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<p>➤ Major new US eczema survey</p> <p style="text-align: right;">Page 1</p>	<p>Lactobacillus is the new silver?</p> <p>After last month's yoghurt reduces C. difficile story (a hot topic it would appear from the replies to the study in the BMJ with a particularly good critique of the study by Dr M Wilcox), Medscape Medical News</p> <p>(http://www.medscape.com/viewarticle/560291?src+mp) reports on a small pilot study presented at the 33rd Pediatric Dermatology annual meeting suggesting that lactobacillus digestive aid may speed up the improvement of atopic dermatitis in children.</p> <p>Only 9 completed the study with 5 in placebo and 4 in treatment groups but encouraging results showing improvement in physical symptoms and lowering of IgE levels in the treatment group. So bacteria for all on the NHS then, but this time let's keep them friendly ones!</p> <p>Andrew Kingsley - Editor Email: andrew.kingsley@wounds-uk.com</p>	<p>➤ Press Releases</p> <p style="text-align: right;">Page 4</p>
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➤ **Major new US eczema survey**

<http://www.medscape.com/viewarticle/559989?src=mp> Hanifin J et al (2007)

Almost as if to emphasise the need for the novel strategy of the last piece a new study shows just how much dermatitis there is around. Eczema and

atopic dermatitis (AD) are major health problems with prevalence estimates in some countries as high as one-third of the population. This new study was a self-administered questionnaire to a sample of 60,000 households representative of the US population. 42,249 households (70%) responded, representing 116,202 individuals.

Of the population studied, 17.1% reported at least one of four eczematous symptoms; empirically defined eczema was found in 10.7%, and empirically defined AD was found in 6%. Prevalence decreased with increasing income. The conclusions were that a substantial proportion of the US population has eczema or eczematous conditions.

➤ **Honour for Vanessa Jones**

After her triumph at the Wounds UK 2007 Awards where she received the Award for Major Contribution comes a further honour for Vanessa. Cardiff University have honoured her with an Excellence in Teaching Award. I know her many friends in the wound care world and students past and present will join me in sending her very many congratulations.

➤ **What's wrong with the wards?**

That was the title of a personal opinion piece in the BMJ recently (Teale K (2007) 334: 97 British Medical Journal - www.bmj.com/cgi/content/full/334/7584/97?rss Apart from touching on various issues including why enthusiastic medical students with a passion to help people turn into junior doctors that just want to cut bits out them and why nurses don't seem to want to cross an invisible barrier surrounding the nurses' station, Dr Teale does pick up on the four most common causes for delayed discharge. Although she does not give a source reference for what she calls 'recent figures' the interesting bit is that the list of four starts with pressure sores. These are followed in second place by hospital acquired infections, some of which of course will relate to wounds. Perhaps this provides a little more ammunition to promote the proper resourcing of Tissue Viability Nursing, being able to impact on these organisational problem areas

would demonstrate the important strategic value that we can make to our organisations.

➤ **TIME to deliver (by Trudie Young of the UK TIME advisory board)**

In the April edition of the wound care newsletter the UK TIME advisory board discussed the development and piloting process of a wound assessment tool based on the principles of the TIME framework. This development was seen as a pragmatic solution for clinicians who have embraced the TIME framework and needed help in integrating this into their day to day wound management practice.

It is imperative that wound assessment is a systematic process that involves a comprehensive review of the situation. The TIME wound assessment tool facilitates this systematic approach by assessing the key areas; tissue type, infection and or inflammation, moisture imbalance and the edge of the wound. This systematic review will enable the clinician to highlight areas of progress and importantly areas of concern that may be delaying the healing process. Previously wound assessment may have been viewed as a ritualistic process with the clinician ticking the boxes but not assimilating the information and making a judgement regarding the overall status of the wound, thereby missing the opportunity to intervene in a non-healing situation. The TIME wound assessment form facilitates decision making and requires the clinician to summarise the status of the wound, indicate objectives and suggest a dressing regimen.

The UK TIME advisory board is aware that this is going some way to achieve three of their four objectives:

- **To develop a TIME assessment and management tool**
- **Share TIME resources with other healthcare practitioners.**
- **Raise awareness of TIME and the TIME advisory board**
- **Develop patient information resources on TIME (TIME Advisory Board 2006)**

However to assist in the widespread utilisation of the form the advisory board are working on the next stage of the process; the development of a glossary of terms to accompany the TIME wound assessment tool.

If you would like to access the form for use in your clinical practice please click on the link below. As with any new initiative we would welcome your feedback and suggestions for improvement. We look forward to seeing the TIME wound assessment tool in clinical practice.

To download the Time assessment tool (PDF) – Go to http://www.wounds-uk.com/woundcare/downloads/time_assessment_tool.pdf

▸ **Press Releases**
New Heal Not Hurt Website is Launched

Mölnlycke Health Care has launched a new wound care website. The site, www.healnothurt.co.uk, provides carers, patients and healthcare professionals with essential information about wounds, the wound healing process, dressings and dressing techniques.

The site has been developed as part of Mölnlycke Health Care's commitment to making wound care, particularly at dressing changes, as painless as possible for patients. Trauma to the wound and surrounding skin, and pain to the patient, at dressing changes is a major concern among wound care professionals¹.

The new website is easy to navigate and provides information to patients on different types of wounds and how they heal, the role of dressings and how they work, and explains the causes of pain and how it can be reduced. There is also a hints and tips section on how patients can help reduce trauma and pain for themselves.

For healthcare professionals there is advice on how to minimise pain and trauma at wound dressing changes and information on different types of dressings available. The site also provides techniques that can be adopted for assessing and monitoring pain during dressing changes.

Pain is a source of significant stress to patients, which has been proven to cause a delay in the wound healing. Pain and anxiety at wound dressing changes also have a negative impact on the patient's quality of life. The Mölnlycke Health Care Heal Not Hurt Campaign aims to establish a routine pain assessment for all patients by involving them in their treatment. The

campaign also provides ongoing training and education to practitioners on best practice at dressing changes.

Mölnlycke Health Care's dressings use Safetac technology, a patented soft silicone adhesive technology, which minimises trauma to the wound and surrounding skin, and minimises pain for the patient on removal^{2,3,4}. A dressing with Safetac technology can be re-applied without losing its adherent properties. When removing a dressing with Safetac technology, unlike traditional adhesive dressings, no stripping of epidermal cells occurs.

Safetac dressings leave no residue, meaning less foreign particles in the wound, which saves nurses time cleansing the wound at dressing changes. This also contributes to making dressings with Safetac technology more cost effective than traditional dressings.

Chris Lane, Senior Marketing Manager, Mölnlycke Health Care, says: "The Heal Not Hurt Campaign aims to improve the quality of life for patients with wounds. This new website will hopefully let people know that they do not have to suffer in silence. We want patients and their families to know that there is an alternative to pain and trauma during dressing changes."

For more information on Safetac®, contact Mölnlycke Health Care on 0800 7311 876 or email info.uk@molnlycke.com

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2. Platt A J, Phipps A and Judkins K. A Comparative Study of Silicone Net Dressing and Paraffin Gauze Dressing in Skin-Grafted Sites. Burns 1996;22:7:543-5.
3. Gotschall C S, Morrisson M I S and Eichelberger M R. Prospective, Randomised Study of the Efficacy of Mepitel® on Children With Partial Thickness Scalds. Journal of Burn Care & Rehabilitation, 1998;19:4
4. Dykes P.J., Heggie R, Hill S.A. Effects of adhesive dressings on the stratum corneum of the skin. Journal of Wound Care; 2001, Vol 10, No 2: 7-10

V1STA

Smith & Nephew is delighted to announce the launch of V1STA, our negative pressure wound therapy (NPWT) system. V1STA is easy to use in clinical practice providing gentle and affordable negative pressure wound therapy.

At Smith & Nephew we believe this latest addition to our portfolio means that for every wound, at every stage, we can provide an appropriate solution tailored to your needs.

For more information about this or any of our product range please contact Smith & Nephew on 01482 222200 or advice@smith-nephew.com

➤ **WWW - Wonderful Website World**

Walking in the sunshine

Whilst out roaming in the cyber fields of Computerdom, a place very near home, I came across a ripe field of guidelines that I was previously unaware of, and from a speedy glance look worthy of closer scrutiny. Published in Nov - Dec 2006 issue (vol 14 No 6 pp 645 - 711) of Wound Repair and Regeneration and free to download, harvest them via the link www.blackwell-synergy.com/toc/wrr/14/6 they are on venous ulcers, arterial ulcers, pressure ulcers and diabetic foot ulcers.

WoundSpecialist.com

Worth a look if you are not already registered, WoundSpecialist.com in-house writer, the mysterious Mr Perry Lesion, manages to root out little nuggets of interest. Current topics on the site include research news into wound infection diagnostics, honey research, and investigations into anti-biofilm products.

Hospital Episode Statistics online

Last month I had a look at cellulitis. This time it is the turn of split skin grafts, of which there were 4409 admissions in England and 49,762 bed days which by my reckoning makes average length of stay at just over 11 days. Interestingly looking at the finished consultant episode (FCE) data there is a difference in the age ranges of males and females of when the majority of skin grafting takes place. Of 2610 FCEs for males the majority 1503 were recorded for the 15 - 59 age group, and for females of 2269 FCEs 1019 were for the 75+ group, suggesting different aetiologies.

Find out your local statistics on: -

<http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=537>

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