

# Deepest Tissues

AWMA & ANZBA Newsletter

November 2010

## AWMA President's report



This quarter has seen some significant contributions by the AWMA executive to a number of national issues. We have accepted the National Pain Summit recommendations and advised on a number of wound-specific inclusions, details of which can be found at: <http://www.painsummit.org.au/> The AWMA, via APUAP, has been involved with the drawing up of the pressure ulcer prevention guidelines in the draft Consultation Regulatory Impact Statement from the Australian Commission on Safety and Quality in Health Care. The draft document can be found at: [http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/com-pubs\\_PCCC-ImpQandS-discusspaper](http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/com-pubs_PCCC-ImpQandS-discusspaper)

The executive has also been keenly involved in discussions to help develop the new Wound Management Innovations Collaborative Research Centre, in particular the long-term vision and the synergistic role of the AWMA.

The AWMA has written to the federal Minister of Health detailing our concerns about the abolition of Medicare item numbers for practice nurses. We are concerned that the removal of these items numbers will reduce the visibility of wound care intentions.

I was privileged to be able to launch the Joanna Briggs Institute (JBI) Wound Management Node on 17 September in Perth. The node is called Wound Healing and Management (WHAM) and is a collaborative effort between Curtin University, the AWMA and

JBI. There are currently 25 reviews available, ranging from "Wet-to-dry dressing" to "Pentoxifylline for venous leg ulcers". Members can access the reviews via the AWMA website or directly via JBI connect.



The elephant has left the room!!! The 'roadshow' has now visited four states and territories. Responses from our colleagues have been very positive, with general agreement on the proposed changes to the structure. To date there has been unanimous agreement to change the AWMA logo as the transition is made. There was also general agreement that a complete proposal be formulated and put to a membership vote once all feedback has been collated. Quotes for a national membership secretariat are being compiled, which should further inform any financial changes.



The collation of the AWMA members email list has proved to be a bigger task than expected. However, as of 30 September I now have data from each state and territory and hope to have an inaugural email sent out next week. This will be an important tool for involving the membership in the national activities.

The foci for the next quarter will be to finalise the roadshow members' feedback, and action Wound Awareness week activities. Check the website to keep up to date ([www.awma.com.au/](http://www.awma.com.au/)).

**Bill McGuiness**  
President

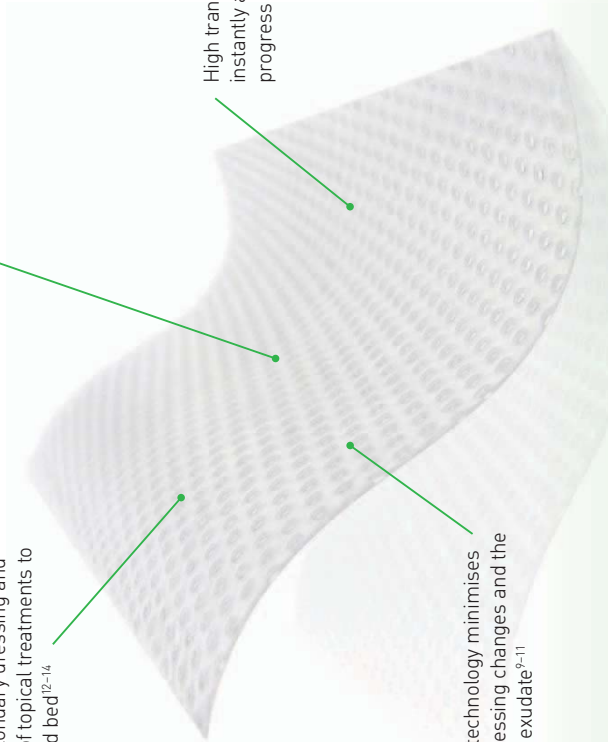


# Mepitel® One

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Safetac® technology minimises pain at dressing changes and the spread of exudate<sup>9-11</sup>

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# ANZBA President's report



I have just returned from our annual scientific meeting in Darwin and what a fantastic success it was. It was great to catch up with many of you. It was my great honour to have been invited to give the Murray Clarke Oration this year. The standard of papers and posters presented was of a very high standard and a credit to all of the presenters. The format of oral posters was very well received by delegates. The theme of *Crossing continents and cultures* was well represented by the diverse nature of the plenary speakers. Reginald L Richard, MS, PT, United States Army Institute of Surgical Research Burn Center, Fort Sam Houston, Texas, spoke of the challenges of rehabilitation and related topics, both in the main sessions and the Allied Health Forum. Gretchen J Carrougher, RN, MN, Research Nurse Supervisor, University of Washington/Harborview Burn Center, Seattle, Washington, addressed pain management and other clinical challenges to the main body of the meeting and the nursing forum. Dr Kishore Kumar, Dhaka Medical College Hospital, Bangladesh, gave a number of fascinating talks, including the horrendous electrical and chemical burns that are seen in Bangladesh.

Professor Wei-Guo Xie, MD, PhD Director, Institute of Burns, Wuhon City Hospital No. 3, spoke on the management of drug resistance in burns intensive care unit medicine and the management of post-burn hyperpigmentation for Asian skin. Richard Trudgeon gave a series of fascinating talks on cross-cultural awareness. Richard spoke in the main conference session as well as talks to a combined Allied Health/nursing group and at the Aboriginal health workers' forum. I would highly recommend that you visit Richard's website at: <http://www.whywarriors.com.au/>

The Aboriginal health workers' forum had a bit of a bumpy start, with Deb Bates from the Burns Trust stranded in Vietnam. I would like to thank Alison Mustapha, Dr Kumar and Richard Trudgeon, who stepped in at very short notice and contributed to the delivery of a very high standard workshop.

### Prizes – scientific

I would like to offer our congratulations to the following award winners and those who received commendations from the judges.

**Henrietta Law Bursary for Best Allied Health Presentation** (supported by Danny Yeung)

**Winner – Ms Gulsen Elul** Orofacial contracture management: *Consensus and variation in practice*

**Highly commended – Ms Jessica James-Chadwick** A camouflage approach to burn scarring: *An international multi-centred randomised control trial*

**Murray Clark Best Science and Research Award** (made possible by a Smith & Nephew educational grant)  
**Winner – Dr Xue-Qing Wang** The expression of alpha-smooth muscle action during wound healing and in scars on partial thickness burns

**Highly commended –**  
**Dr Leila Curtile** The effect of first aid treatment on the vasculature and cells within a burn

**Dr Yiwel Wang** Development of porous polycaprolactone/collagen scaffolds for skin engineering

**Ms Margit Kempf** Cytotoxicity testing of wound dressings, ointments creams and gels – a method using cell culture inserts on a monolayer

**Dr Queenie Chan** To investigate the correlation between time to skin grafting and hypertrophic scarring following deep dermal burns in a porcine model

**Wendy Swift Best Nursing Presentation** (supported by the British Burn Association)

**Winner – Ms Mel Paquola** The development of burns resources in The Alfred ICU

**Highly commended – Ms Rachel Kornhaber** Resilience in burns nurses: a descriptive phenomenological inquiry

**Stuart Pegg Best Medical Presentation** (made possible by a Smith & Nephew educational grant)

**Winner – Mr Jeremy Rawlins** Methamphetamine laboratory burn injuries – Why the explosion?

**Highly commended – Ms Hannah Dobson** Treatment before transfer: Pre-hospital education and assessment into thermal injury

**Best Poster Award** (made possible by a Mölnlycke educational grant)

**Winner – Mr Andrew Smith** Staysafe newsletter – How to get the message across

**Highly commended – Ms Sharon Forbes** Predicting requirements in adult burn patients – can we do better?

### Prizes – for non-scientific achievements!

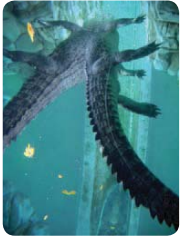
The social events were a great success, with photographic evidence now being shown in burns units across the region, highlighting ANZBA members' fearlessness with snakes, crocodiles and men in drag.



### Quiz night

A close call, but the NSW team won out on the night.





**Crocossaurus dive**

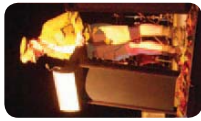
Roy 'Scary' Kimble and Natalie Adams



**Best costume - dinner**

**Female - Jill 'Rosie the riveter' Clausen and Kate 'Sunny' Miller equal first**

**Male - David 'Dad's army' Read and Richard 'politically bad' Wong She equal first**



And lastly, thank you to the continuing Board members for their ongoing work.

**Secretariat**

Jillian our hard-working secretariat will be taking leave from 29 November until 8 December, during which time the ANZBA office will be closed. In addition, the office will be closed during the period between Christmas and New Year. For any urgent EMSB matters, please contact Dianne Effielet. For any other urgent matters, please contact me.

Best wishes,

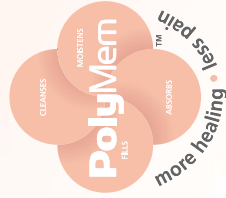
**Sheila**

Sheila Kavanagh OAM  
ANZBA President  
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**AWMA, ANZBA and Cambridge Media would like to thank, Ferris Mfg. Corp., Smith & Nephew and Mölnlycke for their generous support of DeepesTissues.**

**Board update**

I would like to thank the following people for their contribution and hard work over the last 12 months as they stand down from the positions they have held on the Board and its working parties:

- Angela Thynne – Treasurer
- James Armstrong – NZ Vice-president
- Chris May – QLD State Representative
- Carmen Akaoui – VIC State Representative
- Anne Dartton – NSW State Representative and Chair of Allied Health Group
- Michael Rudd – Chair of HOUSE Committee/Model of Burn Care group and Workforce planning group

Thank you to the following people for accepting new responsibilities:

- Anne Dartton – Treasurer
- Angela Thynne – QLD State Representative
- Heather Cleland – Chair of HOUSE Committee
- Phil Calvert – Chair of Allied Health Group
- Tracey Perrett – Chair of Workforce planning group

I am pleased to welcome the following people onto the Board:



- Yvonne Singer – VIC State Representative
- Siobhan Connolly – NSW State Representative
- Richard Wong She – NZ Vice-president and Chair of Model of Burn Care group

## AWMA Nursing Representative report for AWMA meeting October 2010

As Nursing Representative, my role is to promote the AWMA and, where necessary, act as a liaison for any nursing-related matters.

I will again represent the AWMA at the Council of National Nursing Organisations meeting in Sydney on Friday 8 October 2010. I have provided a report to this committee on AWMA's activities and asked the members to continue to promote Wound Awareness Week and the issue of inequality in dressings, devices and other related technology to clients within Australian communities.

As you can see, I have just returned from a teaching session in China and they were very excited about the conference in 2010.

Jan Rice



## AWMA Allied Health Representative report October 2010

Activities undertaken since last meeting

From an Allied Health perspective, there has been a lot of activity in the past few months in the areas of High-Risk Foot and Low-Frequency Ultrasonic Debridement technology:

1. High-Risk Foot  
The *Diabetic Foot Disease – The Bigger Picture* conference was held at St Vincent's Hospital, Melbourne, on 6–7 August 2010. With over 130 attendees, it was a great success with speakers from a broad range of disciplines including podiatry, physiotherapy, dietetics, vascular surgery, psychology, diagnostic imaging and endocrinology.
2. Low-Frequency Ultrasonic Debridement (LFUD)  
A working party consisting of representatives from the four

participating health services (Southern Health, The Austin, South West Healthcare and Peninsula Health) has developed clinical pathways and guidelines for the use of the Sonoca 185 LFUD machine. Trials have begun in the past few weeks with good results. The go live date for all sites is 4 October.

I attended the Oxford Wound Healing Summer School in August 2010. Speakers were, as usual, of an extremely high standard and there was a particularly interesting presentation from Philippe Soille from Belgium, looking at the toxicity of various dressings used in wound management. Other areas of interest were the launch of the *Lymphoedema Management Guidelines* and discussions around the updating of the *Pressure Ulcer Prevention and Management Guidelines*.

Another initiative led by Allied Health is a resolution by WMAV to forge links with the Lymphoedema Society in Victoria. More on this as it progresses.

Gillian Butcher



Kathy Bicknell (centre), JBBT scholarship winner for 2009



Australian Wound Management Association Conference Sydney Convention and Exhibition Centre

www.awma2012.com

## Wounds International Conference 2011



Wounds International is holding its first major event in Cape Town, South Africa on 1–3 February 2011, to bring together wound care professionals from around the world.

The aim of this new conference is to identify and begin to address the everyday challenges facing wound care clinicians in different settings and geographies, while looking at the particular challenges created through a lack of education and limited resources. Sessions will bring together international and regional wound care perspectives, while the practical 'made easy' sessions will provide hands-on demonstrations and allow delegates to become involved in open debate on key topics.

We would also urge delegates to submit abstracts for the free paper sessions and poster presentations. **The abstract deadline is 29 October 2010.**

Wounds International welcomes registrations from any healthcare professional involved in looking after patients with wounds, working at all levels as well as managers, policy makers and those in government. **Early bird registration closes on 1 November 2010.** See below for registration details.

The key aims will be to:

- **Improve:** Address how we can improve provision of wound management services either through relationships, methods or systems.
- **Inform:** Provide new information through interactive, 'made easy' sessions and free papers aimed at informing practice.
- **Educate:** Share clinical experiences across a variety of wound topics.

International speakers include: John MacDonald (US), Gary Sibbald (Canada), Gregory Weir (SA), Zee Upton (Australia), Keith Harding (UK), K and LK Shankhdhar (India), Xiaobing Fu (China), Bishara Atiyeh (Middle East) and other key international experts.

Topics will include: burn injuries; accurate diagnosis in leg ulcers; managing and identifying infection; pressure ulcers – managing cavity and sinus wounds; starting a wound clinic; compression bandaging and hosiery; wound debridement; offloading the diabetic foot and wound care education and resources available.

There will be a large international exhibition with key industry people, local distributors and wound care associations from around the world. In addition, the following partnering organisations are working with Wounds International to deliver a conference that will offer exceptional content and provoke an ongoing international exchange of ideas: Wound Healing Society of Southern Africa, UBUNTU, World Union of Wound Healing Societies and the World Alliance of Wound and Lymphoedema Care.

However, this conference is just the beginning. Following the February event in Cape Town, Wounds International will place content, tools and resources on its website for delegates to revisit their learning and share this with their colleagues. In this way, we hope to be able to better equip wound care professionals around the globe to improve, inform and educate their colleagues and, importantly, those with decision-making power to help drive excellence and consistency in wound care practice globally.

### USEFUL LINKS

Wounds International: [www.woundsinternational.com](http://www.woundsinternational.com)  
Event details: <http://www.woundsinternational.com/events.php?eventId=2>  
Latest conference programme: <http://cms2.selesti.com/media/capetownaug10.pdf>  
Register online: [www.actravel.co.za/woundsint2011](http://www.actravel.co.za/woundsint2011)  
Abstract submission: <http://www.actravel.co.za/event/index.php?eventId=22&f=abstract>

### Registration fees

- 3-day delegate – ZAR 3950 (approx. GBP 357, EUR 418, USD 561)
- 3-day delegate WHASA members – ZAR 3350 (approx. GBP 303, EUR 355, USD 476)
- 1-day delegate – ZAR 2700 (approx. GBP 244, EUR 286, USD 383)
- 1-day delegate WHASA members – ZAR 2200 (approx. GBP 199, EUR 233, USD 312)

### Professional conference and travel organiser

African Conferences and Incentives  
Tel: +27 11 475 2902  
Email: [wounds-info@actravel.co.za](mailto:wounds-info@actravel.co.za)  
Website: <http://www.actravel.co.za/woundsint2011/>

## DeepesTissues

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## PRACTICE PEARLS FROM FERRIS

# In defence of wet-to-dry dressings

Gordon Lontie BN, MRCNA, Clinical Nurse Consultant, ENT/Plastics/Maxillofacial/Burns, Princess Alexandra Hospital Brisbane, QLD

In today's world, cost-effectiveness is always in the mind of the clinician. Also the issue of this dressing practice being labour-intensive for nursing staff should be considered against the best outcome for the patient.

The practice of wet-to-dry dressings continues to be an effective, safe, durable, easy-to-apply and fiscally responsible form of mechanical debridement. When utilised in the plastic surgery speciality, it has proven to be an extremely effective dressing. It allows the plastic surgeon 'real time' assessment of the wound, guiding clinical decision-making relative to treatment.

Once the wound bed has been assessed as ready for grafting or suitable for a flap, the surgeon will continue further debridement in the operating room to ensure any remaining colonised tissue is removed, allowing for good graft 'take' on the granulating wound bed, which is also further debrided to reduce scar tissue formation.

Clearly further research and product evaluation are required in this area.

### References

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2. Sibbald R, Williamson D, Orsted H, Campbell K, Keast D, Krasner D & Sibbald D. Preparing the wound bed - Debridement, Bacterial Balance and Moisture Balance. *Ostomy Wound Manage* 2000, 46(11):14-35.

Furthermore, when applied correctly by specialist nurses, although the dressing is non-selective, selective areas of the wound can be targeted for debridement. In preparation for an SSG, saline packs can expedite the application of an SSG, reducing infection risks, patient pain and discomfort and, therefore, reduce patient length of stay.

## Ferris response

The use of gauze as a primary dressing is controversial; advanced dressings often are used in their place. Specific and well-known risks have been reviewed:<sup>1</sup>

- Gauze dressings are time-consuming and labour-intensive. They have been shown to require frequent change and necessitate cleaning the loose fibres out of the wound bed.
- Gauze creates an infection risk. Microorganisms are capable of penetrating many layers of wet or dry gauze. A review of 3,047 wounds found the overall infection rate for wounds dressed with moisture-retentive dressings is 2.6%; whereas, the infection rate for gauze-dressed wounds is 7.1%.
- Gauze use can impede healing because it may be a factor in lowering the wound temperature.
- The removal of gauze from the wound bed can cause pain and damage to healing tissues because it is a non-selective debrider.
- Gauze has been shown to be an environmental infection control hazard because bacteria contained in dried gauze dressings have been shown to be dispersed in the air during the change process where they remain for up to 30 minutes.

PolyMem<sup>®</sup> multifunctional dressings help support wound healing, while helping reduce both persistent and procedure-related wound pain. PolyMem<sup>®</sup> dressings have been evaluated and compared to gauze dressings. In one study<sup>2</sup>, PolyMem<sup>®</sup> wound dressings closed 3.2cm-long, full-thickness incisions in three days; identical gauze-covered incisions were not closed at day three. In a randomised study<sup>3</sup> of chronic diabetic foot ulcer patients, wounds managed with wet-to-dry saline dressings enlarged by 5%, while the wounds managed with PolyMem<sup>®</sup> dressings decreased by 65% over a two-month period. Of wounds managed with PolyMem<sup>®</sup> dressings, 68% were completely closed in six months.

### References

1. Ovington LG. Hanging wet-to-dry dressings out to dry. *Home Health Care Nurse* 2001; 19(8):477-83.
2. Lee BY *et al*. Polymeric membrane wound care dressing vs gauze (standard treatment). *American College of Surgeons 2003 Annual Congress. Scientific Exhibit SE 118*, 20-23 October 2003, Chicago, IL.
3. Blackman JD *et al*. Clinical evaluation of semipermeable polymeric membrane dressing for the treatment of chronic diabetic foot ulcers. *Diabetes Care* April 1994; 17(4):322-25

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# CHRONIC PRESSURE ULCERS OF THE FEET TREATED WITH ALKALISED FRUIT EXTRACT – CASE REPORTS

S Bonham<sup>1</sup>, C Baldwin<sup>1</sup>, LMR Tozer<sup>2</sup>  
<sup>1</sup>Quadruplegic Centre, Shenton Park, WA, 6008 <sup>2</sup>DataPharm Australia Pty Ltd, Drummoyn, NSW, 2047



## Introduction

- OPAL A alkalised fruit extract has been developed to treat wounds of various aetiologies
- Chronic ulcers in spinal injuries patients carry increased risk of serious complications such as septicemia and osteomyelitis
- Case reports are presented for three spinal injury patients at the Perth Quadruplegic Centre who agreed to use OPAL A filtrate and cream for treatment of chronic pressure ulcers of the feet previously unresponsive to best practice management

## Methods

- OPAL A products are made by adding sodium bicarbonate to heated paw paw pulp and were used as filtrate (100%) and cream (30% w/w filtrate in aqueous cream base) formulation
- The OPAL A daily treatment regimen involved application of the undiluted filtrate directly into the ulcer and cream to the surrounding skin, prior to covering with non-impregnated dressings

## Case Studies

### Case 1

58 year old male, long term C5/6 quadriplegic, IDDM, mobile in electric wheelchair, history of repeated injury to lower limbs, particularly feet and toes  
 Jul 2008: injured right foot, broken skin outer aspect below 5<sup>th</sup> toe, developed cellulitis  
 No response to five months intensive antibiotic therapy, debridement and dressings  
 10 Dec 2008 commenced daily application of OPAL A filtrate and cream

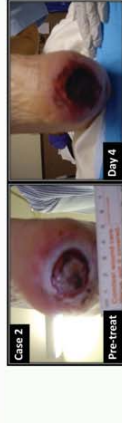


- Day 5: ulcer clean
- Week 2: ulcer clean, granulation tissue at edges
- Week 9: ulcer reduced in size to 0.5 cm diameter
- Week 20: ulcer clean and less than 2 mm diameter

The participant was non-compliant with bed rest, repeated injuries occurred and healing was delayed BUT the ulcer remained clean and NO antibiotics were used after starting OPAL A treatment.

### Case 2

65 year old male, C1/2 quadriplegic since 2007, intubated, ventilated, immobile  
 Oct 2008: ulcers on heels of both feet following intensive bicycle deterioration during eight weeks of best practice management; slough, necrosis  
 18 Dec 2008 commenced daily application of OPAL A filtrate and cream



- Day 20 (Day 4): deterioration at the centre of both ulcers; filtrate ceased; continued application of cream to surrounding skin and lower legs
- Left heel ulcer: deeper at the centre with necrotic eschar; no slough or necrotic tissue at margins; improved colour and appearance of surrounding skin
- 7 May 2009: both heel ulcers remained unresolved with continued best practice wound care management

### Case 3

49 year old female, 16 paraplegic since 2008, asthma, osteoporosis, cushioning syndrome secondary to steroids, mobile in electric wheelchair  
 Jul 2008: pressure ulcer on sole of left foot  
 Failed healing for six months with best practice management: dressings, debridement, regular antibiotics

20 Jan 2009 commenced daily application of OPAL A filtrate and cream; ulcer measured 1.5 x 1.0 x 1.3 cm



- Week 3: ulcer clean, smaller
- Week 8: ulcer healed; filtrate ceased; continued application of cream to surrounding skin
- Week 14: no recurrence; healed scar and surrounding skin healthy and in good condition

## Conclusions

- All three reported cases treated with OPAL A had chronic ulcers which became clean and debrided of slough and necrotic tissue within days of starting treatment
- The two participants who received long-term treatment with OPAL A had improvement in the appearance and size of chronic ulcers without the need for physical or chemical debridement or antibiotics
- The participant whose ulcer healed completely had improved colour and texture of surrounding skin
- OPAL A products may be beneficial in the treatment of chronic ulcers

### Acknowledgements

OPAL A products were produced and supplied by Phoenix Eagle Company Pty Ltd. Poster design by Deborah Taylor, Manilla Melissa and Lyn Tozer, DataPharm Australia Pty Ltd

## NSW

Membership: 812

### Activities and education Conference

An exciting programme has been prepared for WCANSW's 'free to members' conference and one-day workshop held in conjunction with the AGM. These events are to be hosted in Merimbula on NSW's beautiful Sapphire Coast, 5-6 Nov 2010. Local, interstate and international speakers have been confirmed and registrations stand at 150 with one month to go.

### Evening education sessions

A series of education evenings was held across the state during September, with a focus on the assessment and management of burns. We were privileged to have Siobhan Connolly, the Prevention/Education Officer for the NSW Statewide Burn Injury Service as our guest presenter for these sessions. Sessions were held in Blacktown, North Ryde, Wollongong and Port Macquarie, with a total of 140 people attending the sessions. These events were well supported by industry.

### Planned events

Plans for the 2012 AWMA conference in Sydney are well under way and on schedule.

### Achievements

The new WCANSW website has been up and running for a few months with minimal glitches. PayPa™ is now working and new memberships, education sessions and conferences can be paid for online.

### Debbie Blanchfield

WCANSW Inc. President's representative to the AWMA



## South Australia

### Activities

#### State association

I am pleased to report that the SA Department of Health has decided to 'run with the ball', just three years after the state's first *Pressure Ulcer Point Prevalence Survey* was completed. An advisory group of key stakeholders (including a SAWMA representative) has been formed to discuss the recommendations that came out of the survey, and we hope that appropriate funds will be made available to put some (or all) of these recommendations into practice. Watch this space!

Our August education evening featured relatively straightforward presentations by a plastic surgeon and a clinical nurse on the various types of skin grafts and flaps and their management. This was a very well attended session and feedback was extremely positive, evidence that the basics of wound management and related topics should always be kept in mind when planning such sessions.

#### State news

The SAWMA committee is slowly recovering from the disappointment of the failure of the Adelaide Convention Centre's bid to host the WUWHS conference in 2016 or 2020.

### Planned events

The next SAWMA education evening in November will be focusing

on two clinical conditions: epidermolysis bullosa, featuring interstate presenters, and aspects of eczema; and, for one night only, Bill McGuinness will be continuing his AWMA Restructure Roadshow in Adelaide! If Bill's presence isn't enough to have woundologists beating a path to our venue, we'll also be running a free Xmas raffle, wine and supper! So, if you happen to be in the wine state on 24 November, feel free to join us ...

### Achievements

Having three new nurse practitioners in wound management is sufficient ...

#### Paul Philcox

SA State Representative to AWMA



## Victoria

Membership: 551

### Activities

#### Twilight meeting

The September education seminar on *Lymphoedema* was extremely well attended, with approximately 110 attendees. Also invited were representatives of the Lymphoedema Practitioners Group Victoria who contributed to the seminar.

The seminar was followed by the AGM, at which Associate Professor Bill McGuinness presented on the AWMA restructure and opened up the forum for discussion. Quite pleasingly, we had approximately 50 members who stayed to attend the AGM. The discourse was positive, with questions to do with logistics and operations of the model proposed and being supportive of the restructure at this stage.

#### Future seminars

State conference: 2-3 September 2011, Melbourne Park.

#### New committee

The composition of the new WMAV committee includes a dietitian, lymphoedema nurse, medical practitioner, podiatrists, wound clinical nurse consultants, a wound researcher and academics in wound care. A truly multidisciplinary team!

#### Nikki Fresco

WMAV President



## Tasmania

Membership: 100

### Activities

It has been a quiet spell following the whirl of Kerylin's 'Wound Wagon' event. However, we are looking forward to hosting the *Tools of the Trade* evening, with guest speaker Bill McGuinness and several other excellent speakers with a key interest in wound management and education. This event will be held on 25 November. Please check the TWCA website for more details ([www.twca.com.au](http://www.twca.com.au)).

Plans are under way for the dynamic educational calendar of 2011.

We extend our sympathy to Sue and Craig Quarmby for the recent loss of their long-time companion Plato.

#### Naomi Boyce

TWCA Committee Member

## Northern Territory

Membership: 61

### Activities

Prevention education and rescheduling, the *Pressure Ulcer* prevention education session was conducted on 16 April 2010. The aim of the session was to provide relevant information from a variety of local health professionals who are all involved in pressure ulcer prevention. The atmosphere was engaging, as the forum allowed people from the floor to become interactive as a scenario was given to the panel for discussion.

This education workshop was a combination of verbal and practical demonstration. The WANT team is extremely grateful that the SEAT clinic actually brought over their equipment to demonstrate how pressure mapping occurs, giving a couple of participants the chance to lie on a mattress and be mapped or seated on a cushion and having pressure mapping demonstrated, whilst the rest of the audience saw the mapping in progress on the display screen.

The most exciting point of this education session was the virtual link-up with Alice Springs. WANT members in the Alice could see the entire presentation and also interact to ask questions or make comments as they watched the education session. Feedback from those who attended in Alice was very positive and it is planned that in 2011 all education sessions will be linked to Alice and Katherine, if the facilities are available at the time the WANT presentations are conducted. We must again thank Flinders Community-based Medical Education (CBME) technology for providing this service cost-neutral to the WANT branch, as we are providing ongoing education to health professionals in the NT.

The 2010 AGM was held after the above education session.

The second education session (8 September) was conducted in conjunction with the Hyperbaric Technicians and Nurses National Conference, which was held in Darwin this year. The key speaker was Jan Rice - her topic, entitled *Tools of the Trade* had a particular focus on high-risk foot wounds. Frank Guerriero from the Hyperbaric Medicine Unit, Royal Adelaide Hospital, also gave a presentation, and members from Royal Darwin Hospital's High-Risk Foot Service gave an overview of activities performed in their department. Reports from those who attended felt it was very informative with relevant information.

### Planned events

- The WANT team is hoping to produce a WANT newsletter before the end of the year.
- The next WANT committee meeting is in October, where plans for 2011 education sessions will be discussed

### Recognition/achievements/awards

Due to the transient nature of Darwin, we sadly farewell Angela Bendall (founding WANT committee member) who has moved onto bigger and better things in Tasmania. Also, our founding Treasurer, Margaret Forbes, dietitian, has moved to a different area within NT Health, but we are fortunate to welcome, in her place, Erica Maccarone, also a dietitian from RDH, as our new Treasurer.

We wish both of these founding members well and are eternally grateful to the energy and vigour they have given to the committee since its inception; their input will be greatly missed.

#### Jennifer Byrnes

NT Representative/President WANT



## ACT

### Activities

The ACT held its AGM on 27 August 2010. We were fortunate to have the President of AWMA, Associate Professor Bill McGuinness, to discuss the future direction of the AWMA to our Canberra members. This evening was held at the Ottoman Restaurant and was enjoyed by all.

A reminder to our members that now is the time to renew memberships.

### Planned events

Twilight educational meeting will be held on 23 November at Calvary Hospital with a focus on best practice in wound assessment, skin tear management and venous leg management. An update of the AWMA *Standards for Wound Management*, second edition, will be presented to our members on the evening.

#### Ann Marie Dunk

President ACTWMA, ACT Representative



## Western Australia

Membership: 382

### Activities

The West Australian Wound Care Association (WAWCA) held its AGM on 17 September 2010, at City West Function Centre, Perth. We were very pleased to have Mr Bill McGuinness in attendance. Bill provided a presentation on *Technology in Wound Care and Future Directions of AWMA*. We were also fortunate to have a WA launch of the Joanna Briggs (JBI) Wound Healing and Management Nodes. In attendance were representatives from Curtin University of Technology. The Nurses' Memorial Fund and Silver Chain Association. During the meeting elections were held.

### Planned events

Our final clinical update for the year will be held on 17 November 2010.

### Achievements/awards

During the AGM, we were very pleased to announce the recipients of two life members of WAWCA. Congratulations to Ms Pam Morey and Barbra Pedersen for their contribution to WAWCA.

#### Donna Angel

WA State Representative

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