

Compressions

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Newsletter of Australian Wound Management Association

Welcome to *Compressions*

On behalf of our National Committee and AWMA's 3,000-plus membership of nurses, doctors and allied health professionals, I am delighted to introduce *Compressions*, the first consumer newsletter to be published by the Australian Wound Management Association.

I hardly need say that living with a slow healing wound can be extremely challenging. Venous leg ulceration impacts on quality of life and the individual's ability to meet their daily needs, things Australians have every right to take for granted. It can also take a significant toll on personal funds.

The aim of *Compressions* is to provide a forum for Australians suffering from long term, or chronic, leg wounds. It is an opportunity to share stories, seek solutions and keep up-to-date with treatments.

Easily understood advice on various aspects of wound healing and treatment will be provided by health care professionals within our national network. Contributions from consumers will be warmly welcomed – see page 4 for details on how to write an article for *Compressions*, or how to contact our editorial team.

2013 promises to be an exciting year for wound care. AWMA will be furthering its campaign to encourage the Federal Government to subsidise compression bandages or stockings. March 18-22 will see us marking the fifth annual Wound Awareness Week. Details can be found on our website at www.awma.com.au. If you would like to help, please get as many people as possible to sign our online Senate petition. The cut-off date is the end of February.

We are pleased to announce that AWMA plans to seek a consumer representative, and one or more back-up delegates, to serve on our National Committee. Having an insider, whether a patient or an informed carer, is an important step to helping us better understand the challenges faced by the 300,000 Australians who face the venous leg ulcer challenge.

We will soon be calling for nominations through our website, so please keep an eye out and consider whether you, a friend, a family member or another contact could make a suitable advocate for the leg wound community.

Whether patient or clinician, we all look forward to sharing experiences and advice about leg wound care through the pages of this exciting newsletter. Together, I am sure we can collaborate to improve access to the highest standard of wound care that Australia can offer.

Best regards –

Dr Bill McGuiness
National President,
Australian Wound Management Association

MPs agree Compression Therapy merits subsidy



AWMA National President, Dr Bill McGuiness, and AWMA ACT's Ann Marie Dunk, took the case for Compression Therapy subsidy to Federal Parliament in Canberra.

Federal MPs from across the political spectrum have agreed to support the campaign by the Australian Wound Management Association (AWMA) for government subsidisation of compression therapy (CT) items such as bandages and stockings.

At present, the high costs of Compression Therapy consumables provided at most GP practices and community care centres must be borne by individual

patients. Patients either make a financial sacrifice to afford the purchases, or forego a level of care that is recommended under the Australian and New Zealand Clinical Practice Guideline for Prevention and Management of Venous Leg Ulcers.

While clinical experts agree on the need for subsidised Compression Therapy products, which can halve healing times for most venous leg ulcers, the decision rests with the Government, and in turn the Department of Health and Ageing, which would administer a subsidy scheme operating under Medicare, the PBS or similar.

To garner support from MPs by providing face-to-face briefings on CT's benefits, AWMA national president Bill McGuinness led a small delegation to Parliament House in late November 2012 and another in early February 2013.

"Our first round of meetings was with members of the Senate's Standing Committee on Community Affairs, whose oversight includes health and ageing, community services and Indigenous affairs, and human services," Dr McGuinness said.

"We met with Labor, Liberal, Nationals and Greens senators, and received very positive hearings. They all agreed we have a strong case. One called the argument a 'no brainer', another a 'lay down misère'.

"The senators provided a range of useful advice about how we might advance the case, and we've been following up on various fronts."

The second round of parliamentary meetings focused on MPs in the Lower House, including some with responsibilities in the fields of health and ageing. "Again, we had an excellent reception and felt most encouraged about the need for the Government to come to the party on this issue," Dr McGuinness reported.

"The crucial thing is timing – there are 300,000 Australians with venous leg ulcers, most of them elderly, and of limited means. We have a responsibility to advocate on their behalf, and on behalf of our members who are directly involved with their care.

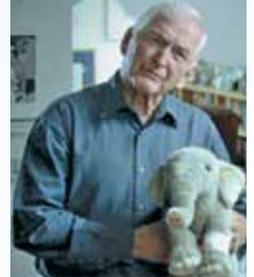
"We're well along this path now, and certainly won't be giving up until we see justice done. The fact is that leg ulcers are not for life, and no one deserves to suffer unnecessarily.

"This is not a party political issue, and the reception we've received in Canberra makes this clear.

"The important thing in a tight budgetary period is to convince the bean counters that spending money on best-practice Compression Therapy care is not an outlay but an investment that will actually save huge sums in both the short and long terms."

AWMA has an online petition to the Australian Senate seeking support for the subsidising of Compression Therapy consumables. Please go to <http://www.awma.com.au/survey/public/survey.php?name=petition2012> as soon as possible to register your support.

Bryce Courtenay – Farewell, and Thanks



AWMA farewells and thanks the famous South African-born author Bryce Courtenay who made his home in Australia for more than fifty years, forging a stellar advertising career before becoming one of the biggest selling authors in the nation's history.

Mr Courtenay also provided great service to the promotion of leg ulcer awareness in Australia, volunteering to be the figurehead of the 'Elephant in the room' campaign in 2009. He was the patron of AWMA (NSW), and was an active supporter of the Association's aims.

AWMA (NSW) and the national committee extend their sympathy to Mr Courtenay's family, and wishes to record their gratitude for his contributions to raising awareness of a medical challenge that deserves a higher community profile.

Arthur Bryce Courtenay AM (1933-2011) passed away shortly before the publication of his final novel, *Jack of Diamonds*, which predictably has gone on to become another best-seller from the pen of this prolific writer.

Leg clubs a real 'eye opener'

Tasmania has become the latest Australian state to join the international network rapidly being recognised as one of the best ways to manage leg ulcers in the community setting.



Based at the Clarence Integrated Care Centre in the Hobart suburb of Rosny Park, the Eastern Shore Leg Club (known as Legs get Together) opened its doors last September with nurses and helpers outnumbering members – as clients, or patients, are known – by four-to-one.

Since then member numbers have risen to a dozen per week, with many staying for the whole four hours that the club opens each Thursday.

"The Leg Club has been an eye opener," said member Zara Burgess, "providing me with information about treatment, dressings and tests."

According to coordinator, Lea Young, a Registered



Lea Young and her patient Zara at the Leg Club.

Nurse with extensive experience in both community and hospital nursing, the concept is successful because of its accessibility and informality.

"For a start, there is no attendance cost, and the clinical care provided is charged in accordance with HACC (Home and Community Care) fees," Ms Young explained.

"While there are nursing staff on hand to assess and manage wounds, it's really more a social model of care than a medical one. Members are able to talk about how they manage their wound care, including the thick bandages, shoes and other items they might need, in a relaxed and non-stigmatising environment.

"For many people this is the best opportunity in the week to discuss the challenges of leg ulcers with people who truly know what they're on about."

Zara Burgess agrees: "The bonus of the Leg Club is the social interaction with others with similar problems. The Club provides a friendly chat and a cup of coffee with the staff, volunteers and other Club members... the Club makes me feel good, and the nurses' care and skill is to the highest standard."

Leg Clubs also operate in NSW, SA and Queensland but their roots lie in the UK where, in 1995, a Suffolk district nurse named Ellie Lindsay recognised that social factors and isolation could significantly affect leg ulcer patients' response to treatment.

She formulated a concept of community-based leg ulcer care themed 'Healthy legs for life', which has since grown into a network of evidence-based leg ulcer clinics that has won great acclaim.

In the words of Britain's health minister, Lord Howe, "Leg Clubs... are changing the lives of people who would otherwise suffer in silence and no doubt end up costing the health service more in terms of ongoing treatment."

The model for the Lindsay Leg Club Foundation Model is a partnership between the district nursing team and the local community, in which patients are empowered, through a sense of ownership, to become stakeholders in their own treatment.

As their website (<http://www.legclub.org>) notes, "Leg Clubs aim to provide leg ulcer management in a social environment, where patients (members) are treated collectively and the emphasis is on social interaction, participation, empathy and peer support where positive health beliefs are promoted.

"The Model impacts positively on healing and recurrence rates and helps isolated older people reintegrate into their communities."

As Lea Young and her Tasmanian team are finding, the model travels well.

"Eastern Shore Leg Club is a no-referral, drop-in system where clinical staff are ably assisted by auxiliary-type volunteers who have quickly acclimatised to this model of care, and forged close bonds with our members.

"We provide a wide range of wound care services in an informal group setting, with members being involved in their own treatment. This can be done in a separate area where a few people have their legs treated in the same room.

"This gives them the opportunity to compare healing and treatments. The Leg Club also provides private facilities for those who wish to have treatment in privacy."

Ms Young said health education and ongoing support, including the support of peers, are also key, impacting positively on healing rates and reducing recurrence.

For details about the Eastern Shore Leg Club, Rosny Park, Tasmania contact (03) 6282 0350. Leg Clubs in Australia are listed at <http://www.legclub.org/directory.shtml>



Hazel Cairns and Michelle Gibb.

Compression boosts sporting chance

"It seems you can't head to a gym or run down your favourite trail without finding someone wearing compression garments," begins a *Washington Post* story, **'Worth the squeeze?'**, picked up by *The Sydney Morning Herald* last December.

With a photo of two AFL players training in tights, the story discussed the effectiveness of compression gear in various settings, including two US university studies showing that distance runners and jumpers did not appear to benefit from lower-leg and upper-leg sleeves respectively.

However, Canadian researchers have found that compression socks improved blood flow to calves and may enhance performance, especially in sports that require repeated short bouts of exercise.

When it came to recovery, the evidence in favour of compression was stronger.

Researchers found that Australian rugby players wearing waist-to-ankle tights to wind down on treadmills after intense activity recovered better because compression helped remove lactate from their blood.

Weightlifters in whole-body compression garments experienced less fatigue, swelling, muscle soreness and other side effects.

"Support and the idea that the garment helps return blood to tissues more quickly, bringing them oxygen and flushing out lactate and other by-products, are the main concepts behind compression," the story noted.

It added that lower leg compression had long been used by passengers on distance flights to reduce the risk of blood clots.

Wound Awareness Week 2013

Australia's fifth national Wound Awareness Week will be celebrated from Monday 18 – Friday 22 March 2013, highlighting how the delivery of wound care can be significantly improved for patients, carers and family



Jenni Byrnes, colleagues and patient, Wound Awareness Week, NT.



Andrea Smallman, Margi Moncrieff and colleagues in wound clinic, Wound Awareness Week, SA.

members, wound care clinicians - and the national health budget.

AWMA's state and territory Associations will stage various public events and displays to encourage practitioners and their clients to talk about the often unmentioned "elephant in the room" – leg wound management.

Too many people assume that getting leg ulcers is just a 'fact of life', especially as we get older. But this isn't true – leg wounds such as venous leg ulcers can indeed be successfully healed with the right care.

Our goal is to raise public awareness that wounds can be painful, long-lasting (if not handled properly) and socially isolating. Also, that they affect people right across the community. In fact, some 300,000 Australians, most of them elderly, currently have lower leg wounds.

This large figure means that almost everyone is likely to know someone with a leg wound needing attention.

Getting the best care is essential for the healing process, and this means proper access to compression bandaging. Yet many patients cannot afford it. Encouraging government to properly subsidise best-practice wound care is a major focus of AWMA's 2013 campaign, and a key component of Wound Awareness Week.

Leg ulcers are not for life, and most of them can be healed in a 12-week period – with the right care.

AWMA invites you to participate in one of the forthcoming Wound Awareness Week events in your area. Please sign the petition to the Australian Senate, share your story with one of the volunteers, and help us to make ourselves heard.



Les Kentwell talking to Channel 9 reporter.

Global wound care

Australia & India have both similar and different wound care challenges, as Professor Zee Upton explains.

India has the world's second largest diabetic population at 61.8 million (8.3% of total population), while in Australia 8.1% of the population have been diagnosed with diabetes. Diabetic foot ulcers (DFUs) affect up to 25% of diabetic patients, precipitating 85% of all diabetic amputations.

In isolated regions of Australia and India the incidence of DFU and associated infection is substantially increased, resulting in hospitalisation rates up to four fold that of major cities. Indigenous Australians are particularly susceptible with diabetes rates three times that of non-Indigenous Australians.

The challenge, especially in regard to DFUs, is to develop low-cost technologies and management strategies that prevent the progression from minor wound-ulcer-infection-amputation and, sadly, death. Despite this clear need for improved approaches to diagnose, treat, manage and prevent wounds, research in wounds is still relatively under-developed compared to other medical conditions. It is yet to adopt modern biotechnology and innovative biomaterials approaches, or evidence-based clinical practice more broadly.

Progress in wound research in Australia has been significantly accelerated in recent years through the 2009 establishment of the Wound Management Innovation Cooperative Research Centre (WMICRC), based in Brisbane. This eight year, \$110 million enterprise, involves 20 research, industry and government partners, and is the largest wound research initiative globally. It is focused on improving wound healing and the quality of life for people with wounds.

The combined research, education, communication, and industry engagement outcomes of the WMICRC are aimed at transforming wound management to deliver social and economic benefits to communities, industry and the healthcare sector.

Comparing New Delhi and Brisbane, there is clear overlap in daily temperatures, with the former's average daily temperatures ranging from 19-31°C, while Brisbane's range from 16-26°C. Humidity is another important shared element, in New Delhi ranging from 38-82%, while Brisbane ranges from 53-66%.

Both of these climate factors impact on wound healing, including affecting rates of wound infection



Photos courtesy of Dr Zee Upton.

and approaches to wound management. Anecdotal evidence suggests that discomfort underpins the poor compliance observed in the use of compression stockings and bandages in hot and humid climates.

Australia and India also share significant, yet different, geographical challenges in terms of delivering of health care to rural and remote regions.

Australia's population is predominantly urban-based (68%), but those that are not (32%), are sparsely dispersed across the land mass, making equitable delivery of health care challenging. In India the challenge is almost reversed, with 1.2 billion people spread geographically over 3.3 million square km, and with most, 69%, still largely rural based. Yet the opportunities to collaborate on the development of mobile phone and ICT technologies to improve the diagnosis and management of wounds remotely cannot be underestimated.

A further impetus to stimulate collaboration in wound management between Australian and Indian researchers is the cost of wound care.

Unlike Europe and North America, the cost of wound products and dressings [in Australia and India] are largely not re-imbursed, hence the cost to individuals is high and may lead to sub-optimal wound management.

The Indian health care system faces even greater challenges, but advances can be made by working together and adopting a multidisciplinary approach embracing frugal engineering concepts. This will assist in the development of cost-effective, culturally- and climate-appropriate technologies that will improve access to best practice clinical wound care in both nations.

Indeed, it is time for wound researchers and clinicians in the tropics and sub-tropics to unite to improve wound management. Our climate, geography and health-funding share greater commonalities than found with Europe and North America.

** This article is an edited version of an article in the Journal of Cutaneous and Aesthetic Surgery, India. Professor Zee Upton is Assistant Dean (Research), Faculty of Health; Tissue Repair and Regeneration Program, Institute of Health and Biomedical Innovation; Queensland University of Technology, Brisbane Australia.*

Put your best feet forward

Gillian Butcher advises on foot care and footwear for Australia's Autumn-Winter season.

The cooler months provide new considerations when it comes to foot care and footwear for people having to contend with wounds on the feet and legs. These suggestions should make transitioning to the colder months easier, more comfortable and less eventful.

Keep your feet and legs warm – wounds require a constant temperature and adequate circulation to promote healing. The colder your feet get, the less blood supply reaches them.

Warm the bed with wheat bags or an electric blanket, making sure they are removed/turned off before you get in

Always wear socks and/or slippers rather than bare feet, even when just getting out of bed during the night

Warm feet and legs gradually if they are cold – massage and a blanket is preferable to water bottles and heaters.

Fan heaters and radiators can burn very quickly if in close proximity to the skin.

Maintain general foot care

Nails, corns and callus need to be treated regularly to prevent discomfort and skin damage.

Enclosed footwear provides challenges

Swelling and bandages can make it difficult to fit into your usual shoes.

Check the fit – you may need to purchase a larger size or different style of shoe.

Velcro fastenings allow for adjustment to accommodate swelling, bandages, padding or dressings while stretch or expandable uppers reduce pressure.

Leakage from wounds can stain shoes or make them unsightly, wet or smelly.

Washable footwear is available and can help you feel more comfortable and confident

Remember that your local podiatrist is able to provide foot care and advice to ensure you are comfortable in both Autumn-Winter, and all year round.

* Gillian Butcher is a Melbourne-based Podiatrist

Advice on compression stockings from someone who knows – a consumer

Medical grade compression stockings or bandages are recognised as the best treatment for healing venous leg ulcers (VLUs) and preventing recurrence.

Medical grade compression stockings are recommended for the prevention of venous leg wounds for patients with venous disease.

If you have been diagnosed with venous disease (e.g. varicose veins) talk to your GP today about prevention of complications such as venous leg ulcers.

Facts about compression stockings

Talk to your health care professional before wearing compression stockings – compression stockings are not the right treatment for every leg wound and can be a risk

Inappropriately fitted compression stockings can be a risk – consult a health care professional before selecting your stockings

Adequate compression pressure is a key to ensuring the best possible outcome

There is no evidence that anti-embolic stockings are effective in treating venous leg ulcers

Compression stockings are now available in multi-colours... ask your wound care specialist for information

Using compression stockings

- Stockings come in different styles. If you have problems with putting stockings on, or with their comfort, ask your health professional about different options
- Various devices to assist with donning (applying) and doffing (removal) of stockings are also available – ask your wound care specialist or occupational therapist for devices to aid wearing compression stockings
- Stockings should be regularly laundered. Follow the manufacturer's directions. Keep your stockings clean to help prevent wound infection
- Ideally you should have at least two pairs of stockings – a pair to wear, the other in the wash
- Compression stockings do wear out and should be replaced at least annually. Signs of wear include fading and reduced elasticity.

Be a part of Compressions

You are invited to participate in **Compressions**, our newsletter for both consumers and clinicians in the field of leg wound care. Whatever side of the 'fence' you are on, please feel welcome to contact our editorial team with ideas about receiving or delivering leg wound care.

By sharing your experiences you will help others know that they are not alone in experiencing a venous leg ulcer, or in helping to treat them. This might not seem like an amusing subject, but we know that laughter is a potent form of medicine, and there are plenty of stories about leg wound care that cause a chuckle.

To discuss a story – and remember that a good photograph can be worth a thousand words – or to take out an advertisement in **Compressions**, please email carol.baines@dhhs.tas.gov.au or robin_osborne@rocketmail.com

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