WMAI
Wound Management Association of Ireland
Quarterly Newsletter For Members
Promoting Best Practise in Wound Care
Issue 22 – January 2017

Dear Members and Colleagues,

Welcome to the first WMAI newsletter for 2017. In this edition we hear from Professor Zena Moore,* Professor and Head of the School of Nursing & Midwifery in the RCSI *on the terminology we use around wounds and wound care!

Recent debate around pressure ulcers reminds me of the quote "If you wait long enough, everything comes back into style". And so, here we are again in 2017, debating about what to call pressure ulcers, thinking, albeit naively, that a change in terminology is going to miraculously increase staff ability to detect and grade these problematic wounds. As with all change, it is first wise to ask, where are we going? And to answer that question, where have we come from? Why this is important in terms of pressure ulcers, relates to a quote my history teacher in school always used: "those who cannot remember the past are condemned to repeat it".

Looking back over our history with pressure ulcers, we see that we have always toyed with the terminology. Indeed, Hippocrates (460-370 B.C) described ***sores*** developing in association with paraplegia with bladder and bowel dysfunction. In addition, during the renaissance, Ambrose Paré, wrote in his autobiography about a wounded French aristocrat who ***"had a sore great as the palm of a hand on the coccyx (for he has been too much in the bed)"***; further, in 1866 Nightingale wrote: ***"another who cannot move may die of bed-sores……."*** Terminology then changed with the 1877 lecture notes of Jean-Martin Charcot describing his study of decubitus ulcers, writing: ***"decubitus ominosus, signifies not the patient in the bed, but the bed-sores supposed to result from such positions".*** The term "Pressure Ulcer" appeared within PubMed in 2006, but had its origins in the thinking around the early 1960's. The key learning is, pressure ulcers are not going away, no matter what terminology we use.

So where does this leave us now, with the term "Injury" now being advocated internationally, though importantly, not unanimously. I am taken to thinking a little like Winne the Pooh, who's wise words *"It is more fun to talk with someone who doesn't use long, difficult words but rather short, easy words"* resonate well with me. Maybe it is that I am too simple in my thinking, but, for over 26 years in the field of tissue viability, I have had one goal. That is, to try to make better the lives of those whom I have contact with in my day to day work; pressure ulcer prevention has been integral to this endeavour. I, as countless do, feel that in many cases, we understand what a pressure ulcer is and can recognise one when it is evolving. Further, we understand that if we apply the principles of SSKIN, regularly to those who need them, we can often reverse the impending doom of pressure ulcer development. So, does the argument lie not in the terminology, but rather in what we do about pressure ulcer risk? Evidence shows us time and time again that, though identified to be at risk of pressure ulcer development, only 9.7% of the patients in need of prevention receive fully adequate preventive care. So, is it time to stop making it difficult to excel in patient safety goals, by focusing our energies on where they are most needed, in the application of consistent prevention strategies for those at risk. And then we must evaluate these strategies, using the language that has served us relatively well, since before even I was born!

IN this Issue

3RD TRANSATLANTIC WOUND SCIENCE AND PODIATRIC MEDICINE CONFERENCE

The 3rd Transatlantic Wound Science and Podiatric Medicine Conference will be held in Galway, Ireland on 31st March-1st April 2017. The conference is co-hosted by NUI Galway and New York College of Podiatric Medicine in collaboration with The Society of Chiropodists and Podiatrists of Ireland and The Irish Chiropodists/ Podiatrists Organisation and is set to be the largest podiatry conference in Ireland in 2017! We are currently calling for abstracts (see draft agenda and call for abstracts on www.wmai.ie or check your email).

STOP PRESSURE ULCER DAY ACROSS THE REGIONS

Thursday 17th Nov was Worldwide Stop Pressure Ulcer Day (SPUD), which aims to promote awareness of pressure ulcers, its causes and treatments. Many of our members held information days and education campaigns for healthcare professionals, patients and families.

- **It costs the HSE approximately €119,000 to treat a grade 4 pressure sore.**
- **Two out of every three cases of pressure ulcers develop in people who are 70 years old or more.**
- **Around 1 in 20 people who are admitted to hospital with an acute (sudden) illness will develop a pressure ulcer.**
- **Pressure ulcers are more common in nursing home residents with approximately 1 in 10 having a pressure ulcer at some stage.**
- **An Irish study in 2012 found that 77% of pressure ulcers are Hospital-acquired.**

The Tissue Viability service in Beaumont, Tallaght and the Mater Hospitals are focused on creating awareness of pressure ulcer prevention and implementing a multi-disciplinary team approach and they hosted information stands for staff, patients and visitors to learn more about pressure ulcer prevention and current treatments.

Tallaght Hospital (above & right) Nursing Management, Consultants, Risk Management, Physiotherapy, Dieticians and Nurses all came together on 17th November promoting pressure ulcer prevention on World Stop PRESSURE Ulcer day.

In Beaumont (below), nursing management along with the Wound link nurses with Etaoin Donohoe, Tissue Viability CNS all promoting STUD.

Wound management association of Ireland

The Mater Hospital held an educational stand in the main concourse which was attended by a huge variety of disciplines seeking information and advice on all aspects of pressure ulcer prevention and management.

Gordon Dunne (CEO- Mater Hospital, Mary Day (CEO – Ireland East Hospitals Group, Grainne Sheehan, CPC Mater Hospital, Liam Woods (Director of Acute Hospitals with Lisa Joyce TVN showing support for Worldwide STOP Pressure Ulcer Day

Greetings and a happy and healthy 2017 to all from the Western Region committee.

We ended 2016 as the festive season began with our last event on November 17th World STOP pressure ulcer day hosted in the beautiful Glenlo Abbey hotel, Galway. This event was kindly supported by Healthcare 21 Ltd and we wish to acknowledge their generosity and contribution to the success of the event. Our theme was in keeping with the day itself.

Andrea Mahon, (asst sec.) \\\\\\\\\\\\\\\\\Marie O'Shaughnessey (CNS Tissue Viability, Comm. services Sligo) Mary Burke (Chairperson) Marion Cahill Collins (Treasurer)

We were delighted to have Marie O'Shaughnessey CNS Tissue Viability, Sligo Community Services as our keynote speaker who presented the topic "Meetiing the quality Agenda in Wound Management" whereby the HIQA requirements for quality wound management were outlined with a particular focus on pressure ulcers. We also had a practical element to our event where Tina Clarke Podiatrist HSE West, and Andrea Mahon, Discipline of Podiatry, NUI Galway facilitated a tissue offloading workshop and demonstrated the use of a soft cast heel cup and various off-loading strategies. Our industry partners HC21 also facilitated a product update of dressings and products useful in preventing and managing pressure ulcers .

Overall there was something for everyone whereby clinical, educational and professional issues; were all addressed. We incorporated our regional meeting and AGM within this eventand our new Secretory Tina Clarke was officially elected onto the committee. Attendance was good despite being such a cold and wintry night and we enrolled 6 new members. A big thank you, to all who came out in support on the night.

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Our next event is a Dermatology Masterclass due to take place on February 9th from 6-8.30pm at the McWilliam park hotel, Claremorris, co.Mayo, so save the date and more details to follow on the website.

REGIONAL UPDATE - SOUTHERN BRANCH

Leg Ulcers: Education, Clinical Learning and Quality Improvement Programme

The Southern Branch is currently running a leg ulcer programme which aims to assist participants to improve their practice in the treatment and management of leg ulcers. It provides participants the opportunity to identify their learning needs and offers pre-course learning material and a learning record to track progress through the programme. The programme consists of four sessions of presentations and workshops on use of Dopplers, ABPI calculation and Bandaging. These sessions include (i) Pathophysiology of leg ulcers, (ii) Patient, limb and wound assessment, (iii) Therapeutic interventions and (iv) Assessment and practice. Each session lasts 3 hours. NMBI have allocated 13 CEU credits for the programme. So far feedback has been positive and enthusiastic.

During the November session a Pressure Ulcer package and T shirts was given to each participant to highlight the STOP Pressure Ulcer Day on November 17th.

Participants and organisers of the Leg Ulcer Programme organised by the Southern Branch for WMAI members.

AGM
Annual General Meeting

Notice of AGM - WMAI (Southern Branch)

The Southern Branch will hold its AGM on Wednesday, 8 th February at 5pm.

Venue: Brú Columbanus, Wilton, Cork

All members welcome

PRESSURE OFF-LOADING FOR THE DIABETIC FOOT

In 1963 Bauman, Girling and Brand published their study in which they demonstrated that equalising plantar pressures on the foot was an essential factor in healing long-standing ulceration in a neuropathic foot. Unfortunately, 54 years later, there are still patients with planter neuropathic diabetic foot ulceration (DFU) undergoing major amputation - without access to total contact casting, or any other off-loading, limb-saving device. While control of infection, optimising glycaemic control, improving vasculature of the limb (if ischaemic), education and general wound care are all important factors in the management of the diabetic foot ulcer, effective off-loading of the DFU can be the stumbling block of treatment.

Off-loading of pressure does not always mean specialist bespoke devices. Reduction of callus on and around the wound is a fundamental element of off-loading, while the appropriate positioning of felted padding may be enough to progress a static DFU towards healing.

This edition of the WMAI newsletter, with its emphasis on pressure ulceration, is a timely opportunity to reflect on the recommendations from the guidelines published in 2015 by the International Working Group on the Diabetic Foot, with regard to pressure off-loading and the diabetic foot. It is worth bearing in mind that the guidelines refer mainly to plantar neuropathic forefoot ulceration. This is due to the fact that the majority of studies relating to off-loading DFUs are based on such wounds. It is recognised by the authors of the guidelines that the lack of evidence for effectively off-loading other sites must be addressed.

The recommendations are divided into 4 categories, namely:

1. Casting and prefabricated healing devices
2. Therapeutic footwear
3. Surgical off-loading interventions
4. Other off-loading interventions

1. Casting and prefabricated healing devices

A non-removable knee-high device (e.g. total contact cast (TCC) (**fig.1**) is recommended as the ideal method of off-loading a non-infected, non-ischeamic, plantar forefoot neuropathic ulcer. If such a device is contraindicated or not tolerated the other options, in order of preference, are: a removable knee-high device (with a suitable interface between the foot and the device) **fig. 2**, a forefoot off-loading shoe **fig.3**, a cast shoe **fig.4** or a custom-made temporary shoe.

2. Therapeutic footwear

This section highlights the importance of preventative care for the patient with a high-risk of developing a DFU. It is recommended that patients should be advised not to walk barefoot, in socks or in thin-soled standard slippers. Properly fitting footwear at all times is emphasised. Prescription therapeutic shoes, custom-made insoles or toe orthosis are recommended for those with foot deformities. For patients with non-plantar DFUs, shoe modifications, temporary footwear, toes spacers or orthoses may be useful (depending on the site of the DFU).

3. Surgical off-loading

This section recommends a number of surgical interventions, if conservative treatment fails in the high-risk patient. Depending on the site at risk of ulceration, these interventions include Achilles tendon lengthening, joint arthroplasty, single or pan-metatarsal head resection, digital flexor tenotomy or osteotomy.

4. Other off-loading interventions

A combination of felted foam and appropriate footwear is recommended when other forms of biomechanical off-loading are not available.

Reflecting on these recommendations, the two factors that possibly present the greatest challenge to achieving adequate off-loading for the DFU are:

1. Patient adherence/compliance
2. Availability of appropriate skills

1. Patient adherence/compliance:

Although a non-removable device is considered the gold standard of off-loading for the neuropathic plantar DFU, many patients decline these devices for a number of reasons. These include factors such as the negative impact on lifestyle and activity levels. Many patients cannot afford to give up work and the off-loading device impacts their ability to carry out their normal work. Such devices may also prevent them from driving. This is a major concern for many patients who live rurally or who do not have access to an effective public transport system. Some may be concerned regarding the inability to monitor the wound while in a non-removable device. A number of off-loading techniques are contraindicated due to physical impairments such as poor vision, frailty or poor balance.

2. Availability of Skills

Availability of healthcare practitioners (HCPs), with the necessary expertise to provide appropriate off-loading, may be an issue in some areas. This includes availability of surgeons experienced, or willing, to treat the high risk diabetic foot. In general, there is a lack of surgical teams dedicated to salvaging the diabetic foot. Associated costs and application times may prevent HCPs from applying optimal

off-loading, while the risk of iatrogenic lesions may deter others from using off-loading devices. It is important to emphasise that all methods of off-loading have associated risks, particularly the non-removable forms of off-loading, and any surgical procedures. Adverse effects should be discussed with the patient in order to reach a shared decision with regard to selecting an appropriate method. Off-loading is a very important aspect of wound healing and by tailoring methods of off-loading to the needs of our patients, we can significantly improve their clinical outcomes.

Author:
Paula Gardiner, Clinical Specialist Podiatrist, Cork University Hospital/Secretary, WMAI, Southern Branch.

Fig 1

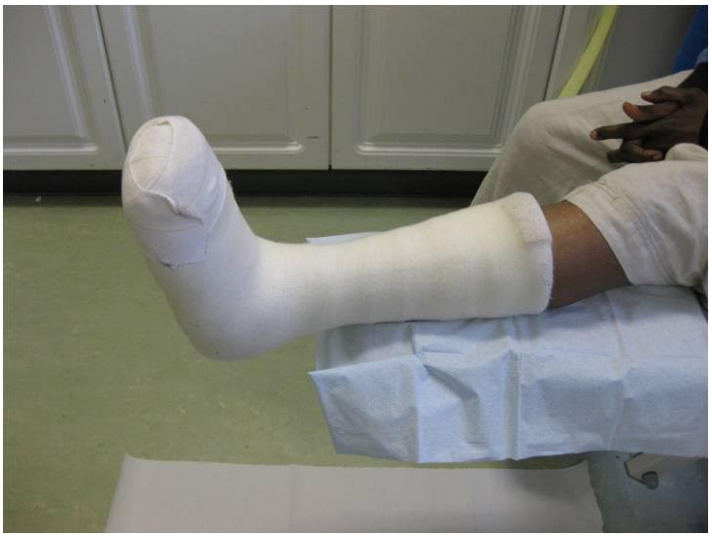
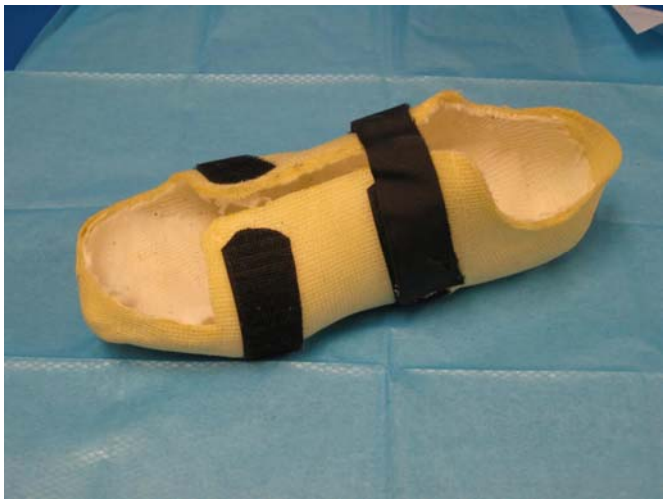


Fig 2

Fig 3

Fig 4



The WMAI team are always looking for good news stories on how our members are promoting the highest standards of wound management through practice, education and research. Please send stories of your initiatives to wmainewsletter@gmail.com

STOP IAD CAMPAIGN

When your patients are incontinent their skin is exposed to urine and/or faeces. Urine decreases skin hardness and makes the skin more vulnerable to friction. It also increases the pH and promotes pathogenic growth. This can lead to IAD (Incontinence Associated Dermatitis). Incontinence-associated dermatitis (IAD), a clinical manifestation of moisture-associated skin damage, is a common problem in patients with faecal and/or urinary incontinence. The lesions are characterized by erosion of the epidermis and a macerated appearance of the skin (Gray et al. 2007a). Incontinence and skin breakdown related to incontinence have a considerable effect on patients' physical and psychological well-being . It is a daily challenge for healthcare professionals in hospitals, nursing homes and homecare to maintain a healthy skin in patients with incontinence. Furthermore recent evidence indicates an association between IAD, its most important etiological factors, and Pus.

Learn more about IAD, Moisture Associated Skin Damage, and Incontinence Associated Dermatitis from www.epuap.org/stop-iad-campaign/

EWMA 2017 Conference—Amsterdam, Netherlands 3rd to 5th May

The 27th EWMA Conference will take place from 3rd to 5th May in Amsterdam and is organised in co-operation with WCS Knowledge Centre Wound Care. The conference programme looks very promising and a huge number of abstracts have been submitted from all around the world which will contribute to an outstanding scientific content for the conference. See www.ewma.org for further information. Among the highlights will be a two day symposium on the diabetic foot in collaboration with the Federation of International Podiatrists (FIP-IFP) and a joint symposium with the EWMA and the British Society for Antimicrobial Chemotherapy on Antimicrobial Stewardship in Wound Management.

Joint EPUAP & EWMA PU Prevention & Patient Safety Advocacy Project

EPUAP & EWMA have established a joint engagement in the pressure ulcer prevention and patient safety agendas at European level as well as at national level in selected European countries. The project is expected to run until mid 2018. A joint working group has been established (which includes Zena Moore, Professor & Head of the School of Nursing & Midwifery, RCSI & EPUAP Council Member). The project will engage in activities aimed at raising awareness of policy decision makers about pressure ulcers, patient safety and wound care through a number of activities.

EWMA Documents - Negative pressure wound therapy - Overview, challenges and perspectives.

The new EWMA document on NPWT will be published as an online supplement to the Jan/Feb issue of the Journal of Wound Care. The document provides an overview of the evidence base for the use of NPWT in wound treatment and covers all three types of NPWT: on open wounds, with instillation and over closed incisions. The document also focuses on the organisational and health and economic aspects of NPWT. This document will be presented in a key session during the EWMA Conference.

Document on the use of oxygen therapies in wound care.

The vision and plans for this document was presented at a key session of WEMA 2016 and the launch of this document will also take place during the 2017 Conference.