

Meeting reports

Wounds UK Paediatric Conference 2005

The Wounds UK Paediatric Conference sponsored by Mölnlycke Healthcare was held in The Salford Suite, Old Trafford Football Ground, Manchester on June 29 2005. The aims of the paediatric event were:

- ▶ To identify tissue viability issues specific to children
- ▶ To encourage dissemination of information between practitioners.

The speakers were uniformly excellent and, as the day progressed, the delegates took part in several thought-provoking discussions. Dr Matthew Hardman began with an overview of neonatal skin development and stunned the room with the prospect of scarless wound healing products being available within 5–10 years. Val Irving demonstrated the wealth of knowledge she has in the care of the neonate and offered a robust practice-based guide to the care of neonatal skin. Jane Willock reminded the delegates that it is more often external devices rather than intrinsic risk factors that lead to tissue damage in children; this must lead all practitioners to question the validity of risk scales and encourage them to ensure that anything attached to a child cannot cause tissue damage.

Krys Gebhardt described the pitiful lack of evidence relating to pressure relieving devices and children, highlighting the need for extensive research, especially when differences in body size, proportions and metabolic rate differ so greatly from adults. Vicki Garrick and Mark O'Brien took the admittedly dangerous route of describing their personal paediatric formularies of wound management. This understandably led to debate regarding product usage and again highlighted the limitations placed on clinicians in the absence of an evidence base.

In the afternoon, Fiona Burton presented a comprehensive overview of how pain and trauma can be reduced in paediatric wound management (based on the conclusions of an expert advisory group facilitated by Mölnlycke). Jackie Denyer described the unique nature of epidermolysis bullosa. Jackie presented the original solutions she and her team have developed in order to meet the needs of this challenging condition, and emphasised the paramount need for innovation. Kathy Truscott concluded the day's lectures with a fascinating journey through the many faces of plastic surgery, with a series of case studies that demonstrated the human body's ability to endure and adapt.

Mark O'Brien, Clinical Nurse Specialist in Tissue Viability, Great Ormond St Hospital, London

Wounds UK Summer Conference 2005

In association with The Wound Care Society and UWMEEF, the Wounds UK 2005 Summer Conference was held at The Manchester Suite, Old Trafford Football Ground, Manchester on June 29 2005.

The aim of the conference was to provide healthcare professionals involved in the management of wounds and tissue viability with the opportunity to hear presentations from a variety of experts on a wide range of subjects relating to tissue viability.

Professor Keith Harding opened the day with a presentation that discussed the importance of wound diagnosis and how this can be aided by using Wound Bed Preparation, Time and Applied Wound Management. Heather Newton followed with a thought-provoking presentation on accountability using personal scenarios to highlight the issues raised within her own local health authority.

These presentations continued with Martyn Butcher, who gave an overview of the prevention and management of superficial pressure ulcers, with particular emphasis on the subject of risk assessment and the early identification of compromised tissue. Alison Coull discussed the issue of changing trends within leg ulcer care, and described new innovations in their assessment, diagnosis and treatment. Alison also gave an insight into the changing leg ulcer patient from the stereotypical elderly patient to the young drug abuser and all that is associated with these individuals and their care needs.

Andrew Kingsley provided the audience with the opportunity to make sense of wound infection and the use of antibiotics and antimicrobials. The day was concluded by Kath Vowden, who pulled it all together by presenting case studies on the treatment of complex wounds and the host of issues that arise while caring for these individuals.

Pam Cooper, Clinical Nurse Specialist, Aberdeen Royal Infirmary, Aberdeen



Delegates at the Wounds UK Paediatric Conference.

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'Essential Skin Care' and its importance in the nursing home

A new and unique education programme, *Essential Skin Care*, has been developed by the Wound Care Society (WCS) and 3M Health Care. The programme's first one day conference was held in Droitwich in April, and was attended by many UK-based nursing home practitioners. It is often nurses within nursing homes who find it hard to access the educational materials that they need. They find funding difficult to obtain for private courses, and often they have no access to NHS training.

The conference, hosted by several leading authorities in tissue viability, was designed specifically to support the practice of healthcare professionals within nursing homes, by providing them with research-based information on the latest developments in skin care and advice on best clinical practice.

Jackie Stephen-Haynes, Lecturer and Practitioner in Tissue Viability at the three Worcestershire primary care trusts presented at the conference. In her capacity as Chair of the WCS she said:

'Skin care has a large impact on the overall delivery of care to the elderly, and as such is a core responsibility for nursing home practitioners. As standards of living and health continue to improve, with increasing life-spans and an ageing population, continual improvements in skin care are needed and education and training is vital to support this. We have worked closely with 3M Health Care to design a programme which provides an evidence-based, practical approach.'

Other speakers included Dr Richard White, Senior Research Fellow, Tissue Viability at Aberdeen Royal Infirmary. He addressed the importance of managing skin exudates to allow an optimum moist environment for effective wound healing and prevention of maceration.

The conference also addressed skin breakdown due to incontinence and pressure ulcer damage. Claire Stephens, Tissue Viability Specialist at Sandwell and West Birmingham NHS Trust, emphasised the need for early diagnosis, the signs to look for, treatment regimes and prevention of the causes.

Ellie Lindsay, independent specialist practitioner, went on to describe some of the common skin conditions faced by nursing home staff and advised on the care needed to maintain skin integrity.

To complement the presentations, delegates received an education resource pack, researched and written by key opinion leaders and committee members of the WCS. The pack is designed as a reference tool to support learning and training within their individual nursing home.

Hilary Gaffey, Regulation Manager for the Commission for Social Care Inspection for Hereford and Worcester area was a guest at the event. She commented:

'I am delighted to see so many nurses here today. Good skin care is fundamental to providing good care and makes such a difference to overall patient comfort. I hope all that has been learnt here today will be taken back and put into practice.'

Among the delegates was Rosie Callaghan, Tissue Viability Nurse for South Worcestershire primary care trust. She said 'This has been an invaluable day, delivered at the right level for nursing home staff, and covered educational issues of direct relevance to homes within my PCT'.

Dr Martin Arrowsmith, Senior Technical Specialist at 3M Health Care said:

'We hope the resources provided will enable delegates to ensure best practice is cascaded within their nursing home and remains a key clinical priority. Based on the excellent feedback from this first event, we are now looking to extend the programme to other UK regions.'

Rosemarie Callaghan, Tissue Viability Nurse for Nursing Homes, South Worcestershire Primary Care Trust



Delegates at the *Essential Skin Care* event.

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The Mesitran launch: a new range of honey-based wound care products

Medlock Medical launched Mesitran, a new honey-based range of wound care products, on 23 June 2005 at the Filmworks, Manchester.

At the Mesitran launch event, 200 delegates heard the speakers present on a variety of topics related to the use of honey in modern wound management. Initially, Dr Richard White gave a historical overview of the role of honey in wound care.

He informed delegates that honey has been used for centuries to heal wounds. The Ancient Greeks, Romans and Chinese had used it atopic antiseptics for sores, wounds and skin ulcers. Over the past decade, the use of honey in wound management has continued to grow throughout the world. Today, there is extensive scientific literature on the wound healing capabilities of honey, which confirms its value as an antimicrobial agent and a promoter of healing.

Dr Rose Cooper complemented this presentation by discussing different honey types. David Gray then described how honey is a natural alternative in wound healing, having been shown to have five main actions in the wound:

- ▶ Antimicrobial (active against a wide range of wound pathogens, including MRSA)
- ▶ Debriding (removal of slough and necrosis by autolysis)
- ▶ Anti-inflammatory (reduces the inflammation associated with chronic wounds)
- ▶ Reduces malodour (so improving quality of life)
- ▶ Stimulates healing (even in dormant wounds, by growth of new tissues, including epithelium).

Dr Rose Cooper then provided an in depth review of the antimicrobial function of Honey. This was followed by Keith Cutting and David Gray who then



The Mesitran launch speakers (L to R): Richard White, Rose Cooper, Keith Cutting, Jackie Stephen-Haynes, and David Gray.

reviewed the evidence for the use of honey in wound care and the evidence supporting the use of Mesitran.

During the break, delegates had the opportunity to view the new Mesitran product range. Mesitran is available as two types of ointment and three types of dressing. Mesitran dressings and ointments can be used on pressure ulcers, first and second degree burns, venous and arterial ulcers, diabetic ulcers, superficial wounds and donor sites.

Mesitran Ointment is used to remove necrotic and sloughy tissue. It debrides by autolysis and aids eschar removal. It creates a moist wound healing environment and facilitates good wound bed preparation. It is available in two formulations: Mesitran Ointment (47% medical grade honey) and Mesitran Ointment S (40% medical grade honey) for patients with sensitive wounds. The dressing range includes Mesitran, Mesitran Border, and Mesitran Mesh. Mesitran

and Mesitran Border are hydro-active dressings which contain 30% medical grade honey. Mesitran provides a bacterial barrier, absorbs low to moderate levels of exudate, can be left on for up to five days, maintains a moist wound healing environment, prevents maceration and is easy to apply. Mesitran Border provides all the benefits of Mesitran with an adhesive border. Mesitran Mesh is a hydro-active, hydrogel-coated dressing made from open weave polyester mesh and containing 20% medical grade honey.

Following the break, Dr Richard White outlined the rationale for the multi-centred case study programme, and Keith Cutting, Jackie Stephen-Haynes and David Gray presented their case studies. The results of which supported previous research findings into the use of Mesitran, and pointed to a role for honey in modern wound management.

Edward Rusling, Publisher, Wounds UK