

Important dates

INTERNATIONAL



11th Asia Pacific Burns Congress

Towards Holistic Care for Burn Recovery

Dates: 1 – 4 April 2017

Venue: Taipei International Convention Centre, Taipei, Taiwan

Details: <http://www.2017apbc.org>



Taipei International Convention Center,
Taipei, Taiwan



EWMA 2017

Dates: 3 – 5 May 2017

Venue: Amsterdam, The Netherlands

Details: <http://ewma.org/ewma-conference/2017/>



NATIONAL

41st National Australian Stomal Therapy Nurses Conference 2017

Dates: 12 – 15 March 2017

Venue: Royal International Convention Centre, Brisbane

Details: <http://www.stomalthrapyconference.com>



International Wound Practice and Research Conference

Dates: 6 – 9 September 2017

Venue: Brisbane Convention and Exhibition Centre, Brisbane

Details: <http://iwprc2017.com.au>



Diabetic Foot Australia

Dates: September 2017 TBA

Venue: TBA Brisbane

Details: <https://diabeticfootaustralia.org/for-health-professionals/conference/>



QUEENSLAND

41st National Australian Stomal Therapy Nurses Conference 2017

Dates: 12 – 15 March 2017

Venue: Royal International Convention Centre, Brisbane

Details: <http://www.stomaltherapyconference.com>

International Wound Practice and Research Conference

Dates: 6 – 9 September 2017

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IWPRC

Inaugural International Wound Practice and Research Conference

6-9 SEPTEMBER 2017

Brisbane Convention & Exhibition Centre

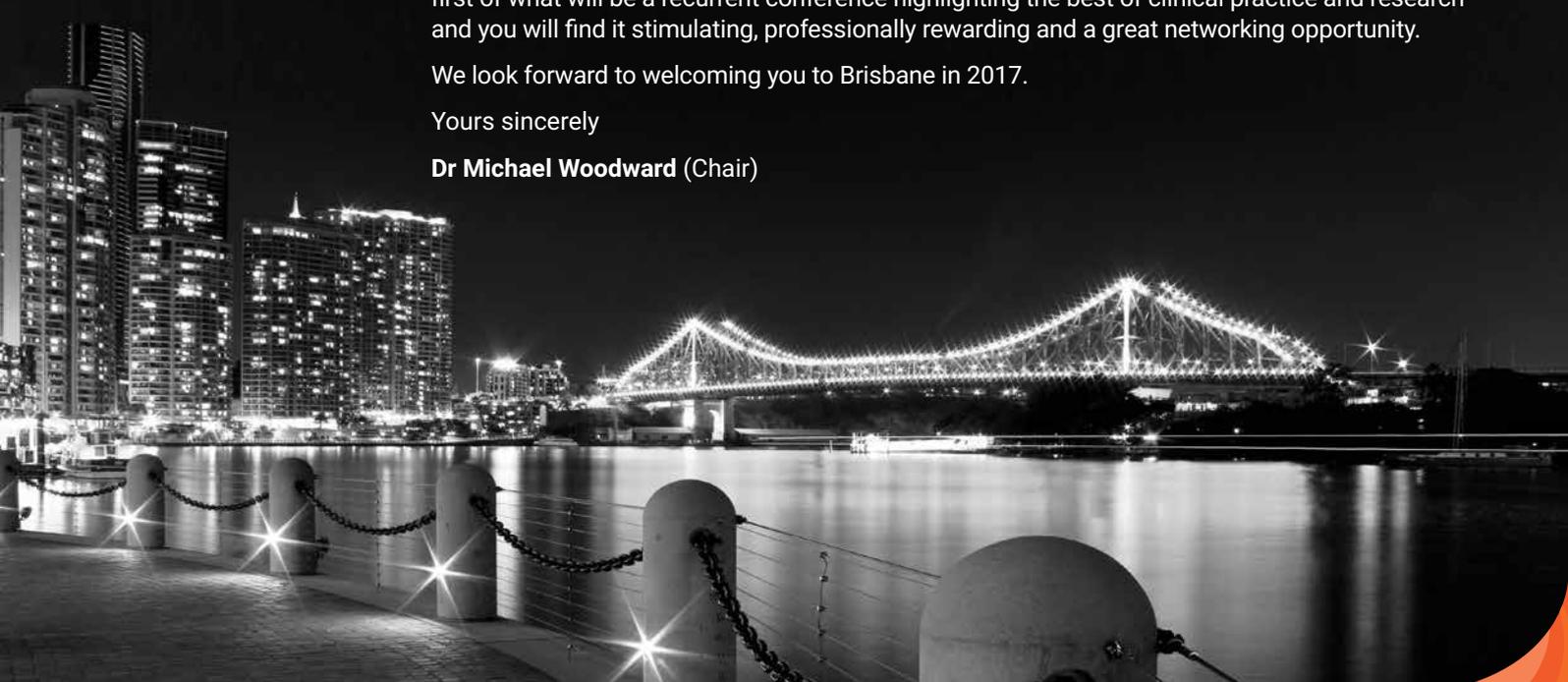
On behalf of the Organising Committee, I invite you to attend this new and timely initiative- the first International Wound Practice and Research Conference. Collaboration and partnership are vital to clinical practice and research and it has long been recognised that there is a need for a vital regional collaboration of national wound healing, tissue repair and related national associations. This conference is for you- wound care practitioners, researchers and other interested health care professionals. This conference launches the International Wound Practice and Research Alliance that will bring together like minded wound care associations within the region to share resources, exchange experiences and form political alliances. An important goal will be to foster national associations in countries in our region who may have greater challenges such as often lack resources but are not short on the passion to improve outcomes for those with wounds.

Our first conference will feature international, regional and local experts across the whole territory of wound and tissue research and practice. Our professional partners, Diabetic Foot Australia and the Australasian Wound and Tissue Repair Societies will highlight their fields through the conference. Please see the evolving program at www.iwprc2017.com.au. This is the first of what will be a recurrent conference highlighting the best of clinical practice and research and you will find it stimulating, professionally rewarding and a great networking opportunity.

We look forward to welcoming you to Brisbane in 2017.

Yours sincerely

Dr Michael Woodward (Chair)



www.iwprc2017.com.au

Super early bird registration on or before 30 September 2016

Early bird registration: 1 October 2016 - 20 April 2017

Call for abstract opens September 2016

Sponsorship and Exhibition opportunities now available

SOUTH AUSTRALIA

Wounds Australia National Conference



Dates: 2018 TBA

Venue: TBA Adelaide

Details: TBA

CALL FOR EXPRESSIONS OF INTEREST

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Are you a current practicing nurse, clinical educator, nurse manager or academic working in Australia or New Zealand?

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Occasional contributions



HUNTER WOUND INTEREST GROUP - EDUCATION EVENING REPORT

Nicole Flannery
Community Nurse / Clinical Nurse Specialist -
Wound Management
Westlakes Community Health Service

Committee members Lyn Thomas and Nicole Flannery convened the *Hunter Wound Interest Group's* education evening, which coincided with *Wound Awareness Week* activities on Thursday 20 October. The capacity audience represented healthcare professionals from the public and private sector, from acute care, aged care and community, and was supported by our industry partners.

The *Wound Aware* theme was presented from a consumer point of view and the invited guest speaker was a current client with a venous leg ulcer. The client was given a set of questions prior to the evening to plan his presentation and reported his story with the issues of living with a wound, wound pain, limitation with social interactions and coping behaviours.



Consumer voice

The client gave valuable feedback on how we, as healthcare professionals, can better help the consumer in the journey through the health care system. He was an articulate communicator and a great storyteller. His perspective on wound management and maintenance therapies of a venous leg ulcer and the changes over time was valuable to everyone in the audience. Our guest was later given the honour of cutting the celebratory cake.



*Hunter Wound
Aware celebration*

The *Wound Aware* theme was further celebrated with the promotion of the video: 'Take the pressure off,' produced by the *Clinical Excellence Commission* as part of the *Pressure Injury Prevention Project*. The video is available online from: <https://www.youtube.com/watch?v=kpiO2xtJGZM>

A clinician presented an additional case study, told from a mother and carer's perspective along with tips and tricks for management of negative pressure wound therapy devices. And finally, the membership was treated to a light and engaging activity of mindfulness, to remind us clinicians to care for ourselves to ensure we can care for others.



L - R: Committee members on the left: Wendy Cloake, Mimi Wilson and Nicole Flannery; consumers Mr Keith Knott wife Mrs Gloria Knott (middle); L - R: Committee members on the right: Lyn Thomas, Jayne Campbell and Peta Craike.

All published photos were taken with the client's consent for use in *Deepest Tissues*, the *Wounds Australia* newsletter.

***Please email your comments or suggestions to:
newsletter@awma.com.au***

CASE STUDY:

CASE STUDY: ACHIEVING WOUND HEALING WITH PATIENT-CENTRED CARE AND A MULTI-DISCIPLINARY APPROACH



Morgan A^{1,2}
¹ Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, Australia
² Queensland University of Technology Wound Healing Service, Brisbane, Australia

- ### AIMS
- Importance of Multi-Disciplinary Team (MDT) working and how effective communication was achieved
 - Role of patient-centred care and continuity of care in wound healing to improve quality of life (QoL)
 - Demonstrating impressive wound healing with the use of Negative Pressure Wound Therapy (NPWT) and PICO

- ### PATIENT HISTORY
- 25 year old male
 - Late onset of unilateral Perthes Disease
 - No other health complaints, non-smoker, nil medication
 - Enjoys a healthy, active lifestyle

- ### WOUND HISTORY
- Wound failed to achieve long-term healing following the removal of a femoral nail, despite years of surgeries and interventions from various Specialities
 - Patient given three options for management – to continue with dressing and see if sclerotherapy would work; to completely re-excise the wound and cavity and close by primary intention; or to excise and lay open the wound and heal by secondary intention
 - After great deal of deliberation, patient chose option three

- ### MDT WORKING
- All clinical letters copied to every health care professional involved in patient's care keeping everyone well informed including the GP
 - Continuous communication occurred between The Mater, where the patient had the surgery, and the QUT Wound Healing Service, where the wound care was undertaken, throughout patient journey
 - Liaison included changes/updates to condition/treatment, funding for NPWT and PICO, appointments with other Specialities, previously documented letters to GP

- ### CONCLUSION
- Patient-centred care by involving patient in all treatment options so that informed decisions could be made, improved patient outcomes by patient empowerment⁽¹⁾
 - NPWT increased the speed of healing for surgical wound and optimised patient care⁽²⁾ by providing moist environment, reducing peripheral oedema and decreasing bacterial colonisation⁽³⁾
 - Close working and communication between Primary and Secondary care improved patient outcomes
 - Continuity of care built therapeutic relationships with the team and ensured the patient knew who to contact if concerned, getting a swift response of reassurance
 - Positive relationships between Primary and Secondary Care can influence wound management practices for future practice

TIMELINE

19th NOV 2013

Patient presented to the Wound Clinic with an 18 month old wound from greater trochanter to right thigh, without being able to achieve long-term healing. Tracking 7cm distally along previous suture line.





18-29 AUG 2014

Inpatient admission undergoing surgical wound debridement of right proximal and lateral thigh. NPWT dressing applied at -125mmHg.

Pre-admission photo

1st SEPT 2014

Patient presented for initial appointment at Wound Clinic following discharge from hospital. (L) 18cm (W) 4.5-6cm (D) 1cm.

NPWT continued for three weeks.





18th SEPT 2014

PICO commenced at -80mmHg⁽⁴⁾ easier for self-management, lightweight and compact⁽⁵⁾ without a canister which improved QoL and reduced self-consciousness. 48.4cm² surface area.

PICO continued for three weeks.

7th OCT 2014

PICO discontinued, conventional dressings applied (aquacel and mepilex border) 21.9cm² surface area. Wound area reduction of 55% since commencing PICO.





27th JAN 2015

Complete wound healing after monocryl sutures worked their way to the surface of the wound bed. Unusual that these had not dissolved, likely that this foreign matter caused delayed healing, pockets of fluid and hyper-granulation⁽⁶⁾.

REFERENCES

1. National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel. Prevention and treatment of pressure ulcers: clinical practice guideline. Washington DC: National Pressure Ulcer Advisory Panel; 2009.
2. Henderson V, Timmons J, Hurd T, Serini R, Maloney E, Sebo S. NPWT in everyday practice Made Easy. *Wounds International*. 2010; 1(3).
3. PICO - The early studies (abstract). 1st ed. Hull: Smith&Nephew; 2011 [cited 22 August 2015]. Available from: <https://www.smith-nephew.com/global/assets/pdf/npwrt/pico-casestudy-booklet.pdf>
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7. Mears Z. Exploring the concept of a team approach to wound care: Managing Wounds as a Team. *Journal of Wound Care*. 2014;23(Sup96).
8. Payne C and Edwards G. Application of the Single Use Negative Pressure Wound Therapy Device (PICO) on a Heterogeneous Group of Surgical and Traumatic Wounds. 2014;14(2)



Conference Report – Wounds, a Team Approach

Elfi Ashcroft
Co-Editor DeepesTissues &
Wounds Australia (NSW) member

It doesn't happen that often, that one has the chance to be part of something great happening for the 'first time.' Onehundred and forty-four registered participants, including 37 new *Wounds Australia* members, had such a unique opportunity on Saturday, 8 October 2016, when NSW wound management practitioners came together for the first time under the banner of *Wounds Australia* for their annual conference and education day.

I was one of those lucky people and I had a truly inspirational day, with lots of new insight and ideas to take away. The program featured twelve speakers who addressed topics from biofilm to vascular wounds after a moving 'Welcome to country.' Without taking away any of the relevance and importance of any of the other presentations, I would like to briefly highlight my favourites: Jan Rice's presentations about her international experience in 'International wound work,' Andrea Mangion's presentation on 'Management of lymphoedema,' and Lyn Thomas' introduction to 'Mindfulness,' which included the chocolate meditation I wrote about in my editorial.



Mindfulness presentation by Lyn Thomas

Many of you will know Jan Rice personally, or have at least heard of her. She is perhaps one of the most energetic and inspirational wound practitioners in Australia. During her first presentation, Jan took us literally 'around the world' to places she worked at, places most of us have never even dreamt of visiting. These included regions of political unrest, natural disaster zones and developing countries. One thing all these places have in common is that nothing is easy or straight forward: Resources are always limited, improvisation skills are critical, as are extreme physical fitness and psychological resilience. Jan stressed how a health professional practising in these circumstances also requires the ability to set priorities guided by how a resource can benefit the most recipients. The necessity to implement palliative care early, often in cases that would have the best chance of recovery in our health system, was particularly taxing. Jan's presentation really made me appreciate how privileged our country is.

The next presentation I want to reflect on is that of Andrea Mangion, physiotherapist. Andrea passionately argued about the relevance of the lymphatic system in health and wellbeing. Andrea pointed out how textbooks are misrepresenting the structure and function of this vital system, and that the classical model of trans-vascular fluid dynamics, also referred to as Starling's principle, contributes to this flawed understanding. She directed the audience to the revised Starling principle, which states that filtration is regulated by the properties of endothelial glycocalyx, a glycoprotein-polysaccharide covering the cell surfaces. As a consequence, most interstitial water is returned via the lymphatic system to the circulation. This differs from the classical Starling model, which states that fluid re-absorption mainly happens through the effects of the intra- versus extravascular pressure gradients into the venoules. For the science buffs among you, here is the link to the seminal paper explaining this phenomenon: *Crocket ES (2014) Endothelial glycocalyx and the revised Starling principle. PVRI Chronicle. 1(2). 6pgs. Available from:*

http://pvrifiles.s3.amazonaws.com/PVRI_Publication/PVRI_Chronicle/Volume%201%20Issue%202/Crockett%20Historical%20Perspective.pdf

This insight is crucial to the understanding of how pressure applications affect wound healing, and should give every wound practitioner the incentive to re-evaluate their approach to dressings.

All up, the program was varied and dynamic, the 22 trade displays delivered an informative backdrop, and the venue was both comfortable and easy to find. I had a marvellous day, met some old acquaintances, and connected with some new colleagues. A great job well done NSW!



Thank you!

***Please email your comments or suggestions to:
newsletter@awma.com.au***



Journal Watch

Elfi Ashcroft
DeepesTissues Co-Editor, Wounds Australia

*For some intellectual indulgence over
the Festive Season!*

The use of cryopreserved human skin allograft for the treatment of wounds with exposed muscle, tendon, and bone.

Wilson TC, Wilson JA, Crim B & Lowery NJ (2016) "The use of cryopreserved human skin allograft for the treatment of wounds with exposed muscle, tendon, and bone. Wounds. 28(4):119-125.

Abstract

Background. Wounds with exposed bone or tendon continue to be a challenge for wound care physicians, and there is little research pertaining to the treatment of these particular wounds with allograft skin. The purpose of this study was to evaluate the effectiveness and safety of a biologically active cryopreserved human skin allograft for treating wounds with exposed bone and/or tendon in the lower extremities.

Methods. Fifteen patients with 15 wounds at a single hospital-based wound care center were included in the study. Eleven wounds had exposed bone, 1 wound had exposed tendon, and 3 wounds had exposed bone and tendon. Standard treatment principles with adjunctive cadaveric allograft application were performed on all wounds in the study.

Results. In this study 14/15 (93.3%) of the wounds healed completely. The mean duration of days until coverage of the bone and/or tendon with granulation tissue was 36.14 (5.16 weeks) (range 5–117 days). Mean duration to complete healing of the wound was 133 days (19 weeks) (range 53–311 days). The mean number of grafts applied was 2. There were no adverse events directly related to the graft. Zero major amputations and 1 minor amputation occurred.

Conclusion. This study found biologically active cryopreserved human skin allografts to be safe and effective in treating difficult wounds with exposed bone and/or tendon. To the authors' knowledge, this is the largest study to date focused on the utilization of allograft skin as an adjunct therapy for lower extremity wounds with exposed tendon and/or bone.

Munchausen syndrome disguised as gossypiboma: An interesting case

Little A, Curtis H, Kellogg B & Harrington M (2016) Munchausen syndrome disguised as gossypiboma: An interesting case. ePlasty. 16(ic39). Available from: http://www.medscape.com/viewarticle/869931?src=wnl_edit_tpal&uac=148243DR.

Description

A 45-year-old woman presented with recurrent cellulitis of a chronic right medial thigh wound at the site of a previous gracilis flap reconstruction. The donor site dehisced postoperatively and persisted despite numerous debridements, delayed primary closures, antibiotic regimens, and wound care. At the time of irrigation and debridement, several 2 to 3 cm fragments of gauze were removed from deep within the wound. Delayed primary closure was performed after subsequent debridements demonstrated no residual foreign body or infection. Two weeks later, the patient again presented with wound infection. Two fragments of gauze were encountered immediately under the surface of the incision during bedside irrigation & debridement (I&D). Subsequent management involved opening the wound, copious irrigation, removal of additional gauze, and vacuum assisted closure placement to prevent the patient from accessing her wound. A psychiatry consult was placed. Video observation showed no further abnormal behavior. Healing progressed without complication throughout the remainder of her inpatient course.

Contemporary evaluation and management of lower extremity peripheral artery disease

Foley TR, Armstrong EJ & Waldo SW (2016) Contemporary evaluation and management of lower extremity peripheral artery disease. Heart. 102(18):1436-1441.

Abstract

Peripheral artery disease (PAD) includes atherosclerosis of the aorta and lower extremities. Affecting a large segment of the population, PAD is associated with impaired functional capacity and reduced quality of life as well as an increased risk of stroke, myocardial infarction and cardiovascular death. The evaluation of PAD begins with the physical examination, incorporating non-invasive testing such as ankle-brachial indices to confirm the diagnosis. Therapeutic interventions are aimed at alleviating symptoms while preserving limb integrity and reducing overall cardiovascular risk. With this in mind, risk factor modification with exercise and medical therapy are the mainstays of treatment for many patients with PAD. Persistent symptoms or non-healing wounds should prompt more aggressive therapies with endovascular or surgical revascularisation. The following manuscript provides a comprehensive review on the contemporary evaluation and management of PAD.

***Please email your comments or suggestions to:
newsletter@awma.com.au***