

TISSUE ISSUE

Issue Two July 2007

New Zealand Wound Care Society Newsletter

For more information visit: www.nzwcs.org.nz

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What is the New Zealand Wound Care Society?
The NZWCS is a voluntary organisation made up of health care professionals from a variety of disciplines who share a common interest in wound management. As an organisation it gives its members an opportunity to share experience, expertise and knowledge providing a forum to network with other members throughout the country.

Currently there are fourteen branches New Zealand-wide. Each has an area coordinator and a national committee member. The area coordinator is responsible for coordinating meetings and seminars for the local branch members, while the national committee member represents each branch at a national level. In some areas these duties are undertaken by the same volunteer.

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Welcome to the second issue of Tissue Issue!

Thank you for all the positive feedback for our first issue. The last issue for the year will focus on honey in wound care; this issue is due in November so please send your questions, practice tips, useful websites, ideas or articles to us by the 1 October.

Reviewing current research is essential for all healthcare professionals to ensure updated knowledge, identifying practice gaps and ensuring best practice is achieved. In this issue Carol Tweed has critiqued three articles addressing pressure ulcers, adjunctive therapy and painful leg ulceration. Thank you Carol.

The new position document from EWMA "Topical Negative Pressure in Wound Management" is now available – check out our 'websites of interest' for more details.

NZWC National Conference 8-10 November 2007 Queenstown Invitation to attend



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The ABC of Wound Care

From Acute to Chronic Wound healing and the Basics in the Middle

To register on line:

www.akblimited.co.nz/woundcare2007

NZWCS National Committee Members & Area Coordinators

Jenny Phillips President Wayne Naylor Treasurer Cheryl Naylor Administrator Susan McAuley Education Events Coordinator Liz Milner Committee Member & Area Coordinator Auckland Rowena McGarth Committee Member Waikato

Angela Carter & Pam Andrews Area Coordinator's Waikato

Diane Hishon Area Coordinator Rotorua / Taupo & Bay Of Plenty

Christine Cumming Committee Member & Area Coordinator Manawatu-Wanganui

Chris Guys Area Coordinator New Plymouth / Taranaki Carol Tweed Committee Member & Area Coordinator Wellington

Sue Rossiter Area Coordinator Nelson Cushla Arnot Committee Member & Area Coordinator Nelson / Motueka

Margaret Mossop Committee Member & Area Coordinator Canterbury

Rebecca Aburn Committee Member & Area Coordinator Dunedin

Kathryn Smith Area Coordinator Dunedin

Mandy Pagan Committee Member & Area Coordinator Southland

Chris Black Area Coordinator West Coast

NZWCS Education Events Coordinator Sue McAuley, email: mcauley.s@xtra.co.nz

Sue's Role:

- Educational liaison between NZWCS National Committee, Area Coordinators and Commercial members.
- Liaise and assist Area Coordinators to plan wound education, utilizing opportunities of international and national speakers.
- Plan and coordinate advanced wound care study days.

President's Corner

Hi to you all, winter has indeed arrived with a vengeance – time to catch up on that paper work and filing while it is cold outside.

We have awarded 4 scholarships this year; the results are printed in this Tissue Issue, and congratulations to all successful applicants. It is great to see the Society encouraging further learning, whether educational or through conferences. There were some unsuccessful applicants, and the main reason for this was that applicants did not explain how they were going to feed back to colleagues and/or the benefits of the scholarship. If you are applying, make sure you read the application form and fill in all the sections, especially as we get an increasing number of applicants. Conference applications will always be strengthened if the applicant has submitted an abstract for a poster or presentation. We are in the process of amending the application forms, and also the bringing the scholarship application dates forward to assist with annual planning of applicants. The revised criteria will be on the NZWCS website by mid July.

Talking of conferences, arrangements for the New Zealand Conference in Queenstown continue on track, and the committee were delighted to receive 39 abstracts, which are presently out for consideration. Well done to everyone who submitted an abstract.

Local groups are continuing to make great strides, and some areas have greatly increased their membership base by holding study days and promoting the Society. Following some hard work by Sue, Margaret, Chris and Cheryl, all area co-ordinators now have a standardised presentation which they can show to audiences and which outlines the role of the Society. I continue to remain impressed by the enthusiasm and commitment of so many members, especially in these difficult times work wise.

Reports on working parties will be included in the AGM which is on 11 September - another date for your diary. And one more for 2008: The World Union of Wound Healing Societies June 4 - June 6 in Toronto. These are only held every 4 years and are truly represented by delegates and societies from all around the world. Go to www.worldunion2008.com to see more.

Keep spreading the word on best practice in Wound Management and don't work too hard.

Jenny Phillips President, NZWCS.

NZWCS Treasurer Vacancy

A fantastic opportunity has arisen for a special person to add to their professional portfolio by serving a national Organisation in a supporting role.

Skills needed are

- Clear thinking ability
- Organised personality
- Team player

Discuss this opportunity with any area co-ordinator or committee member as soon as possible!

Websites of Interest

European Wound Management Associationhttp://www.ewma.org/

HOT OFF THE PRESS!!

2007 Position Document "Topical Negative Pressure in Wound Management" this position document is free to download and includes:

- Understanding topical negative pressure therapy
- Health economics and topical negative pressure therapy
- Selecting topical negative pressure therapy in practice
- Managing the open abdomen using topical negative pressure therapy

Successful Scholarship Awards

Each year the New Zealand Wound Care Society shows its support for education of health professionals involved in wound management by offering Scholarships. This year (2006-2007) we offered ten Scholarships. Four were awarded.

Successful applicants for 2007 were:

Roger Grech (Podiatrist, Auckland), awarded \$1000 for attendance at a Level 8 (Post-graduate) course.

Pauline Mayne (Clinical Wound Nurse Specialist, Christchurch) awarded \$1000 to attend the 17th Conference of the Wound Management Association in Glasgow, Scotland, in May this

Elizabeth Goodfellow (Wound Specialist Nurse, Wellington) awarded \$1000 for attendance at a Level 8 (Post-graduate) course. Dawn Sutton (Vascular Nurse, Canterbury) awarded \$1000 to attend the Australian and New Zealand Society for Vascular Surgery Conference in Melbourne, Australia, in August 2007.

Congratulations to these Scholarship winners! Once they have completed their conference or course, a short report will feature on our website www.nzwcs.org.nz. Feel free to have a look.

And if you are wanting to undertake study or attend a conference in the field of wound management next year, watch this space for the 2008 NZWCS Scholarships announcement!

Cheryl Secretary, NZWCS

New Zealand Wound Care Society - Canterbury Branch

year.

On 30 May 2007 the Canterbury Branch of the NZWCS held an evening seminar 'Unravelling the mystery of wound product selection'. The response from the region was overwhelming with 125 health professionals requesting to attend. We decided to hold two sessions as we wanted to have a maximum of 60 participants at the sessions.

The evening opened with a branch meeting discussing the aims of the society, the local educational programme for the year and the up and coming conferences for the NZWCS and WCA NSW.

Choosing the correct product can be confusing and is made all the more difficult as there are so many products on the market. Margaret Mossop presented a very informative session that explored the process of production selection using the TIME framework to assist decision making. Four case presentations were presented at work stations allowing each delegate to put their knowledge into practice and rationalise their decision.

This was a great evening and very well supported. Thank you to the Canterbury Team who has worked so hard to make the session such a success.

Catherine Hammond





Participants at the Canterbury branch education session

Practice Tips

This section provides an opportunity to share your practice tips and ideas with other colleagues

Add to your library!

Wound Care Nursing: A guide to Practice. Edited by Sue Templeton. Published by Ausmed Publication 2005

"This book is dedicated to all nurses who bring their knowledge, skills and professionalisms to the care of wounded people."

It is easy to read, comprehensive and offers very practical advice. Each chapter is by a different author and starts with the patient's perception of the impact of the wound on his/her life, then ascertaining the precise aetiology of the wound and then follows an accepted clinical pathway in managing the wounded person. Wayne Naylor our NZWCS treasurer has contributed a chapter on malignant wounds.

Sue McAuley NZWCS Education Events Coordinator

Article Critiques – Carol Tweed

Reference: Spilsbury K, Nelson A, Cullum N et al (2007). **Pressure ulcers and their treatment and effects on quality of life:** hospital inpatient perspectives Journal of Advanced Nursing, 57 (5): 494-504

Summary: A qualitative study was undertaken to identify thematic trends using 23 patients, all of whom had a pressure ulcer. Patients were recruited from a variety of acute specialities in 4 UK hospitals and interviewed using a semi-structured technique. Twenty- one out of twenty-three patients were already living with a chronic medical condition yet despite this, 91% of the participants identified that the pressure ulcer significantly affected their lives emotionally, mentally, physically and socially. Pressure ulcers were associated with pain, fluid leakage, odour and difficulties with mobilisation. Patients on the whole felt that they were not listened to by healthcare professionals and that the extent of pain was not fully acknowledged or treated. The presence of a pressure ulcer was perceived to increase hospital stay and result in ongoing treatments. Those caring for patients require an increased understanding of what it is like to experience a pressure ulcer. Dressing management, communication skills, preventative interventions, comfort and patient positioning all require increased attention.

Reference: Troxler M, Vowden K, Vowden P (2006) Integrating adjunctive therapy into practice: the importance of recognising 'hard-to-heal' wounds

World Wide Wounds, December 2006. Free at www.worldwidewounds.com

Summary: Predicting the healing potential for individual patients is an important aspect of care delivery if clinical and cost effective care is to be given. The characteristics of delayed healing can be measured by ulcer characteristics, accurate assessment and response to treatment. For those wounds that are difficult to heal, there are new opportunities to manipulate the wound healing environment to promote healing. These adjuvant therapies include pharmacotherapy using growth factors and interactive dressings, physical therapies such as intermittent pneumatic compression and topical negative pressure and biological therapies such as maggots and surgical options. Despite the relative high cost of these treatments, they are frequently shown to be cost-effective in terms of reducing healing times and/ or reducing healthcare professional time.

Reference: Briggs M, Bennett MI, Closs SJ et al (2007) **Painful leg ulceration: a prospective, longitudinal cohort study** Wound Repair and Regeneration, 15: 186-191

Summary: In a community sample of 96 consecutive leg ulcer patients, this study explored the relationship between pain mechanisms, pain intensity and leg ulceration characteristics. Patients were visited at home every 2 weeks to assess ulcer progress for 6 months duration or until complete healing. Pain intensity was self recorded by patients using daily visual analogue scores and pain symptoms were recorded using the Leeds Assessment of Neuropathic Symptoms and Signs (LANSS) pain scale on entry to the study. The results indicated that neither patient characteristics such as age and gender, nor leg ulcer characteristics such as size, duration or ulcer type can be used to predict the type of pain a person may experience from their leg ulcer. Optimal pain relief can only be provided if patients rate their pain and provide a detailed history to identify the causes. The belief that arterial ulcers are more painful than venous ulcers is not supported by this study. The causes of pain may affect the pain intensity.