A research roundup of recent papers relevant to wound care

This section brings together information found online and published in other journals about wound healing research. The aim is to provide an overview, rather than a detailed critique, of the papers selected.

**PREVENTING AND TREATING PRESSURE ULCERS: EVIDENCE REVIEW**

This article points out that there are more than 20 Cochrane reviews that focus on interventions to prevent or treat pressure ulcers with an additional 10 in preparation. The systematic reviews reveal limitations in the available research and, as a result that is perhaps not unsurprising, highlight gaps in the evidence used to underpin practice. The author goes on to suggest a priority list of topics defined by patients and practitioners in collaborative research completed by Cullum (2017). The top priorities include: the effectiveness of patient repositioning, patient and carer involvement in care, bed rest, dressings, equipment and topical agents for prevention. Other questions posed include: does staff education reduce incidence, what is the impact of nutrition and hydration on the prevention and treatment of pressure ulcers? The list provides food for thought for tissue viability teams and aspiring researchers. It is hoped that some questions will be answered when the ‘Pressure 2’ randomised control findings are published by the University of Leeds.

**CONFIDENCE AND CLINICAL JUDGEMENT IN COMMUNITY NURSES MANAGING VENOUS LEG ULCERATION A JUDGEMENT ANALYSIS**

This article aimed to assess UK nurses confidence and accuracy in relation to diagnostic judgement and treatment choices when managing patients with venous leg ulcers. The hypothesis of the study is that the variation in the management of venous leg ulceration in the UK can be attributed to the clinical environment and the quality of judgements, which is influenced by the nurses’ confidence and that in turn confidence influences accuracy. The study used judgement analysis methods with 18 non-specialist community nurses and 18 community tissue viability nurses. Each participant was asked to make diagnoses and treatment judgements about compression therapy for 110 clinical scenarios, indicating their confidence for each judgement. These were compared with the consensus judgements of an expert panel for the same scenarios. Confidence analysis was used to assess the nurses’ confidence about their diagnostic judgements and treatment choices. The results suggest that despite being experienced, levels of confidence were not well calibrated with their levels of accuracy. The authors concluded that errors resulting from both over and under-confidence at the diagnostic phase of management may influence treatment choices, and thus increase the chances of treatment error, which in turn can contribute to the variations seen and reported in practice.

**Implications for Practice**
Nurses’ emotional states, feeling either over- and under-confident, will impact on the decision-making process with regards to diagnosing and treating patients. Despite being experienced, nurses’ confidence influences the accuracy for making diagnoses and establishing treatment plans. Managers need to find some ways to build nurses’ confidence without overboosting it.

**JEANETTE MILNE**
Lead Nurse, Tissue Viability, Leeds Teaching Hospitals

---

98  Wounds UK | Vol 13 | No 3 | 2017
This is the second paper that reports the secondary end points of a randomised double-blind controlled trial conducted on patients presenting with a non-infected leg ulcer (venous leg ulcers [VLUs] or mixed leg ulcers), with a surface area ranging from 5 to 50 cm² and a duration of 6 to 36 months. Patients were randomly allocated to either the TLC-NOSF matrix foam (UrgoStart) dressing group or to the neutral TLC foam dressing group (UrgoTul Absorb). All received appropriate compression therapy and the wounds were assessed blindly (clinical examination, wound area tracing and photographic record) every 2 weeks for a period of 8 weeks, or until complete closure. A secondary endpoint was the patient’s HRQoL, EuroQol 5D tool (EQ-5D) questionnaire and visual analogue scale (VAS). In total, 187 patients were randomised to the intervention of control. The two groups were well balanced at baseline about wound and patient characteristics. The EQ-5D pain/discomfort and anxiety/depression dimensions were significantly improved in the TLC-NOSF group versus the control one (pain/discomfort: 1.53±0.53 versus 1.74±0.65, p=0.022, and anxiety/depression: 1.35±0.53 versus 1.54±0.60, p=0.037). The VAS score was better in the test group compared with the control group (72.1±17.5 versus 67.3±18.7, respectively), without reaching significance (p=0.072). Acceptability and tolerance of the two products were similar in both groups.

Implications for Practice
TLC-NOSF matrix foam dressing helps maintain a moist environment in the wound, promoting the healing process and the free circulation of growth factors. The results of this study suggest acceleration of VLU healing could improve the HRQoL of patients as well as reduce patients’ emotional and social burden of these chronic wounds.