drainage in the treatment of Lower Limb Lymphoedema
Mary Costello
Mountmellick Primary Care Centre

Background: Lymphoedema is a chronic, progressive condition that manifests as a swelling of one or more limbs causing significant physical and psychological symptoms which negatively affect quality of life. Manual lymph drainage (MLD) is an important component of lymphoedema management and is usually used in combination with compression bandaging (CB), skin care, exercise and compression hosiery. Objectives: This systematic review aimed to answer the following question: what is the role of manual lymph drainage in the treatment of lower limb lymphoedema?

Methods: The following databases were searched with no restriction on year: Medline, CINAHL, Cochrane Database of Systematic Reviews, Web of Knowledge, Joanna Briggs, Embase. A hand search of articles referenced on research articles of interest was conducted and an expert in the field of lymphoedema was contacted by email. Selection Criteria: Randomised controlled trials that included MLD as an intervention in the treatment of lymphoedema were included if they reported limb volume as a measurement of oedema. Also, cohort studies that explored the response of lymphoedema to combined therapies that incorporated MLD were included.

Results: The reviewer extracted data using a validated data extraction tool. The quality of the included studies was evaluated using the EBILUP quality appraisal tool. A narrative summary of the included studies was conducted.

Main Results: A total of 9 studies met the inclusion criteria, 3 RCTs and 6 cohort studies. The findings suggested that secondary prevention of lymphoedema may benefit from treatment with combined CB plus MLD. Clinically, the most notable reduction in lymphoedema volume is seen in the first two weeks of complex decongestive therapy. An improvement in quality of life scoring secondary prevention of lymphoedema volume is evident. MLD may not play a role in the maintenance therapy of lymphoedema.

P5 Pathways to healing: Determining effective care pathways for chronic wounds for timely healing, prevention and cost effectiveness
Lucy Daniels, K. Finnlayson, M. Gibb, C. Parker, D. Smith
Royal Brisbane and Women’s Hospital

Aim: The aim of this study was to identify management and referral pathways which facilitate evidence based care, promote healing and prevent recurrence for patients with chronic leg ulcers.

Rationale: Chronic leg ulcers are associated with many costs - they cause significant problems with functional ability and quality of life at the individual level, and they are estimated to cost 1-3% of the health budget in developed countries. Although there is a growing body of evidence based treatments for chronic wounds, there is a well-known gap between practice and the evidence.

Methods: This study surveyed 104 people with chronic leg ulcers who presented to one of two specialist wound clinics about their journey (phase 1), then undertook a prospective observational study for 24 weeks from patients who came to clinic (phase 2). Phase one asked about their management, referrals and outcomes in the previous 12 months and phase two recorded their management, referrals and weekly progress for 24 weeks prospectively.

Results: The study found the prospective median time to healing at a specialist wound clinic was 10 weeks (95% CI 7 - 13), whereas in the 12 months prior to admission, the median ulcer duration was 24 weeks. It also found that only 31% of participants had an ankle Brachial Index (ABI) prior to admission. Phase one asked about their management, referrals and outcomes in the previous 12 months and phase two recorded their management, referrals and weekly progress for 24 weeks prospectively.

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P6 Case Report: Bowen’s disease masquerading as a diabetic foot ulcer
Paula Gardiner
Cork University Hospital

Background: A 72 year old male was referred to the Diabetic Foot Clinic with a lesion on his right 5th toe, which was not responding to treatment. His medical history included poorly controlled Type II diabetes (HbA1c 75mmol/mol), hypertension, dyslipidaemia and retinopathy. On examination he had palpable pedal pulses and normal transcutaneous PO2 of 65mmHg. There was evidence of peripheral neuropathy. The lesion on his 5th toe probed approximately 3.5mm. There was no obvious erythema but the patient complained of occasional mild pain. The patient was prescribed antibiotics as osteomyelitis was suspected. Subsequent investigations did not report any bony abnormality. No vascular intervention was indicated.

The wound failed to improve despite off-loading the wound site, antibiotic therapy and regular wound care. The patient declined amputation of the digit. Because of the atypical nature of the wound, referral to a dermatologist requesting biopsy was arranged. The initial dermatology consultation suggested the wound was a neurotrophic ulcer, however the biopsy result was positive for Bowen’s disease and excision of the lesion was carried out. The post-operative wound healed within three weeks and remains healed four years later, with no further complications.

Discussion: Bowen’s disease is described as a form of squamous cell carcinoma (SCC) in situ, commonly presenting as a solitary erythematous well-demarcated scaly plaque which may become hyperkeratotic, crusted, fissured or ulcerated. It has an estimated 3-5% rate of advancement to SCC and, following advancement, there is a 3-5% rate of invasive malignancy. Histologically there is an intact basal membrane but diffuse parakeratosis, a thickened spinous layer, but complete lack of a granular layer. Treatment options include cryotherapy, curettage, surgery, radiotherapy, 5-fluorouracil, imiquimod cream or photodynamic therapy.

Conclusion: This case illustrates the importance of considering further investigations when a “neuropathic diabetic foot ulcer” does not respond to treatment.

P7 Management of exudate on a child’s burns unit: critical factors for success
Carol Hilliard, M. Brenner, G. Peer
Our Lady’s Children’s Hospital, Crumlin

Purpose: The purpose of the study was to identify children’s nurses’ perceptions of critical success factors for managing exudate in children with skin graft donor sites. This was part of a larger study on optimum wound healing in this population.

Background: Managing exudate is a significant problem when caring for children with donor sites, particularly in the first 24-48 hours following grafting. There is limited research on what constitutes best practice in this area.

Methods: Interviews were conducted with children’s nurses experienced in the wound management of donor sites. The nurses were asked to describe, from their own experience, the constituents of an effective dressing to manage exudate in children with skin graft donor site.

Results: The findings of the study identified a number of factors necessary for the successful management of exudate in children, including the value of standardised protocols for the application technique, the environment where the first dressing is applied and the level of absorbency of particular wound care products.

Discussion: This study has implications for the management of exudate in donor site healing, and identifies the value of standardised care pathways.

P8 Trends in the Incidence of Lower Extremity Amputations in People with and without Diabetes over a Five-Year Period in the Republic of Ireland
Tony Lynch
Emergency Department, Cork University Hospital

Background: To describe trends in the incidence of non-traumatic amputations among people with and without diabetes and estimate the relative risk of an individual with diabetes undergoing a lower extremity amputation compared to an individual without diabetes in the Republic of Ireland.

Methods: All adults who underwent a nontraumatic amputation during 2005 to 2009 were identified using HIPE (Hospital In-patient Enquiry) data. Participants were classified as having diabetes or not having diabetes. Incidence rates were calculated using the number of discharges for diabetes and non-diabetes related lower extremity amputations as the numerator and estimates of the resident population with and without diabetes as the denominator. Age-adjusted incidence rates were used for trend analysis.

Results: Total diabetes-related amputation rates increased non-significantly from 12.0 in 2005 to 9.2 in 2009 per 100,000 people without diabetes (p = 0.16). An individual with diabetes was 22.3 (95% CI 19.1-26.1) times more likely to undergo a nontraumatic amputation than an individual without diabetes in 2005 and this did not change significantly by 2009.

Discussion: This study provides the first national estimate of lower extremity amputation rates in the Republic of Ireland. Diabetes-related amputation rates have remained steady despite an increase in people with diabetes. These estimates provide a base-line and will allow follow-up over time.

P9 PVA dressings loaded with a Brazilian Propolis - a drug delivery study
Garrett B. McGuinness, A Fitzgibbon, R O’Shea, G Vaughan, N Duggan, Z Martin, N Haidar, S O’Neill, DJ Moore, P Madhavan, MP Colgan
School of Mechanical & Manufacturing Engineering, Dublin City University.

Background: The aim of this work was to prepare PVA-propolis membranes to be used as burn dressings. Among the characteristics of an ideal dressing biocompatibility, ability to maintain a moist environment, prevention of infection and transparency. PVA hydrogels can keep high amounts of water inside their network, they are transparent and biocompatible, but do not reduce the risk of infection. Incorporating an antibiotic in these gels would diminish the risk of infection and bacteria growth on the site. Propolis is a mix of substances considered as an organic antibiotic, obtained from bee culture (bee wax).

Methods: PVA aqueous solution (10% w/v) was prepared (90 °C, 2h, stirring), propolis (1.5 and 3.0 ml/petri dish) was mixed to this solution after it reached the room temperature, 20ml of the final solution was placed in petri dishes (±150mm), they were dried and sterilized using a UV lamp. Degradation, ISO 10993-9, and drug delivery tests, using UV-Vis spectroscopy, were conducted in saline, in PBS and in PBS pH 4.0 for 4 days.

Results: All samples swelled at least 300% and, among the swelling results, the 2-way ANOVA analysis (2 factors, amount of silver and type of medium, and 3 levels, 0, 1.5 and 3 ml propolis/membrane and use of saline, PBS and PBS pH 4.0, respectively) revealed that only the amount of propolis was significant to the samples swelling. Unloaded PVA samples presented higher swelling than the others. The drug delivery analysis revealed that there is a high delivery for samples containing the highest amount of propolis, in all media. The delivery of each samples’ composition presented the following behavior: saline < PBS pH 4.0 < PBS. The ionic strength is relevant to the drug delivery (saline < PBS) as well as the solution pH (PBS pH 4.0 < PBS).

P10 Conservative management of mesh-site infection in hernia repair surgery - a case series
Helen Meagher, M.C. Moloney, P. Grace
University Hospital Limerick

Purpose: Assess the outcome of conservative management of infected mesh grafts following abdominal wall hernia repair.

Methods: This study retrospectively examined the charts of patients who developed mesh site infection following surgery for abdominal hernia repair to determine how effective conservative management in the form of antibiotics and wound management was on resolution of infection and wound healing.

Results: Over a period of thirty months 13 patients developed infected mesh grafts post hernia repair surgery. Twelve patients were successfully treated conservatively with local wound care and antibiotics if clinically indicated. One patient returned to theatre to have the infected mesh removed. Of the patients that healed eleven were treated with negative pressure wound therapy (VAC®).

Conclusion: This series of case studies indicate that conservative management of abdominal wall infected hernia mesh cases is likely to be successful.

P11 Randomised controlled trial comparing European standard class 1 to class 2 compression stockings for ulcer recurrence and patient compliance
Mary Clarke Moloney, Niamh Keane
University Hospital Limerick

Background: Venous leg ulceration is a chronic debilitating condition affecting 1-2% of the older population; healing venous ulcers can be a slow labour intensive process and ulcers frequently recur. Preventative measures for recurrence focus on life long wearing of compression hosiery and superficial venous surgery in those with superficial venous incompetence.

Objectives: The aim of this study was to determine rate of venous ulcer recurrence and level of compliance in patients wearing European class 1 or class 2 compression stockings.

Methods: 100 patients with healed venous leg ulcers were recruited. Patients were randomised to either class 1 (n=50) or class 2 (n=50) compression stockings. Follow-up was at 1 week, 3, 6, 9 and 12 months to monitor ulcer recurrence and compliance.

Results: 98 patients with healed venous leg ulcers were recruited. Patients were randomised to either class 1 (n=50) or class 2 (n=50) compression stockings. Follow-up was at 1 week, 3, 6, 9 and 12 months to monitor ulcer recurrence and compliance. Patients had a duplex scan to identify source of venous incompetence.

Results: Rate of ulcer recurrence after 12 months was 16.1%. Difference in recurrence rate between classes was not statistically different (p=0.287) although greater numbers in class 1 developed a
P13 Case report of using A Sodium Carboxymethylcellulose (NaCMC) Glove Dressing for volar deep partial thickness and dorsal full thickness burns with skin grafts
Eileen O Riordan, E Bolger, S Kelleher, J Clover
Cork University Hospital

Introduction: The primary goal in treating hand burns is to prevent deformity and loss of function, therefore mobilisation within the confines of the wound dressing is key. Recently a sodium carboxymethylcellulose (NaCMC) glove dressing has been produced that is flexible allowing mobilisation. NaCMC dressings also possess the ability to form into a semi-solid gel and absorb exudate and trap bacteria, allowing them to be left unchanged for up to 21 days.

Objective: This case report highlights a versatile use for a NaCMC burns glove for a deep dermal volar hand burn.

Results: A 71 year old woman suffered 25% flame burns including a mixture of both deep dermal volar burns and full thickness dorsal hand burns. Debridement and split skin grafting of the full thickness dorsal areas was carried out at day 7 post injury. A NaCMC glove dressing was applied to facilitate mobilisation. The dressing remained intact for a further 10 days until the volar burns were healed. There was no maceration of the skin graft despite the moist wound healing environment on the volar surface.

Conclusion: The case report highlights the benefit of using NaCMC glove dressings on hand burns. The dressings were well tolerated and were able to be maintained in situ for 10 days, minimising patient discomfort from dressing changes whilst allowing hand mobilisation.

P14 Divaleryl chitin in advanced dressing materials
Sylwester Paskowski, Karolina Skolucza
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Background: Chitin is a polysaccharide with rigid crystalline structure and is barely soluble in common solvents. Therefore, we developed divaleryl chitin (DVC), which, being biocompatible and biodegradable like chitin, is easy to dissolve at the same time. Thanks to its high solubility in popular solvents, DVC can be efficiently processed into porous dressing materials. For many years there have been many attempts to introduce chitin's dressings on the market, but they did not end successfully. Our research has allowed for overcome most of the problems associated with the chemical treatment of chitin.

DVC was obtained in the reaction of shrimp chitin with pentanoic anhydride carried out in the heterogeneous conditions. DVC was analysed by infrared spectrometry, NMR spectroscopy, elemental analysis and viscosimetry. The biological properties of DVC in the form of fibres, films and porous membranes are widely investigated in accordance with the requirements of the standard ISO 10993 (“Biological evaluation of medical devices”). The most interesting results were observed during in vitro tests. DVC positively affected the morphology and behaviour (adhesion, migration, proliferation and protein's formation of the extracellular matrix) of human fibroblasts. Moreover, the recent tests (scratch assay, migration tests) showed the superiority of DVC dressing materials over the commercial dressing materials. Particularly, due to the DVC biodegradation on the wound surface and its high sorption capacity, DVC will ensure a moist environment in the wound and stimulate the regeneration of the damaged tissues. Until now, DVC is one of the materials which gives the most encouraging results in vitro, thus can be potentially used in treatment of venous ulcers, bedsores and wounds in diabetes.

P15 Diabetic foot assessment by community nurses - does it enhance patient care?
Emer Shanley, West Cork Community Care, Ber O’Riordan

Aim: To assess the feasibility and benefits of public community nurses carrying out diabetic foot assessments.

Objectives:
- Evaluate the current provision of diabetic foot assessment to diabetic patients in a cohort of community patients.
- Establish the level of knowledge the diabetic patient has about their foot care.
- Explore the potential for integrated diabetes care within the primary care team (PCT).

Description of Innovation: Three catchment areas within a rural area in Ireland were used as a pilot study to explore the potential for public community nurses to undertake diabetic foot assessments. The nurses in these three areas reviewed their case loads and identified the numbers of diabetic patients they had in their care. These patients were then invited to attend the health centre for a foot assessment and assessed as high risk, medium risk or low risk of diabetic foot disease. The patients were also assessed for their knowledge of foot assessment in relation to diabetes.

Evaluation of Innovation: The outcomes of the foot assessments will be presented along with the patients expressed knowledge of how to care for their feet and its relationship to their diabetes.

Conclusion and Implications: Early detection and management of foot complications are essential for diabetic patients. Nurses are the most regularly encountered caregivers, so it is vital that nurses working within the PCT are competent in diabetic foot care and assessment. The annual diabetes assessment that the patient should have should not be fragmented. It is however essential that community nurses should be competent to carry out opportunistic foot assessment and education when working with diabetic patients.

P16 Epidemiology of children attending the National Paediatric Burns Service: 2006-2011
Michelle Sheridan, Carol Hilliard
Our Lady's Children's Hospital, Dublin

Aims: The aim of this study was to examine all admissions to the National Paediatric Burns Service to identify age groups at risk, the cause and mechanism of injury, the first aid management received and the subsequent care required by children with a burn or scald.

Rationale: This is the first study of this size to explore the epidemiology of burns in children in Ireland.

Methods: A 6-year prospective survey was conducted of all children attending the National Paediatric Burns Unit from 2006-2011. Data collected included children’s age and gender; cause, size and depth of burn; first aid management and treatment received.

Key results: Of the 1841 children admitted to the service, one died. The main causes of injury were scalds (59%), contact burns (25%), and flame (10%). The average age was 3.5 years (2 weeks - 16 years), and 50.3% of children were aged under two years. Children aged five or under accounted for 78% of cases. Boys were more likely to sustain a burn (60% in comparison to girls (40%). This was especially evident in the 1 year age group (Boys: 63%) and in children aged over 11 years (Boys: 71%).

Only 19% of children received the appropriate first aid (cooling for 20 minutes). Skin grafting was performed on 159 (9%) children. Inpatient admission was required by 43% of patients with the remainder managed in an outpatient clinic.

Discussion: Paediatric burns are primarily caused by potentially preventable accidents. The mechanism of injury is frequently associated with the child’s development stage. Our study gives an insight into the profile of paediatric burn injuries in Ireland. These findings can inform the development of effective health promotion strategies targeted at prevention and first aid management of burns.
P17 A case report on the multidisciplinary team management of a high risk non-diabetic patient with complex foot ulcers: building a bridge between primary and secondary care

Meenakshi Uppal
Cork University Hospital

Abstract: This case reports a non-diabetic patient with bilateral lower limb neuropathic ulcers with recurrent infections. The aim of this case report is to highlight the benefits for the patient of a multidisciplinary team management approach.

Method: A descriptive qualitative study using the hospital’s Patient Administration System and hospital records. The results in this case highlight that a multidisciplinary team approach can provide better outcomes and quality of life for this patient. This scenario also brought to the forefront that no formal pathway exists for effective communication between the specialties that should be involved in the management of such a patient. The development of a standardised care pathway for the management of these patients needs to be implemented to include primary and secondary care specialties. This case has set a good precedence in this regard and future work can be evolved into an effective standardised approach.

P18 An Analysis of Diabetes-Related Lower-Limb Amputations in St. James’s Hospital, Dublin

Pauline Wilson
St. James’s Hospital, Dublin

Aim: To examine the incidence, 1-year mortality rates and factors associated with diabetes-related lower limb amputations (LLA) in a major teaching hospital: St. James’ Hospital (SJH), Dublin.

Method: A retrospective examination of data associated with all adults who underwent a lower limb amputation over 2 separate years was conducted using the hospital’s Vascubase, Diamond-Hicom and Electronic Patient Record (EPR) systems. Patients were classified as having or not having diabetes and a major or minor lower limb amputation according to ICD-10 diagnosis and procedure codes. 1-year mortality was established using the hospital’s Patient Administration System (PAS) supplemented by a third-party website: www.RIP.ie

Results: Total diabetes-related LLA increased significantly between the two years examined: from 5 in 2007 to 16 in 2010. The increase in procedure numbers was entirely within the minor category (from 5 in 2007 to 16 in 2010) with a small reduction in the number of major procedures (from 6 in 2007 to 5 in 2010). Mortality after one year was calculated at 18% in 2007 rising insignificantly to 24% in 2010.

Conclusion: The study indicated a considerable increase in the number of diabetes-related lower limb amputations in St. James’s Hospital, Dublin. This case series suggests that the use of SCMC-RCF as a treatment modality in the management of diabetic foot ulceration in a busy Podiatry led Diabetic Foot Clinic is feasible and can reduce healing time and reduce the number of dressing changes required by the individual patients. This reduces the cost of Health Care worker time and dressing costs although this will require further analysis.

P19 An Investigation into the effectiveness of a dressing of Sodium Carboxymethyl Cellulose with regenerated cellulose fibres on diabetic foot ulceration in a large urban teaching hospital

Pauline Wilson, St. James’s Hospital, Dublin

Introduction: It is documented that treatment with Sodium Carboxymethyl Cellulose is effective in managing exudate while protecting periwound skin from maceration and is widely used in clinical practice. In this short case series we aim to describe the effects of treating diabetic foot ulceration with a new formulation of a dressing of Sodium Carboxymethyl Cellulose with Regenerated Cellulose fibres (Aquacel Extra - Convatec Ltd) SCMC-RCF.

Aim: The aim of this case series was to evaluate the use of SCMC-RCF as a treatment modality in the management of diabetic foot ulceration in a busy Podiatry led Diabetic Foot Clinic. This case series aims to consider the ability of SCMC-RCF to decrease the size of the wound, to decrease sloughy tissue and to increase granulation tissue.

Method: 10 Patients were recruited from the Podiatry led Diabetic Foot Clinic with a wound that clinicians perceived would benefit from the properties of the SCMC-RCF dressing. At each treatment episode, the wound was inspected, cleaned and sharp debrided as per standard practice. SCMC-RCF was then applied to the area. This was covered with a dry secondary dressing and secured with hypoallergenic tape. Clinical photography and tracings were utilised prior to the application of dressings.

Results: The aims of the SCMC-RCF dressing as described were achieved in each of the 10 cases.

Conclusion: This case series suggests that Sodium Carboxymethyl Cellulose with Regenerated Cellulose Fibre, in conjunction with standard care can increase healing rates and reduce healing time. The authors believe that in the moderate to heavily exuding wound the use of SCMC-RCF dressings enabled them to reduce the number of dressing changes required by the individual patients. This reduces the cost of Health Care worker time and dressing costs although this will require further analysis.

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