



# TISSUE ISSUE

**Issue Six  
November 2008**

**New Zealand Wound Care Society Newsletter**  
For more information & membership forms visit: [www.nzwcs.org.nz](http://www.nzwcs.org.nz)

**Editor of Tissue Issue**  
**Rebecca Aburn** (*maternity leave*)

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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.

**Inside this issue:**

- Welcome!
- President's Report
- National Working Group Feedback
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**Welcome to the sixth publication of Tissue Issue.**

A warm welcome to you all and to Wayne Naylor, our new President! More from Wayne below.

ConvaTec have generously sponsored this newsletter to be printed in colour and to be sent out to all members, thank you ConvaTec.

The articles for this issue have been kindly provided by Pip Rutherford and Jenny Phillips who attended the World Union of Wound Care Societies Congress in Toronto from 4<sup>th</sup> to 9<sup>th</sup> of June 2008; the conference theme was "One Problem, One Voice" with over 5000 delegates represented from 70 countries and 846 poster presentations!! Thank you also to Pip for providing the web links for the Best Practice Documents.

**President's Report**

This is not only the annual report, but will also be a brief summary as I stand down from 4 years as President. Once again, I want to thank the dedicated members who put so much of their own time in for the Society – you know who you are and without you we would not have grown in the way that we have in the last couple of years.

The highlight of 2007 was the conference in Queenstown, which surpassed all previous conferences for attendance, which provided some headaches for the organizing committee but was fantastic for the Society. The committee has now set dates for conferences in May of alternate years (opposite to AWMA) and planning for Napier 14-16 May 2009 is well under way.

This year has seen a resurgence in the activity of the leg ulcer group and the pressure ulcer group, both were reported on at the AGM. These groups function with difficulty, and the pressure ulcer group is frustrated by its efforts to raise the profile of the problem within the MOH and DHBs.

The following scholarships were awarded for this year - two \$1000.00 Scholarships to attend International Conferences and two \$1000 Scholarships to undertake Post Graduate study, and a reminder here that scholarship applications for next year have been extended until the 30<sup>th</sup> of November.

The World Union of Wound Healing Societies conference in Toronto was well attended by New Zealanders, given the distance away it was, and practically everyone attending had an oral presentation or a poster accepted, which is no mean feat given the size of our country. I would like to acknowledge the financial assistance from the Society to attend as President.

Over the last 4 years, thanks to the hard work of the committee and area coordinators and of course our administrator and the one member we cannot do without, Emil our treasurer, we are in a healthy financial state. This is partly because of the success of our conferences, but also the increase in membership. The money so far has been used to:

1. Set up scholarships
2. Increase teleconferences for the working groups
3. Finance members to attend working group meetings and/or national meetings e.g. MOH (pressure sores)

## **NZWCS National Committee & Area Coordinators**

**Wayne Naylor** President  
**Emil Schmidt** Treasurer &  
Area Coordinator Dunedin  
emils@healthotago.co.nz  
**Jeannette Henderson**  
Administrator  
**Liz Milner** Committee Member  
& Area Coordinator Auckland  
**Rowena McGarth** Committee  
Member Waikato  
**Angela Carter & Anna  
Campbell** Area Coordinator's  
Waikato  
**Diane Hishon** Area  
Coordinator Rotorua/Taupo/BOP  
**Christine Cumming** Area  
Coordinator Manawatu-  
Wanganui & **Desley Johnson**  
Committee Member  
**Chris Guys** Area Coordinator  
New Plymouth / Taranaki  
**Carol Tweed** Committee  
Member & Area Coordinator  
Wellington  
**Pip Rutherford & Marilyn  
Harkness** Area Coordinator's  
**Sue Rossiter** Area  
Coordinator Nelson  
**Cushla Arnot** Committee  
Member & Area Coordinator  
Nelson / Motueka  
**Dawn Sutton** Area  
Coordinator Canterbury &  
**Pam Mitchell** Committee  
Member  
**Rebecca Aburn** Committee  
Member & Area Coordinator  
Dunedin  
**Mandy Pagan** Committee  
Member & Area Coordinator  
Southland  
**Chris Black** Area Coordinator  
West Coast

4. Maintain education days at local level
5. Fund President to attend WUWHS
6. Revive Tissue Issue
7. Commit to holding more conferences.

As the Society has grown, we have outgrown the rules, and you will see that we discussed some alterations/amendments at the AGM. For the first time this year, we had a vote around a conference venue for 2009 and for the very first time we have more than one nominee for President, which is fantastic and a sign of our growth. More rule changes may need to be made in future to set up proper postal voting.

New technologies and challenges are around us and it is an exciting time in wound care, which is slowly gaining more recognition and acceptance as a specialty. The Society is ideally placed to lead national initiatives and many members do this on a daily basis in their working lives. I hope that the next year is a great one for all of you and while I will still be in wound care in my jobs, my spare time is turning more and more to alpacas in preparation for retirement in the (hopefully) not too distant future.

### **Jenny Phillips NZWCS Retiring President**

A warm greeting to all NZWCS Members and a sincere thank you to those who nominated me and voted me in as President. With the support of the National Committee and Area Co-ordinators, I hope that I can continue to grow the Society and enhance the work we do to ensure the best wound care possible for our patients.

I have been a member of the New Zealand Wound Care Society for the past six years, initially as Area Co-ordinator for the Wellington Region and then as Treasurer from 2003 to 2007. I have been involved in the past three conferences as a Committee Member.

As Jenny has mentioned, this is an exciting time for wound care, with new understanding of how wounds heal, and what stops them healing, alongside developments in the technology of wound diagnostics, dressings and treatments. The Society needs to support Members in keeping up to date with these developments through educational opportunities, including conferences and study days. I would also like to see the Society branch out into online education and supporting local research. An important aspect of this is working in partnership with industry and we have a number of good links there already. We will also endeavour to influence health policy in New Zealand, and both the Leg Ulcer and Pressure Ulcer Working Groups are already doing this.

Lastly, please remember to register for our conference in Napier next year, it promises to be another excellent event with some great speakers already confirmed. You should also be submitting an abstract to showcase your local work in wound management, whether it is research, a case study or new service initiative, we want to hear about it!

All the best as the year comes to a close, I hope you have a safe and happy Christmas and New Year.

**Wayne Naylor, NZWCS President**

## **NZWCS National Working Group Feedback**

### **Leg Ulcer Working Group**

Six members of the LUWG meet in Christchurch on the 26 September to re-develop the Leg Ulcer Assessment Form intended for national practice. The Assessment Form has been redeveloped based on the NZGG Guideline for the "Management of Chronic Leg Ulcers". If any member of the NZWCS wishes to review the current draft assessment form please contact Mandy Pagan (mandy.pagan@sdhb.govt.nz); in the future the form will be available on the NZWCS website for all members to access.

### **Principles of Best Practice Documents:**

In the interim download from [www.mepltd.co.uk](http://www.mepltd.co.uk)  
Wound Infection in clinical practice:

<http://www.mepltd.co.uk>  
(new)

Minimising pain at dressing-related procedures:

"Implementation of pain relieving strategies"

[www.wuwhs.org](http://www.wuwhs.org) (new)

Diagnostics and wounds.

[www.mepltd.co.uk](http://www.mepltd.co.uk) (new)

Compression in venous leg ulcers. [www.mepltd.co.uk](http://www.mepltd.co.uk)

Wound exudate and the role of dressings

[www.wuwhs.org](http://www.wuwhs.org)



Christchurch meeting attended by Julie Betts, Pip Rutherford, Cathy Hammond, Kate Gray, Margaret Mossop and Mandy Pagan



Margaret and Cathy were presented with this beautiful flower in appreciation of hosting the LUWG members and meeting!

**Pressure Ulcer Working Party (PUWP) update - 9th September 2008  
Carol Tweed & Pam Mitchell – Joint Chair - PUWP**

A meeting was held between NZWCS, MOH, ACC and Dr Jan Weststrate (Research Fellow, Postgraduate School of Nursing, Midwifery and Health, Victoria University of Wellington) on 11th August to discuss possibilities of undertaking PU national prevalence.

**Incorporated:**

Presentation by Pip Rutherford describing outcomes of previous meeting held November 2006.

Presentation by Jan Weststrate outlining unpublished evidence from company audits of existing NZ PU prevalence and incidence. Jan presented an overview of the financial cost of pressure ulcers, the need for a national benchmark and his proposal for national PU prevalence using a validated University of Maastricht data collection tool (incorporates training and educational tools, data coordination and collection, final report and personnel costs). Costing for undertaking of first 2 years using this proposal was estimated at \$400,000. The proposal suggested that a pilot occur in the first instance using 4 hospitals, after which it could be expanded and eventually incorporate all DHB's and all health care facilities (including nursing and rest homes). This occurred in the Netherlands and was strongly supported by their MOH. After 10 years, the programme in the Netherlands is now financially self-supporting and the majority of healthcare institutions take part.

Presentation by MOH statistician describing advantages and disadvantages of existing methods of data collection for National Minimum Dataset (NMDS).

General discussion around practicalities and funding.

**Outcome**

No further communication has since occurred between the above parties

General impression from the meeting was that MOH still feel that a paper based (and therefore inexpensive) reporting method could be used, at least in the first instance. This is despite several presentations and argument of the inaccuracies of this method.

Ongoing discussions will be held with Jan regarding other routes by which national PU prevalence could be pursued.

A meeting was held at the WUWHS conference in Toronto in June for all interested parties of the International Pressure Ulcer Group. Pam Mitchell represented the NZWCS. The EPUAP and NPUAP groups have been involved in a collaborative process to provide united pressure ulcer prevention and management guidelines. Access to the literature was also discussed and it is available through the website. Keryln discussed the possibility of an Australasian consortium as well, involving at least Singapore, Australia and New Zealand. The minutes were to be distributed with some questions on the degree of involvement areas / countries were prepared to undertake. We are still awaiting these minutes.

**Reports: Wound Care Societies Congress  
Toronto from 4th to 9th of June 2008**

**Pip Rutherford Nurse Practitioner - Hawke's Bay DHB**

Pip presented an oral paper on her 6-year research into predicting diabetic amputation in Hawke's Bay based on clinical variables.

**VAC Symposium**

Professor Augustin spoke of the Quality of Life improvements demonstrated in a study throughout Germany; the study included physical, psychosocial, daily life, working life, social and therapy aspects.

Professor Jan Apelqvist spoke on the health economics and VAC therapy in diabetic foot ulcers and his study found that VAC was on average \$8,800.00 less expensive than moist wound healing.

**Pain Symposium**

Diane Krasner presented pain as a quality of life indicator and is now considered the 5th vital sign.

Christina Lindholm spoke about patient goal setting to manage pain, so a patient can "reclaim their life". She reported that 75% venous ulcer patients reported disturbed sleep, with high numbers having hyperalgesia (pain with light touch). Pain assessment is influenced by the time of day, when analgesia was taken, and pain

*The views expressed in this newsletter are not necessarily the ones held by the New Zealand Wound Care Society*

is not usually well documented.

A new document "Implementation of pain relieving strategies" was introduced. This document along with the EWMA position document and best practice guidelines on minimising pain at dressing changes can be accessed from <http://www.wuwhs.org>.

### **Compression Therapy Symposium**

The Convatec symposium was on Compression in Venous Leg Ulcers where the new consensus document on compression was introduced. Available from <http://www.mepltd.co.uk/oneoffs.html>

Concurrent lunch symposium.

Diagnostics in wound care (3M) the new position document can be downloaded from [www.wepltd.co.nz](http://www.wepltd.co.nz)

### **Diabetic Ulcers**

North American perspective; mortality data shows ischemic diabetic ulcers are the 4th highest mortality after cancers such as lung and prostate.

Total contact cast now not used much in USA due to cost factors and lawyers!

The American Diabetic Association have just published a foot examination chart to screen for ulceration can be downloaded at <http://www.diabeticfootonline.com>

Neuro-ischaemic ulcers can be surgically debrided if the toe pressure index (TBI) is greater than 45mm Hg or ankle brachial pressure is greater than .5

If ABI > 1.5 then do a TBI before compression. A drug (Cilostazol) is being investigated as a treatment for peripheral artery disease and to reduce intermittent claudication pain.

MIST ultrasound, a new therapy using acoustic pressure (ultrasound mist) to stimulate cells, remove bacteria, clean, and debride and does not generate heat or cause pain ([www.celleration.com](http://www.celleration.com)) early research is ongoing.

### **Future Diagnostics**

There is renewed interest on wound fluid analysis to see if biomarkers such as nitrates and proteases can be developed into diagnostic tests, and this work is ongoing. Potential samples could include wound fluid, wound tissue, blood, samples from used dressings, urine, sweat, hair, nails and saliva.

### **Delivering Oral presentations**

- ✓ Always stand on the left of the screen as you need to read left to right
- ✓ Gesture with palm up - pointing is rude in some cultures!
- ✓ "Top up" voice, do not speak in monotone
- ✓ Don't turn your back to audience to read from screen as your voice will not carry
- ✓ Don't read your slide to the audience, they can read too!
- ✓ Use large text
- ✓ Use bullet points not sentences
- ✓ Avoid sounds and those very annoying flying or moving slide transitions

### **10 rules for poster presentation**

1. Font size no larger than 28
2. Use colour carefully
3. Less is more on slide
4. Only have main points
5. Get good balance of text and graphics
6. Have author contact details on poster
7. Don't include abstract in poster, is usually in printed conference book already
8. Title includes name and details
9. Add pictures and it often looks better of pictures are set on a darker background
10. Not too crowded

### **Jenny Phillips - Nurse Practitioner**

Making a difference – which was a very good session of initiatives relating to different topics from around the world. The STAR skin tear classification was introduced by Keryln Carville, as up until now there has only been the Payne Martin tool (*Editor note: Carville, K., Lewin, G., Newall, N., Haslehurst, P., Santamaria, N., & Roberts, P. (2007). STAR: a consensus for skin tear classification. Primary Intention, 15 (1) 18-28.*)

Additional time had to be given to the EXCELLENT trade display, and while we will not see all the products and technology over here, it is exciting to see where the future is going and know that we will be a part of it. The buzzwords are extracellular matrix and metalloproteinases (MMPs), as everyone realises how pivotal these are to healing chronic wounds. Some of the new wound products provide a synthetic matrix to facilitate healing, which also maintains cellular control (one of the things which goes wrong in chronic wound healing) while others add growth factors to the wound, and more are aimed at controlling MMPs, particular cells which can disrupt healing if allowed to get out of control as happens in chronic wounds.

Loved the coloured compression stockings (Venosan) from bright orange, to green to blue and black, hopefully they will be here soon!

I bought the assessment and management of foot ulcers for people with diabetes and brought it home with me <http://www.rnao.org/bestpractice>.

I also arranged to meet with the editor of Journal of Wound Care, and was joined by several of the New Zealand Contingent, who happened to be passing. Discussion followed around the feasibility of on line access to the journal for NZWCS members, and she was also keen to have more articles submitted from this side of the world. The next conference is in Japan in 2012.

**Next Issue March 2009 (article deadline 1<sup>st</sup> February)**  
***This is YOUR newsletter so get involved and contact Mandy with any questions, ideas, tips, case studies or websites of interest***