



Editors of Tissue Issue

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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!
- Presidents Report (includes conference report)
- NZWCS Conference
- We need YOU!
- NZ Institute of Community Care documents
- Area Report
- Horse Chestnut Seed Extract

Welcome

We extend a challenge to all Society members to take the time and check out the NZWCS website www.nzwcs.org.nz. The website provides you with invaluable information about the Society, back issues of the Tissue Issue and much more such as the "hot of the press" "Venous Leg Ulcer Assessment Form". The new form can be downloaded by members on the website; go to the 'Leg Ulcer Working Group' side menu or under 'Publications'.

Mandy is retiring as co-editor of the Tissue Issue and we ask for any interested Society members who want to assist Rebecca with future publications (from 2011) to contact us!

Special thanks to Bamford for supporting the printing and distribution of this issue.

From the Editors Mandy and Rebecca

President's Report

As unbelievable as it seems we are almost half way through the year already and membership renewal time is upon us, so please remember to send your renewal form back with payment as soon as you can. Current membership is even more important with our conference coming up if you wish to take advantage of the reduce member rates.

Since our last meeting we have successfully held our Special General Meeting, which had a very good turnout on the night, as well as a good number of votes sent in from those members who could not make the meeting. The result was a unanimous vote to amend Clause 14 of the Society Rules so that it complies with the Charities Act. I am still awaiting the outcome of our application to be registered as a charitable entity.

A key event for me during May was attending the European Wound Management Association (EWMA) conference in Geneva to represent the NZWCS. My main focus for attending the conference was to raise the profile of the NZWCS and identify any collaborative opportunities, so it was great to have our Society named as an International Partner Organisation and our logo on display during the opening ceremony by EWMA President Zena Moore. In her opening plenary, Zena highlighted some key issues for EWMA and all wound care organisations and clinicians worldwide. These were:

- A focus on implementation of knowledge, in particular making sure guideline and consensus papers are implemented at all levels,
- The need for a loud voice – all people working in wound care to raise awareness of key decision makers,
- The need for data to support clinical practice and decision making,
- Monitoring and evaluation of activities – a need for defining and measuring outcomes

The second plenary by Finn Gottrup, Jan Apelqvist and Patricia Price

NZWCS National Committee & Area Coordinators

Wayne Naylor President
Pam Mitchell Vice President
Emil Schmidt Treasurer &
Area Coordinator Dunedin
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Jeannette Henderson
Administrator

Liz Milner Committee Member
& Area Coordinator Auckland
Julie Betts Committee
Member Waikato

**Angela Carter & Anna
Campbell** Area Coordinator's
Waikato

Diane Hishon Area
Coordinator Rotorua/Taupo/BOP

Lyn Dalton Coordinator Area 5

Desley Johnson Committee
Member & **Ros Mead** Area
Coordinator Manawatu-
Wanganui

Chris Guys Area Coordinator
New Plymouth / Taranaki

Paula McKinnel Committee
Member & **Carol Tweed** Area
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Sue Rossiter Committee
Member/Area Coordinator
Nelson/Motueka

Dawn Sutton Area
Coordinator & **Val Sandston**
Committee Member
Canterbury

Rebecca Aburn Committee
Member & Area Coordinator
Dunedin

Mandy Pagan Committee
Member & Area Coordinator
Southland

Leonie Smith Area
Coordinator/Committee
Member Hawke's Bay

Check IT out:

Ostomy Wound Management
Resource centre, you can
access journal articles and
sign up for their newsletter
and more...

<http://www.o-wm.com>

Diabetes Care

Diabetes Care is a journal
for the health care
practitioner that is intended
to increase knowledge,
stimulate research, and
promote better
management of people with
diabetes. Full text articles
available.

[http://care.diabetesjournal
.org/](http://care.diabetesjournal.org/)

introduced and summarised a new EWMA document 'Outcomes in controlled and comparative studies on non-healing wounds: Recommendations to improve the quality of evidence in wound management' (available at: <http://ewma.org/english/patient-outcome-group.html>, and in the June issue of Journal of Wound Care). This document has been developed primarily to highlight the need for consistent and well-defined outcomes of wound management research and to offer recommendations to guide this process. A number of systematic reviews have shown a significant lack of evidence, for any of the wound care topics investigated, from pressure relieving devices to silver dressings. This is due to studies of the same device or clinical practice not being comparable due to differing methods, analysis and outcomes. EWMA hopes that this document will begin to change how research into wound care is undertaken and allow for much better conformity of studies and therefore higher quality evidence for wound management. This will support improved clinical decision making, as well as funding and resource allocation. I believe this document should be adopted as guidance for wound management research in New Zealand. EWMA is currently developing an implementation plan for this document. My hope is that we will be able to work closely with AWMA to implement this document in Australia and New Zealand.

A Free Papers session on EWMA projects demonstrated some excellent examples of national projects being carried out across Europe under the guidance of EWMA. These included a national pressure ulcer prevalence study and a primary wound care prevalence study both in Denmark, as well as three different countries reporting on the EWMA Leg Ulcer Project. This project involves a prevalence study and evaluation of current care approaches, education and guideline initiatives, and follow-up outcomes evaluation. Reports in this session were presented by delegates from the Czech Republic, Slovenia and Poland who all reported significant improvements in ulcer care.

Another significant consensus document was launched at an afternoon satellite symposium on pressure ulcers - 'Pressure Ulcer Prevention: pressure, shear, friction and microclimate in context'. This consensus document reviews current knowledge of pressure ulcer development and includes some important changes to the theories of how pressure, shear and friction interact; the pressure intensity vs time model, the utility of support surfaces, and a re-appraisal of the importance of the skin surface 'microclimate' (the full document can be downloaded from the Wounds International website - <http://www.woundsinternational.com>).

The second day of the conference I attended a workshop on atypical wounds chaired by Dr Marco Romanelli. This interactive workshop focussed on diagnosing and treating unusual ulcers and included a number of case studies from each presenter where the audience was asked to vote on a diagnosis. As well as clinical appearance and presentation other important diagnostic criteria were discussed including wound biopsy (noted as a key diagnostic test for many of the ulcers), microbiology, blood tests and radiology.

Over lunch I went to a satellite symposium on stress, pain and wound healing chaired by Kevin Woo from Canada. Wendy White led the presentations with a focus on the importance of wound pain, this was followed by presentations on a Delphi study of wound care leaders investigating the interactions of wound infection, dressings and pain; the impact of dressing changes and associated stress on the pain experience; and stress and pain. Wendy finished with a call to action for all conference delegates to raise the bar on the identification and management of wound pain. After this symposium

I attended another workshop, this time on critical appraisal workshop with Andrea Nelson and Jane Nixon, both from the UK, reviewing approaches to critical appraisal of research and methodological issues in conducting and analysing research studies.

The final day of the conference I attended a workshop on cancer and wounds for personal interest, but unfortunately there was nothing new! The final presentation I attended was by Professor Thomas K Hunt, the first EWMA Honorary Lectureship. He presented a short review of his 40 years of work in wound healing, principally focusing on tissue perfusion and oxygenation and the development and testing of his theories in both the laboratory and clinical setting. It was an honour to hear him speak and to also to actually understand his scientific jargon!

While at the conference I was fortunate to be able to meet with Paulo Alves, a Council Member of EWMA, and Jan Kristensen from the EWMA Secretariat to discuss our organisation and EWMA and the possibilities for collaboration and sharing of work. Of particular interest for NZ were the outcomes document, the EWMA 'Teach the Teachers' project and EWMA's advocacy work. Paulo was also interested in collaboration between NZ and Portugal and I hope to correspond with him on this topic. I also attended the EWMA Cooperating Societies Board Meeting as an observer where they discussed how each country might utilise both the Outcomes document and the Teach the Teacher project.

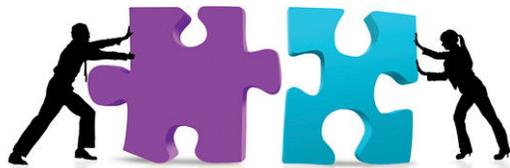
This meeting provided a good opportunity to see how EWMA manages and involves their large number member organisations and also to see just how these organisations benefit from their involvement in EWMA.

Also at the conference the latest EWMA journal was provided to all delegates and this issue (May 2010) includes an introduction to the NZWCS in a section on International Partner Organisations. This is another opportunity for our organisation to become more recognised internationally; there are even some photos from our 2009 conference!

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All in all it was a great trip and a fantastic opportunity to meet and hear from key international opinion leaders and, I hope, to establish some important relationships for the NZWCS on an international basis.

Wayne Naylor - President, NZWCS

	<p>NZWCS CONFERENCE Christchurch Convention Centre 2011 May 12, 13 & 14 KEYNOTE SPEAKERS Professor Keith Harding (United Kingdom) Sue Templeton (Australia) PLUS New Zealand's first Pressure Ulcer Symposium May 11 2011 Important Dates Registration Opens 1st October 2010 Call for Abstracts—opens 1st October 2010 Register for updates at ali@akblimited.co.nz</p>
<p>HOLISTIC WOUND CARE Bringing the pieces together to improve patient outcomes</p> <hr/> <p>NEW ZEALAND WOUND CARE SOCIETY CONFERENCE 2011 CHRISTCHURCH</p>	

WE NEED YOU!! Calling for Expressions of Interest

The NZWCS are developing a new sub-group to investigate and potentially develop a national 'Diabetic Foot Assessment Form'. We require NZWCS members with a strong diabetic foot practice focus to join this group.

Members required (but not limited to):

- Podiatrists (one potentially identified as group Leader)
- Diabetes Nurse Specialist
- Nurse Specialist with a strong diabetic foot focus
- Medical representation (advisory role)



Contact Mandy (amanda.pagan@southernhb.govt.nz) for more information or to put your name forward.

**The New Zealand Institute of Community Health Care
Community Based Nurse Initiatives**

Three Ministry of Health commissioned projects undertaken by Nurse Maude are now available to download from <http://www.nzichc.org.nz>

- A vision for a nurse-led wound management service: Innovating from the inside out. By Cathy Hammond (*ours truly!*) and Jackie Walker.
- Clinical audit as a method of validating or refuting nurses' intuition' about the efficacy of care options for patients in the community with acute cellulitis. By Sandi Evans and Chris Hendry.
- A service of last resort: the outcomes of a specialist paediatric continence service at Nurse Maude Christchurch. By Bobbie Jones and Jackie Walker.

**Bay of Plenty Area Report
Diane Hishon**

An evening sponsored by Comvita/USL Medical was held on the 11th May with 17 attendees. The presenter Heidi Darcy, Wound Care Specialist/Educator, presented 'Cleaning the Unclean' sharing her experiences from nursing people affected with Leprosy (Hansen's Disease) in Vietnam. Heidi shared her success in healing wounds using Comvita products.

Note this report has been edited - for more information please contact Diane.

**Horse Chestnut Seed Extract – A Literature Review
Mandy Pagan**

Horse chestnut seed extract (HCSE), aescin, helps maintain the venous structural integrity and blood vessel tone.

Short-term HCSE use (2-16 weeks) improved chronic venous insufficiency symptoms of leg pain, oedema and pruritus compared with a placebo and was found equivalent to compression stockings and other venotonic drugs. Observational studies reported reduced leg fatigue and heaviness with HCSE treatment.

HCSE adverse effects may include gastrointestinal complaints, dizziness, nausea, headache, pruritus and calf muscle cramps. Caution must be taken with patient's receiving anticoagulants and antidiabetic drugs since HCSE can increase the risk of bleeding and hypoglycaemia.

HCSE can be used as an alternative to compression in patients unable to tolerate this, but the combination of both treatments is thought to provide greater effect. There is insufficient evidence to support HCSE is superior to compression.

Dosage for chronic venous insufficiency is a daily dose of 100-150mg of HCSE generally taken in twice daily doses, which has shown to have long-term effects. Therefore short courses of HCSE are recommended, as long-term side-effects have not been studied.

It is strongly advised the patient or healthcare professional liaise with their General Practitioner/Pharmacist prior to commencement of HCSE to ensure safety and/or monitoring of any potential drug interactions occurs.

References

- Pittler, M. H. & Ernst, E. (1998). Horse chestnut seed extract for chronic venous insufficiency: A criteria-based systematic review. Archives of Dermatology, 134(11), 1356-1360. Retrieved May 18, 2009, from <http://archderm.ama-assn.org/cgi/content/full/134/11/1356>
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- Siebert, U., Brach, M., Sroczynski, G. & Berla, K. (2002). Efficacy, routine effectiveness, and safety of horsechestnut seed extract in the treatment of chronic venous insufficiency. A meta-analysis of randomized controlled trials and large observational studies. International Angiology, 21(4), 305-315.

Next Issue November 2010 (article deadline 1st October)

This is YOUR newsletter so get involved and contact Mandy or Rebecca with any questions, ideas, tips, case studies or websites of interest