

Meeting reports

CliniMed Roadshow

Wednesday 6 October 2010, Manchester City Football Club

In October 2010 CliniMed held a roadshow in Manchester in association with Wounds UK, that brought together around 30 clinicians to discuss the problem of trauma caused by skin stripping on dressing removal.

The roadshow was chaired by David Gray, Clinical Director of Wounds UK. The sessions started with Professor Richard White (University of Worcester), who introduced the topic by exploring the incidence and causes of skin stripping.

The three presenters who followed reinforced the importance of accurate wound assessment and how this aids correct dressing selection. This is essential to good clinical practice, since skin stripping may be caused by the removal of adhesive dressings that have been inappropriately applied, or removed prematurely.

The audience were interested in preventing and managing the pain caused at dressing change. The final presentation focused on case reports where Appeel® Sterile sachet (CliniMed) was used to facilitate pain-free dressing changes. Ten case reports were presented involving a wide variety of issues including: vasculitis; pressure; surgical dehiscence; skin tears; chemical burns; and friction. Skin complications such as fragility and psoriasis were present in some cases. The importance of avoiding further damage to the wound and surrounding skin at dressing changes was discussed in detail.

In all of the case reports, Appeel Sterile sachet was used effectively to facilitate non-traumatic dressing removal. The presenter concluded by suggesting that the product may be a useful addition to wound care formularies.

At this point in time the sponsors, CliniMed, introduced the Appeel® range of medical adhesive removers. These

are silicone-based products (including wipes and spray) that painlessly remove adhesives such as dressings from the skin, as well as adhesive residue from around the wound site, without damaging the skin. Traditional adhesive removers contain alcohol, which is known to sting and dry skin. The Appeel range is available on NHS prescription and includes a forthcoming Appeel Sterile Wipe for smaller dressing applications. Appeel Sterile Wipe is being launched in March and will be available on prescription soon.

Appeel Sterile is currently presented in a single use sachet, minimising cost and wastage and ensuring sterility prevents the risk of infection, for example, around central lines or intravenous (IV) lines. As it is sterile it can be used on broken skin, and it will not impair wound healing. A patented delivery system means accurate and sterile delivery to the dressing, or device. The Appeel range can be used on the face, in blistering skin conditions, and on the skin of babies and elderly people (Stephen-Haynes, 2008; Cooper, 2010).

The product and its potential uses in clinical practice were discussed. Delegates acknowledged the difficulties they encountered in dressing changes and the potential of the Appeel range to help with overcoming these problems.

It was important to visit this sometimes ignored aspect of tissue viability, and by facing the issues and offering clinical answers, the roadshow provided a solution to a challenging clinical concern.

For more information on the Appeel range of products and free product samples, please visit the CliniMed website on: www.clinimed.co.uk, or call the freephone CliniMed Careline on: 0800 0360 100.

References

Stephen-Haynes J (2008) Skin integrity and silicone: Appeel® 'no-sting' medical adhesive remover. In: Practical management of

patients with epidermolysis bullosa, *British Journal of Nursing* supplement, June 2008

Cooper P (2010) Appeel® Sterile sachet: helps remove pain from a dressing change. *Wounds UK* 6(2): 100–6

Trudie Young, Lecturer in Tissue Viability, Bangor University

Wounds International 2011

Launch of the first Wounds International Conference in South Africa

Wounds International held its first international conference in Cape Town, South Africa on 1–3 February. This major wound care event aimed to help address the various challenges of delivering effective wound care in different parts of the world using a new educational approach for delegates to participate in person and online.

The first morning of the conference was taken up by an inspirational grassroots training event involving 200 wound care clinicians and carers from the hospitals and clinics around Cape Town. This session gave local clinicians, who deal with wounds on a daily basis, a chance to improve their understanding of wound care.

In welcoming the grassroots delegates, Dr Gregory Weir, President of the Wound Healing Society of Southern Africa (WHASA), commented on the importance of bringing people together to create awareness about wound healing. Delegates were invited to participate in the discussion on why wounds don't heal, with an interactive session using a case study approach to address management issues. All delegates were encouraged to use what they had learnt from the session in their daily practice and to visit the exhibition where they could find out more about the products that are available.

One delegate commented that what struck her about both the grassroots event, and indeed the conference as a whole, was that people really wanted to take what they had learnt and incorporate it into their own practice.

Meeting colleagues from different

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Delegates queuing at the start of the conference.

cultures is one way to ensure that preconceptions are challenged. During the main sessions, speakers from different continents spoke about their experiences, highlighting particular problems in relation to resources, geography or education, while demonstrating how innovation and adaptive use of technology can improve care.

Sessions focused on burn and trauma injuries, the diabetic foot, pressure ulcers and venous leg ulcers and addressed common clinical challenges, including exudate management, infection and cellulitis, and lower limb oedema. David Keast, from the World Alliance of Wound and Lymphedema Care, said that 'the conference is refreshing and has a different focus, with presentations from areas with limited resources, which we don't usually see'.

Wendy White, a wound care practitioner from Australia said that 'developing countries have a real voice here with some fabulous things to say and we have been given the opportunity to hear it'.

As well as the main sessions, the conference provided a huge variety of education resources for delegates, including the interactive Made Easy workshops, with subjects ranging from offloading and compression, to problem solving and treatment strategies for infection, including biofilm management, as well as the latest advances in diagnostics, and pressure ulcer prevention. Delegates were able to ask questions and to become actively involved, making

these sessions a real opportunity to share experiences and ideas.

There were also 30 free paper presentations and around 90 posters presented at the event, which allowed delegates to showcase their excellent work on an international stage.

A classic example of the way that innovative practice can be shared was demonstrated by the work of Mariette Swart, a registered nurse in Cape Town, who goes into the deprived Cape Flats community with a service called 'Wounds On Wheels'. Ms Swart has shown that implementation of a 60-second tool can lead to more complete identification of diabetic foot problems. The tool was developed in Canada by Professor Gary Sibbald, and is also being used in many countries around the world including Guyana, South Africa, Cameroon, Ghana, Nigeria, Kenya, Uganda, Tanzania and Malawi.

But it wasn't only the speakers and delegates who helped to make the conference such a success — industry also played a part in supporting the educational content of the Made Easy programme and providing a relaxed exhibition area with a wide range of innovative products on show in the main hall. One delegate commented that the exhibition stands were a perfect educational complement to the sessions, saying: 'Our knowledge has been refreshed and taken to another level'.

In choosing to hold its first global event in South Africa, Wounds International was pleased to work in partnership with local and international organisations



One of the clinical demonstrations on show in the exhibition hall.



Dancing after the gala dinner.

that have a commitment to supporting ongoing education for clinicians in South Africa, such as WHASA (Wound Healing Association of Southern Africa), UBUNTU Wound Healing, WAWLC (World Alliance of Wound and Lymphedema Care) and the WUWHS (World Union of Wound Healing Societies).

This will be important in leaving a legacy for clinicians in South Africa, through grassroots education, together with ongoing links with the key associations and through the launch of a second 'virtual' event on Wounds International in April 2011. The conference microsite will be free to access and include all the filmed presentations, including free papers and Made Easy workshop sessions. This will offer delegates the opportunity to share their experiences with colleagues, or for those of you who were not able to attend the conference, the chance to become involved — making it a truly interactive experience for clinicians around the world.

There will also be a virtual exhibition where visitors will be able to visit individual stands for product information as well as company resources and contact details.

At the closing ceremony, Liezl Naude thanked Wounds International for an event that enabled delegates to go home knowing that they can make a difference.

To participate in the global virtual event on April 2011, log on to: www.woundsinternational.com
Kathy Day, Publisher, Wounds International

To read the full report and view the speaker presentations, go online to: www.woundsinternational.com