

Meeting reports

BSN medical Expert Panel Meeting, 22 April 2009, Royal Ascot

An expert panel meeting sponsored by BSN medical was held on Wednesday, 22 April at the International Lymphoedema Framework Conference at Royal Ascot. The meeting was chaired by David Gray, clinical nurse specialist in tissue viability and clinical director of Wounds UK; and attended by Julie van Onselen, dermatology consultant; Janice Bianchi, lecturer in tissue viability at Glasgow Caledonian University; Paul Chadwick, principal podiatrist; Julie Cummings, product manager for the BSN skin care range and Jane Conway, BSN wound care clinical nurse advisor.

The purpose of the meeting was to establish what is happening at grass roots level with regard to the use of emollients in dermatological care. Current medical skin care practices were discussed and it was felt that most healthcare professionals, apart from the dermatology specialist, still do not recognise the preventive aspects of skin care. A major obstacle that was identified was the absence of any skin care protocol/guidelines.

The participants examined some of the skin care products available in today's market and concluded that no one product got it all right. They stressed that patient preference was of utmost importance and that patients should have a choice. The popularity of 50/50 cream was predominantly driven by price.

Julie Cummings gave an overview of Cutimed® Skin Care (BSN medical, Hull), a unique mousse formulation containing urea that is available in the European market. This foam-based urea moisturiser can be applied to the whole body and comes in a range of urea strengths, i.e. formulations offering 3%, 5% and 10%. Being mousse-based, Cutimed® Skin Care is light, allows the skin to breathe and is easily and quickly absorbed. It is suitable for use under compression therapy. The panel all agreed that the product would be beneficial for those with eczema, psoriasis and those at risk of dermatitis from

incontinence. Cutimed® Skin Care is also suitable for use alongside chronic wound dressings to encourage healthy peri-wound skin. Its availability in various pack sizes is hoped to encourage concordance and patient empowerment, as the smaller sizes are easy to fit in a handbag or take to school or work.

One of the key messages from the meeting was that there is still an education gap from dermatology nurses and beyond. There is a need for practitioners to understand the science of emollients, i.e. the difference between an occlusive and an humectant emollient and thereby dispel some of the myths — that unless an emollient is thick and greasy it is not a good moisturiser.

In addition, healthcare professionals should be educated as to the importance of preventing skin care problems from arising through regular skin maintenance, rather than regarding skin care as a luxury or just applying the creams during periods of skin crisis. While attitudes are beginning to change, a consensus on treatments would go a long way to change the view that emollients are purely cosmetic.

19th Conference of the European Wound Management Association (EWMA), 20–22 May 2009, Helsinki

In excess of 2000 delegates from around the globe attended this international event that took place over three days in Helsinki. The conference was co-hosted by the Finnish Wound Care Society (FWCS).

There were more than 450 scientific presentations and it was clear from the programme content that the topic of wounds and biofilms is now regarded as a 'hot topic'. Intense interest in this subject was clearly demonstrated by those delegates that attended these sessions, and questions tended to focus not just on the underpinning science, but also on the relevance of biofilms to everyday clinical care. Scepticism remains in respect of the relevance of biofilms to everyday wound care and discussions included; relevance of good versus bad biofilms, clinical

diagnosis, and appropriate methods of management. These are the questions that require answers sooner rather than later and which may encourage researchers to design appropriate, rapid and affordable diagnostics. Will the 2010 EWMA conference in Geneva provide some of the answers?

The extensive trade exhibition in a spacious exhibit hall meant that there was plenty of room to view the exhibits, even though there were more than 70 exhibitors. The meeting was supported by a wide-ranging display of more than 300 poster presentations which suitably augmented the comprehensive programme — the theme of which was 'Healing, Educating, Learning and Preventing (HELP)'.

The conference social event took place at the Finlandia Hall on Thursday, 21 May where delegates enjoyed an excellent dinner followed by dancing.

Keith Cutting is Principal Lecturer, Buckinghamshire University and Clinical Editor, Wounds UK

Lower limb Oedema and its Relationship with Leg Ulceration roadshows

Wounds UK, in partnership with medi UK, presented two roadshows in Manchester and Windsor, on 17th and 19th March respectively. The programme drew together speakers from dermatology and tissue viability to provide delegates with the opportunity to hear presentations on a variety of related topics.

David Gray presented the practice development that his team have undertaken in the last three years to deal with maintaining tissue integrity in patients with cardiac and dependency-related oedema in the lower limb. By bringing together specialists from the field of chronic oedema and tissue viability, the group have been able to develop a technique which involves gentle compression of these lower limbs using two layers of retention stockings and a layer of padding. This technique is sufficient to reduce the swelling in the

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lower limb and facilitates wound healing in specific patients.

Deborah Hofman and Helen Butterfield, Nurse Specialists at the Department of Dermatology, Oxford discussed the relationship between lower limb oedema and skin changes, including ulceration and cellulitis. They highlighted a number of modes of treatment which can assist in the reduction of oedema and the management of skin disorders in the lower limb.

Janice Bianchi, currently a Lecturer at Glasgow Caledonian University, was first involved in leg ulcer clinics in Lanarkshire. Janice and her colleagues in Lanarkshire developed the Lanarkshire Oximetry Index (LOI) and she presented on the assessment and diagnosis of ulcers secondary to lymphovenous disease. Pulse oximetry has proven a useful method of arterial assessment in patients with oedematous limbs where Dopplering may not be practical. Janice also discussed the role of toe brachial pressure index (TBPI) in this patient group when normal Doppler techniques would be impractical. The importance of holistic assessment in patients with complex disease processes was also highlighted.

Mary Eagle who has now retired from the NHS with a wealth of experience in tissue viability and is now an Independent Tissue Viability Adviser, discussed the difficulties in diagnosing cellulitis and the treatments used to manage and prevent cellulitis from occurring.

John Timmons presented a number of cases where the patients had presented with leg ulceration and lymphatic disease or chronic oedema. Most of the cases were complex, however; the management principles remained the same: reduce the oedema, apply appropriate skin care products and use wound management products which can deal with the problems in the wound bed.

John Timmons, Tissue Viability Nurse, Department of Tissue Viability, Grampian Health Services and Editor, Wounds UK

Gauze-based Negative Pressure Wound Therapy roadshows, 10 March, Manchester; 12 March, Crawley

Wounds UK hosted two roadshows in March in Manchester and Crawley in partnership with the Talley Group aimed at introducing practitioners to the potential of gauze-based negative pressure wound therapy (NPWT).

Dr Mike Clark, Senior Research Fellow, Wound Healing Research Unit, Cardiff introduced the delegates to the science of negative pressure wound therapy. Dr Clark provided the audience with an overview of negative pressure therapy through the ages, highlighting the different forms it has taken and its various methods of delivery. This presentation also highlighted the many research questions which still require further investigation.

Lt Colonel Steven Jeffrey, Consultant Plastic Surgeon, Selly Oak Hospital Birmingham then presented his experiences gained using gauze-based NPWT, utilising the Chariker-Jeter method in various trauma situations. During this presentation delegates were presented with a variety of cases where the speaker felt the techniques employed produced the best clinical results possible in some of the most challenging clinical situations. He highlighted how the use of a medium such as gauze to gain full contact with the wound bed increased the efficacy of the therapy. This presentation highlighted the impact of this technique in traumatic amputations, many of which presented with highly contaminated wound beds.

David Gray, Clinical Nurse Specialist, Department of Tissue Viability, Grampian Health Services presented the experiences of the Department of Tissue Viability in Aberdeen using the Chariker-Jeter method during the past three years. He and his colleagues had had reservations when they were first presented with this method with regard to potential adherence of the gauze to the wound. Using various case reports he demonstrated how these reservations had now been dispelled, based on clinical

success. With each success or failure, the team reflected and pooled their knowledge leading to the successful use of the therapy on a routine basis, particularly in wounds such as large dehisced abdomens with and without fistulas and grade 4 pressure ulcers.

Delegates also participated in a hands-on session, which allowed them to observe the use of the therapy and to interact with the demonstrators and each other. This interactive session of the Venturi® range of pumps (Talley Group, Romsey), provided an opportunity for the delegates to set the systems up at table-top stands and discuss techniques with trained staff.

John Timmons, Tissue Viability Nurse, Department of Tissue Viability, Grampian Health Services, presented an insight into the development of the *Best Practice Statement: Gauze-based Negative Pressure Wound Therapy* (available on woundsuk.com), which involved clinicians from the UK and USA. He discussed cases from his clinical experience and meetings with other clinicians from Europe, the Middle East and Australia. This highlighted how clinical experiences from across the globe had been similar, with clinicians finding a place for this type of therapy in their practice.

Pam Spruce, of TVRE Consulting, Stoke presented early data relating to costs and outcomes focusing on the use of the Venturi system. Pam demonstrated the Venturi NPWT evaluation process, using a number of case reports. By utilising this evaluation methodology, the clinician will be able to evaluate both the clinical and economic efficiency of their decision-making process.

The day closed with a lively question and answer session with delegates keen to quiz the speakers further on their clinical experiences with this method of wound management.

David Gray, Tissue Viability Nurse Specialist, Department of Tissue Viability, Grampian Health Services



Neil Piller, Professor and Director, Lymphoedema Assessment Clinic, Flinders Medical Centre, Adelaide, South Australia presenting at the ILF Conference.



Dr Bose (centre), Principal, receiving an award on behalf of Dr Narahari, Consultant Dermatology, both at the Institute of Applied Dermatology (IAD), Kasaragod, Kerala, India at the ILF Awards ceremony in Ascot with Ann Hughes, Business Unit Manager, Lymphology, BSN medical (left) and Christine Moffatt (right), Director of the International Lymphoedema Framework.

International Lymphoedema Conference, Royal Ascot, 21–23 April 2009

Over the three days of the first International Lymphoedema conference delegates were able to share the clinical experiences and challenges, along with advances in research and education from experts in their field from across the globe.

The programme covered different aspects of lymphoedema care — from discussing the global challenges of lymphoedema with presentations from Terence Ryan (World Health Organization [WHO], Global Association for the Elimination of Lymphatic Filariasis [GAELF]), Dr Pierre Brantus (Handicap International, France) and Dr Mauro Andrade (previous president of the International Society of Lymphology [ISL]), to the practical aspects of effective compression with Professor Hugo Partsch (Professor of Dermatology, Emeritus, Austria), Anne Williams (Research Fellow/ Lymphoedema Nurse Specialist, Scotland) and Dr Geresa Dreyer (Consultant in Lymphatic Filariasis, Brazil).

Specific aspects of lymphoedema management were addressed, such as children with lymphoedema. This session included a presentation from Mrs Caroline McGlynn who discussed her daughter's lymphoedema and the impact that this has had on the family unit. The challenges of breast cancer-related lymphoedema were also presented, discussing prediction, diagnosis and management.

The three days brought together speakers, delegates and patients to share and learn from each other, and to discuss their own unique experiences and challenges.

The conference was also supported by industry with representations from large and small companies, all of whom offer services to improve the care and management of those suffering from lymphoedema. The exhibition offered delegates the opportunity to see and try products, and to discuss the clinical evidence and support of technologies.

On the Wednesday evening a gala dinner and awards ceremony was held. The awards recognised the particular contributions of the winners to the field of lymphoedema, while the evening enabled delegates to share the company of colleagues, friends and new acquaintances.

The conference was well attended and feedback has been extremely positive from delegates, speakers and industry alike. On behalf of the International Lymphoedema Framework, *Journal of Lymphoedema* and Wounds UK/Healthcomm UK we would like to thank all those who attended, speakers, delegates and industry for their support, and for ensuring that the first International Lymphoedema conference was a huge success.

Pam Cooper, Clinical Manager, Programme Director, Wounds UK; John Timmons, Clinical Manager, Wounds UK

Advances in Compression roadshows, April 2009

Wounds UK, sponsored by 3M Healthcare, held a series of five

roadshows throughout April and June on the topic of advances in compression. The events were in locations throughout the UK including Dunfermline, Birmingham, Crawley, Leeds and Dartford Bridge.

Speakers included Jackie Stephen-Haynes (Consultant Nurse and Senior Lecturer in Tissue Viability, Worcestershire Primary Care Trusts and University of Worcester) who set the scene, describing important historical points in the evolution of compression up to where we are today and the evidence available to nurses who care for individuals with leg ulcers.

Mark Collier (Lead Nurse Consultant, United Lincolnshire Hospitals NHS Trust) followed presenting the results of a randomised controlled trial comparing Coban™ 2 (3M Healthcare, Loughborough) to a four-layer system.

Hugo Partsch (Professor of Dermatology, Medical University of Vienna, Austria) gave an interesting demonstration on working pressures, static and dynamic stiffness indices and related this to elastic and inelastic compression.

Glen Smith (Tissue Viability Nurse, St Mary's Hospital, Newport) discussed improvements in practice on the Isle of Wight following an audit and education programme. He also gave practical advice and presented two challenging case reports.

The afternoon started with a session by Janice Bianchi on the more unusual causes of ulceration nurses may encounter, while Andy Kerr (Tissue Viability Consultant, TVCS Limited) finished the day with demonstrations of how Coban™ 2 might be used on patients with unusually shaped limbs.

The panel of speakers took questions at the end of each session and the presentations sparked lively discussion and debate at all the venues.

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If you missed the roadshows, they can be viewed on the Wounds UK website (www.wounds-uk.com).

Janice Bianchi, Nurse Lecturer, Glasgow Caledonian University

Infection Masterclasses, June 2009, Bristol

Activa Healthcare and Wounds UK presented the first in a series of wound infection masterclasses in June in Bristol and Birmingham. The masterclasses aim to bring a range of well respected UK and international speakers to discuss the treatment and management of wound infection.

Shila Patel, Clinical Nurse Specialist in infection control from Epsom and St Helier Trust discussed the impact of infection on the patient, staff and the NHS as a whole, and how wound infection-related septicaemia can lead to increased mortality and morbidity in the patient population at large.

Professor David Leaper of the Wound Healing Research Unit in Cardiff examined the identification of patient groups at risk of infection. Professor Leaper has extensive experience in this field and offered a unique insight into the problem of wound infection from past to present, and how this has changed in the light of health care-associated infection.

David Gray discussed the management of patients with wound infection using case reports to illustrate the complexity of wound management when infection is present.

The afternoon sessions focused on the role of topical antimicrobial agents in wound care and the impact of the newer treatments like PHMB-based dressings. Kathy Leak, CNS in Tissue Viability from Bassetlaw and Doncaster talked about the range of products available and how each may have benefits, depending on the individual patient and the state of the wound.

Sian Fumerola, Clinical Nurse

Specialist in tissue viability, examined the role of polyhexamethylene biguanide as an antimicrobial, the history of PHMB and data from earlier studies. Clinical cases from her own practice demonstrated the value of using Suprasorb® X + PHMB (Activa Healthcare, Burton on Trent), for the treatment of patients with wound infection. Sian also discussed the improvements in quality of life which can be achieved when using a team approach to care and the correct topical therapy.

The Masterclasses were well attended and there are four more to be held across the UK in the coming weeks. For booking information, visit the Wounds UK website: www.wounds-uk.com.

John Timmons, Tissue Viability Nurse, Department of Tissue Viability, Grampian Health Services

Care of the Older Person's Skin roadshows, April–June 2009

This spring Wounds UK and 3M Health Care Ltd have held five roadshows for nursing and care home staff (both qualified and non-qualified) along with any other healthcare professional with an interest in learning about care of the older person's skin. These days were specifically sponsored by 3M™ Cavilon™ Skin Care Products.

The five days were held across England in Middlesbrough, Crawley, Bath, Leeds and Leicester. The aim of these roadshows was to raise awareness by educating delegates about the complex nature of caring for an older person's skin. This may superficially appear to be a basic and fundamental skill, however, the presentations dispelled this myth by examining the challenges that effective elder skin care presents.

Each roadshow was centered upon the contents of the *Best Practice Statement: Care of the Older Persons Skin* (available online at: www.wounds-uk.com/downloads/best_practice_older_skincare.pdf).

All of the roadshows followed a similar structure with an initial revision of the anatomy and physiology of aging skin to remind everyone of the importance of, and many functions undertaken by, the skin. This was followed by a session on the assessment and management of skin tears. A skin tear classification system was discussed along with some very practical management suggestions to reduce the incidence of these wounds. Another important topic considered during the days was the effect of faecal and urinary incontinence on the older person's skin. The audience were shocked to hear that as many as 70% of nursing home residents may suffer from incontinence. A research study that demonstrated the benefits of introducing a skin care protocol was examined, providing the audience with another practical change they could make in their clinical area. Additional enemies to the skin — wound exudate and skin stripping from adhesive dressings — were also reviewed.

The theoretical sessions were complemented by the use of four case reports that demonstrated practical examples of the trauma highlighted during the formal presentations. These interactive sessions involving delegates and speakers resulted in innovative ways to prevent and manage skin trauma. The final presentation took the audience through their own copies of the Best Practice Statement and demonstrated how to use a free online audit tool and resource centre to monitor and record whether their clinical practice was meeting the expectations laid down in the document. This audit tool can be obtained at: www.bestpractice-skincare.co.uk.

The roadshows were evaluated by the delegates who came from a wide range of clinical backgrounds, with everyone leaving the days armed with knowledge and skills to improve their clinical practice and their clients' experience of healthcare.

Trudie Young, Lecturer, School of Health Care Sciences, University of Wales