Conference Report for the NZWCS
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I would like to take this opportunity to thank the NZWCS for the scholarship to help attend the societies 7th Wound Care Conference in Blenheim. The conference provided a wonderful opportunity to present, meet and network with international and national speakers, attendees and exhibitors.

Congratulations to the conference organising committee, especially local gals Susie and Jane for showcasing beautiful Blenheim, I will be back! The conference had a relaxed and caring atmosphere that felt inclusive for all attendees.

Thank you again to the organising committee to allow me to present the current work of the Leg Ulcer Advisory Group, provide workshops on applying the Venous Leg Ulcer Guidelines into practice; and presenting an abstract on my dissertation findings on implementing wound programmes in aged residential care facilities.

From the conference sessions I have gleamed new research articles to review, such as Keryln Carville and colleagues article on “The effectiveness of a twice-daily skin-moisturising regimen for reducing the incidence of skin tears” International Wound Journal Volume 11, Issue 4, pages 446–453, August 2014. And applying ideas into practice such as Prof. Bill McGuiness wound contracts with patients. Additionally new ways to present such as from Jan Rice using the alternative definition of pressure injury as: soft tissue / bony prominence / hard surface / time. And Jan also explaining from her recent trip to the EWMA conference that 60% of chronic wounds have a fungal component.

A new book edited by Terry Swanson, Margo Asimus, and Bill McGuiness ‘Wound Management for the Advanced Practitioner’ $A110.00 was available to review at conference and can be viewed and ordered via this link http://www.ipcommunications.com.au/title_woundmanagement.html

Of interest was a new product Microdacyn liquid and gel from Te Arai BioFarma Limited a privately owned 100% New Zealand company. Microdacyn action:
1. Bactericidal reduction
2. Anti-inflammatory effect
3. Active tissue regeneration

Microdacyn is a super-oxidized product, manufactured through the electrolysis of ultra-pure water and NaCl. Microdacyn denatures the cell wall of one-cell organisms causing it to leak and to disintegrate. Microdacyn kills gram-negative and gram-positive bacteria, fungi, spores and viruses. Studies also show that Microdacyn has an anti-inflammatory (in vitro tests after 15
minutes) and an antiallergenic effect, and is a biologically active treatment for debridement, moistening and decreasing the microbial load in difficult to heal or infected wounds. Microdacyn decreases the microbial load by eliminating pathogenic one cell micro-organisms, without toxic or other harmful effects on human tissue. The product is pH neutral, non-irritating for skin, eyes or throat and has odour reduction. After use the active ingredients are reduced to zero and all that’s left is NaCl. No conditions are known whereby Microdacyn should not be applied. Microdacyn can be used on skin, mucosa, exposed joints, tendons, bones and ligaments, and is compatible with wound irrigation and negative-pressure wound therapy.

Microdacyn solution is applied directly onto the wound or soaked onto gauze and must be in contact with the wound for 5-10 minutes, do not wash off, prior to dressing application saturate the wound again with a fresh dose of Microdacyn. Daily application is recommended in granulating wounds or at dressing change if less frequent. Sloughy or necrotic wounds it is recommended two to three times a day application, irrigation tubes can be used to administer Microdacyn. Microdacyn gel should be applied 2-5mm thick. Microdacyn once opened must be dated and used within 60-days.

I envisage this product could be a cost-effective and less irritating product compared to iodine solution used short-term to gain microbial control, then moving onto dressings that stay in situ for longer periods. I look forward to further reviews/trials on this product.


I currently have a very complex diabetic patient with multiple wounds with gouty tophi, hence of interest from Te Arai BioFarma was a subsidised gout medication called Adenuric (Febuxostat). Adenuric has shown to be superior to allopurinol especially in patients with impaired renal function. It is more than three times as effective as a standard dose of allopurinol (300mg) because it inhibits both pathways in the body that produce uric acid (xanthine oxidase and xanthine dehydrogenase). The company state there are many case studies showing adenuric dissolves tophi.

Report end.