

March 2007

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<p>➤ WOUNDS UK AWARDS</p> <p style="text-align: right;">Page 4</p>	<p style="text-align: center;">—Editorial—</p> <p>Recent initiatives at local and national level, have targeted wound dressings as a potential area for cost savings. This has asked questions of our practice in relation to wound care and the products we use. In many areas the focus of such initiatives has been to drive down prices of products and streamline the number of products which are made available for the practitioner. As a result there is growing pressure on Tissue Viability Nurses to help make savings in relation to the number and type of dressings used. I agree that in the NHS we should strive to ensure that money is not wasted on unnecessary treatments and that we should be as cost efficient as is possible, however, surely this needs to be weighed against the needs of the patient?</p> <p>One factor which has reportedly increased spending on dressing products, is the use of silver containing dressings. There are many forms of silver product on the market which contain different levels of silver, different silver ions involved, as well as varying presentations, flat sheets, ribbons, hydrofibre, collagen matrices, foams and alginates. Silver dressings are an easy target for those attempting to save money based on unit cost, but what does not seem to be considered is why so much antimicrobial products are being used. This could simply be explained, and is by some, as inappropriate use, but if we really examine events in the NHS over the past 5-10</p>	<p>➤ Time Advisory Board</p> <p style="text-align: right;">Page 5</p>
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years we may uncover a more likely explanation. The levels of healthcare associated infection continue to rise, and there is growing public awareness surrounding this issue. In addition, the patients we treat are increasingly complex in nature, as are their wounds. The changing patient profile has led to changes in the way we assess and treat patients with wounds. As the age of our patients increases, the chances of the patient being affected with chronic or concurrent illness, in effect many patients with wounds will present with multiple pathologies which may or may not be linked to the development of the wound.

What is important is that these underlying systemic disease processes can have a direct impact on the patients' ability to heal. In addition to slowing the healing process, the patients 'host resistance' to bacteria is also affected, making bacterial colonisation and infection more likely. The end result is that we are caring for a much larger group of 'at risk' patients than ever before. In order to reduce the impact of bacteria on such wounds, and reduce the risks to patients, practitioners need to be aware of the types of antimicrobial dressings which are available and when to use them to best effect. The overriding concern is that nurses are being forced into thinking about budgets before thinking about the patient. Rather than choosing a dressing which will perform more efficiently but may cost more, we are being 'bullied' into choosing a less costly but possibly a less clinically effective option. The result being that patients will not receive the treatment that they deserve and if we are not dealing with bacterial infection appropriately then the results may be even more detrimental to the patient. I agree that this may be

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a simplistic view, but my experience also tells me that choosing products based purely on cost is a false economy. When using a high quality product for a shorter time period, the result can be an overall saving in relation to quicker healing times, reduced nursing visits, but also through reducing opportunity costs such as patient bed days and reduced length of stay.

One problem lies in proving that opportunity costs exist, they are often 'intangible'.

The memory I have of this relates to the purchase of specialist footwear for diabetic patients, when the primary and secondary care centres both refused to pay the £400 cost of each pair. The benefits of the footwear were obvious for the patient but this would also result in the reduced risk of admission to hospital, and reduced risk of development of ulceration, both of which far outweighed any initial cost implication. The end result was that primary and secondary care would share the cost of the shoes.

I am not advocating the widespread indiscriminate use of topical antimicrobial products for every patient, but those who do require them should have them without question. All of our decisions should be based on thorough and accurate assessment data which I am sure will give ample justification for product choice. What is essential is that we begin with a level playing field with all product use being based on patient need, not cost. There are many situations in which the use of topical antimicrobials will not be appropriate and where standard wound dressings will perform adequately.

John Timmons, Editor,

John.Timmons@qcal.ac.uk

▸ **Wounds UK Awards**

The Wounds UK Awards ceremony will take place on **8th June 2007** at the Hippodrome, Leicester Square, London.

The Wounds UK awards proved to be a huge success last year with a large number of nominees in every category. What is important about the awards is that they seek to reward everyday practitioners for their hard work, dedication and innovation. From February this year you will be able to nominate someone you feel has worked hard to improve patient care in the field of wound healing. This person may be you.

Details of how to put forward nominations will be on the Wounds UK website from February and in the next issue of Wounds UK journal, good luck.

The final date for nominations is **March 31st**.

▸ **Wounds UK Book Offer**

Please see the website for the latest book offer

▸ **Wounds Essentials Roadshows**

In response to the success of the Wounds Essentials journal published by Wounds UK last year, Wounds UK are now offering a free education platform for nurses throughout the UK. Wounds UK will supply speakers and presentations which reflect the content of the journal free of charge, all you have to do is provide a venue and an audience.

Wounds Essentials Road shows will be taking place throughout the UK during 2007 and if you want to know more you can contact Ray Norris at ray.norris@wounds-uk.com

‣ **Forthcoming events**

March 7th Journal of Community Nursing Roadshow in Peterborough. So far this year almost 400 nurses have attended the Blackpool and Stoke Roadshows. Educational content includes Wound Care, Chronic Oedema, Bowel Workshop and Elderly Skin Care. A large exhibition from leading companies is also on display.

March 24th The RCN will stage a one day conference on Wound Management in London, for details go to the RCN Website.

March 28th Journal of Community Nursing Roadshow in Bradford.

‣ **Time Advisory Board**

The UK TIME Advisory Board was set up in 2005. This booklet introduces you to the overall objectives of the group and the individual group members. Many of you may have already met with the group at Wounds UK at Harrogate in 2006, where they had a TIME stand with discussion and literature available to support the use of the TIME framework in Practice, Education and Research. The group are currently involved in other TIME related developments and will be bringing these to your attention in a series of articles for Wounds UK newsletter.

[Please click here to download the booklet](#)

Caroline Dowsett
Nurse Consultant
Chair of UK TIME Advisory Board

Feb 2007

‣ **TREATING CHRONIC OEDEMA**

Nurses wanting to learn about chronic oedema, and how best to treat and manage the condition, can get in touch with Activa Healthcare. Activa healthcare offer UK-wide chronic oedema training, including the use of

Actico cohesive inelastic bandages for full leg bandaging and ActiLymph compression garments.

Recognising the various conditions that can lead to chronic oedema (dependency oedema and lymphoovenous disease) is important to prevent the condition worsening and compounding distress for the patient. Actico bandages and ActiLymph hosiery garments are all indicated to treat chronic oedema, and are now available on the drug tariff.

Chronic oedema refers to oedema that has been evident for more than three months. Tissue thickening and skin changes can result, as well as an increased risk of cellulitis; it cannot be relieved by elevation or diuretics and can lead to lymphatic failure. Chronic oedema is a common condition, and mild to moderate cases can and should be managed by the community team.

Kimby Osborne, Activa Healthcare Training Manager, says, "A healthcare professional's top priority is alleviating patient suffering. Treating chronic oedema in its early stages can prevent the condition worsening and thus prevent additional distress for the patient. Our comprehensive training programme ensures nurses can use Actico bandages and ActiLymph hosiery with confidence.

"Actico bandages are available in a range of widths and are useful for simple cases of chronic oedema where swelling and discomfort extend above the knee. Full leg bandaging can greatly reduce swelling in mild to moderate cases before patients wear hosiery - reducing nursing time and, moreover, improving the patient's quality of life.

"ActiLymph garments offer a means of successfully managing chronic oedema in patients who have achieved a well-shaped limb, good skin condition and stable limb volume. The hosiery and arm sleeves use new yarns and the latest knitting technologies to deliver the correct compression and stiffness required for chronic oedema, while providing softness and comfort to improve compliance."

To find out more about Activa Healthcare's comprehensive training, please call 08450 606 707 and for more information about chronic oedema, Actico and ActiLymph visit www.activahealthcare.co.uk.

For more information, samples, imagery and expert comments, contact:

Jennifer Porter or Jo White

CCD Healthcare PR

T: 020 7434 4100 / E: jennifer@ccdpr.com or jo@ccdpr.com

▸ Dressings for Pain Management

ActiFormCool, a second generation hydrogel dressing from Activa Healthcare, has been found to be effective at reducing patient's pain and the dressing is now being used in many clinics around the country.

Professor Keith Harding, the first president of the European Pressure Ulcer Advisory Panel, Chair of the World Union of Wound Healing Societies pain initiative and Department Head of Wound Healing at Cardiff University uses ActiFormCool in his clinic and says, "pain is increasingly accepted as an important component in managing patients with wounds. For too long we have focused on interventions that are exclusively designed to promote rapid healing.

"It is only in recent years that clinicians have become aware of the extent of suffering that patients with wounds have. It is important that the clinical community asks patients whether they are suffering from pain and offers strategies to ease this symptom. All wound types can cause pain and of particular interest is the recognition that the reduction of pain is an important component of the healing of leg ulcers. The recent developments in effective dressings that can be used in combination with compression bandaging can make a big difference to the level of pain the patients experience."

In a clinical study by Dr Stephen R Young¹, ActiFormCool, was shown to significantly reduce wound pain. The study showed patients' pain scores decreased from an average of 3.88 out of 5.00 to 2.22 (where 1 is 'no pain' and 5 is 'the worst possible pain').

ActiFormCool can be used to treat any skin damage such as burns, scalds, sunburn, radiation therapy damage, leg ulcers and bed sores.

Deborah Hofman, a specialist wound care nurse says, "many patients who have leg ulcers suffer severe pain from their wounds which may last months or even years. This inevitably has a detrimental effect on their enjoyment of life. The presence of pain may also create a vicious circle of non-healing. In addition patients who suffer pain from their venous ulcers may not be able to tolerate compression bandaging which aids the healing process. A delay in healing increases inflammation in the wound and increases the risk of wound infection which further delays healing. A dressing which alleviates wound pain will not only make the patient's life more bearable but is also likely to stimulate the healing process."

ActiFormCool carries a suspension of water in a gel matrix. It differs from previous hydrogels by its ability to keep the surface of a wound at the optimum moisture level for healing. ActiFormCool responds dynamically to changing moisture levels, donating or absorbing as required. This enables the dressing to be used throughout the wound healing process.

According to The British Pain Society 35% of over 65 year olds are in continual pain.² At any one time, 300,000 elderly people are suffering from leg ulcers, costing the health service around £600 million per year. Half of these people are in constant moderate to severe pain that often creates a vicious circle of non-healing by reducing sleep, disturbing moods, reducing mobility and ultimately increasing inflammation. This can then lead to further infection, leakage and maceration.

Activa Healthcare provides free 'Pain Rulers' which help to measure the level of pain being experienced by patients on a scale of 1-10 going from 'No Pain' to 'Excruciating Pain'. Activa also provides Pain Audit Forms to help nurses keep track of the levels of pain and monitor which treatment is providing relief for each patient. For more information please call Activa on 08450 606 707.

Further information on ActiFormCool can be found on the Activa Healthcare website: <http://www.activahealthcare.co.uk>

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