Editorial

Oedema and pressure injury

Rice J

Whilst the editors of this journal have aimed to theme each edition you may ask yourself what happened in this issue? You will note that there are papers related to lymphoedema and papers about pressure injury. Having just attended the 2016 Asia Pacific Lymphology conference in Darwin, I am pleased to inform you that there is a link between these two topics. In 2014, Professor Junko Sugama of Kanazawa University, Japan, presented a paper (International Lymphoedema Framework Conference, Glasgow 2014) in which he discussed a case control study which found that oedema had the highest impact on pressure injury development in hospitals (odds ratio, 4.7). Reference to this paper was again raised at the Darwin meeting and led clinicians to discuss the relevance of oedema and pressure injuries. I have to say, fifty per cent of my case load is patients suffering heel pressure injury — thirty per cent of these present with swollen oedematous limbs due to a variety of underlying medical conditions.

The paper by Monica Stankiewicz *et al.* is the first published study assessing changes in nurses' knowledge of pressure injury (PI) staging from a PI education day, based on a sound theoretical framework. Using constructivism in the teaching program highlighted the many facets of human learning to improve knowledge. Making learning fun, working together in a non-threatening environment resulted in knowledge gained when the pre and post test evaluations were conducted.

The other paper related to pressure injury will fascinate you all. Checking the shape of your buttocks may prove useful when assessing risk for pressure injury development. Dunk and Gardner explored the visual anatomical characteristics of the buttock region through use of an interface pressure mapping system to determine the correlation of shape with selected risk factors. Five buttock shapes were observed using the interface pressure mapping surface, then categorised into 'round/square' and 'other' groups. Round and square shapes were significantly associated with higher body mass index and Waterlow Risk Assessment scores.

These two papers may add to the growing body of information on risk assessment and what should be included within the tools we are currently using.

I have titled this editorial 'oedema and pressure injury' as I hope that while you read about the new developments in lymphoedema it will lead to considerations that most of our chronic wounds have some form of chronic oedema. The first paper on this topic by Hancock and others is an excellent review of our understanding of a system often neglected. Their paper titled "Immune regulation by the peripheral lymphatics and its implications for wound healing and infection control in lymphoedema" is of relevance to all practitioners. I can still remember the day I did a poster presentation and titled it 'oedema — the curse of the clinician' and was hounded about the title. When you read Hancock's paper you will clearly appreciate the importance of this system and the immune system and neglecting oedema will most likely lead to serious complications.

Neglect or ignorance was a theme of one of the keynote speakers at the Darwin conference. The presentation asked participants to think outside the square, ask questions — that is how we learn. I was privileged to meet the author of the second paper related to lymphoedema in Darwin: someone who clearly is asking questions — Jemima Bell. This paper asks the question: Could hydrocephalus shunts have a role in the treatment of lymphoedema? Well you may ask — is this new treatment possible, could we actually cure people of the condition rather than maintain? The concept is worth further exploration and I encourage you all to think outside the square — ask the question and challenge the current knowledge we have on pressure injury and oedema and finally enjoy the paper by Emily Haesler, Robin, myself and Keryln on local resource botanicals used in wound care. This paper allows us to learn more about the available evidence on effectiveness and potential adverse events for tea tree oil, turmeric, banana leaves, aloe vera, papaya and calendula used in wound care.

Jan Rice
Director
Jan Rice WoundCareServices Pty Ltd