Next year the 4th Congress of the World Union of Wound Healing Societies Conference is due to be held in Yokohama Japan. As you all know, Japan and its people have been the victim of an unparalleled natural disaster which has caused untold devastation.

The clinicians in Japan have contributed an immense amount of knowledge in every sphere of medicine, and in particular have been instrumental in helping to progress the wound care field. The studies which emanate from Japan are both well constructed and clinically relevant. The enthusiasm of the clinicians, despite the 14 hour journey, is also visible in their attendance at many European wound care conferences, recognising the important contribution the UK and Europe have made to this specialty.

We must also remember the people of Christchurch New Zealand, who were affected by an earthquake only 2 weeks previous to the Japan quake. 148 people died including a number of local and international nurses.

Over the next few weeks our colleagues in these areas will be facing a huge number of challenges and we would like to extend our sincere sympathy to the people of Japan, and the many clinicians who will be caring for the injured and their families.
 Older peoples care meeting held

The recent report by the Health Service Ombudsman into the care of older people is still creating waves in the NHS and the private sector. This week will see a group of senior figures from the Department of Health and the NMC meet to discuss ways of improving patient care. Englands’ Chief Nurse Dame Chris Beasley is expected to attend. Any developments are likely to be welcomed by those involved in tissue viability.

 Admissions related to obesity on the increase

The number of Hospital admissions relating to obesity rose by more than 30% last year with 10,600 patients being admitted this year compared with 8,000 during 2008-2009.

This is a trend which tissue viability nurses have been witnessing for a number of years and which has a huge impact on patients wound healing, length of stay and the equipment needed to help care for the patient is of paramount concern.

For more detail go to: http://www.ic.nhs.uk/pubs/opad11

Forthcoming events

- Lymphoedema Conference 2011 and Skin Changes in the Lower Limb Conference
  13th April 2011, Novotel London West

Two unique conferences in one venue where delegates can choose to select sessions from either programme.

For more information go to: http://www.wounds-uk.com/events.php?eventid=16
- **Wound Essentials Summer Conference**

29<sup>th</sup> June, National Motorcycle Museum

Wounds UK are delighted to present the Wound Essentials Summer Conference for 2011. This is a one-day conference open to all healthcare professionals with an interest in caring for patients with wounds.

For more information go to: [http://www.wounds-uk.com/events.php?eventid=18](http://www.wounds-uk.com/events.php?eventid=18)

- **World Union of Wound Healing Societies (WUWHS) Transcontinental Wound Registry**

9<sup>th</sup> September, Asan Medical Center, Seoul, South Korea

For more information download the flyer from: [http://www.wuwhs.org/datas/1_1/32/TWR_ANNOUNCEMENT.pdf](http://www.wuwhs.org/datas/1_1/32/TWR_ANNOUNCEMENT.pdf)

- **4<sup>th</sup> Congress of the World Union of Wound Healing Societies**

September 2-7 2012, Pacifico Yokohama, Japan/1-1-1 Minato Miria, Nishi-ku, Yokohama, Japan

Hosted be the Japan Society for Surgical Wound Care and the Japanese Society of Pressure Ulcers.

For more information visit the official website here: [http://wuwhs2012.com](http://wuwhs2012.com)

**Blast from the Past**

This article written by three key diabetic foot clinicians is an excellent summary of the true patient and service related impact of diabetic foot disease, and was the forerunner to the Putting Feet First Paper in 2009, which has helped improve the care of patients with diabetic foot problems.
How can we improve the care of the diabetic foot?

01/11/08 | Diabetic foot ulcers | Paul Chadwick, William Jeffcoate, Caroline McIntosh

Diabetes is an increasingly prevalent condition. In 2003 it was estimated that 4.5% of the developing world’s population had diabetes — this was expected to increase by 31% by 2025 (Narayan et al, 2006). There are as many as two million people in the UK diagnosed with diabetes and of these 300,000 will develop a foot ulcer, 45,000 of which will require amputation (Diabetes UK, 2006). With an increasingly ageing population, these figures are expected to double by 2010 and the challenges currently faced by diabetic foot care services will be intensified. Diabetes-related foot complications are a major drain on the NHS — diabetic foot ulcers and the resulting amputations cost up to £502m per year, with a toe amputation costing £3,443, a foot amputation £7,786 and a leg amputation £10,979. Despite these depressing statistics there is disparity in service provision across the UK and the introduction of The National Service Framework for Diabetes (Department of Health, 2001) and guidance from the National Institute for Health and Clinical Excellence (NICE, 2004) have provided healthcare professionals with the standards required to provide a first-class service. The National Minimum Skills Framework (2006) also outlines the competencies that members of any diabetic foot care team should possess. Unfortunately, the ability to translate this guidance into clinical practice appears to be lacking. An audit of diabetes foot care services in the North West of England (Chadwick et al, 2007) revealed some serious deficiencies in provision. With these challenges in mind this debate asks: ‘How can we improve the care of the diabetic foot?’

References

Cook L (2011) Effect of super absorbent dressings on compression sub bandage pressure, Wound Care Supplement p538, BJCN


Copyright Wounds UK 2011 Page 4 of 4