Australian Wound Management Association Inc.

Wound Awareness Campaign – 2011
In 2011 the Australian Wound Management Association Inc. (AWMA) is changing the Wound Awareness Campaign from a week of intense activities to a sustained number of activities over the year. This year’s exciting campaign has four major strands endorsed by the Wound CRC.

‘Balloons4Wounds’
This is a national media event that will illustrate the passion nurses feel about the financial inequity patients experience with regard to purchase of wound management products. One hundred nurses in each state and territory will gather on the steps of their local Parliament and participate in an environmentally friendly balloon release. What a visual way to illustrate nurses’ feelings!

Media e-pack
An all-inclusive, entirely electronic selection of documents comprehensively illustrating how patients are affected by leg ulcers and the cost of wound management products.

Venous leg ulcer guidelines
This dynamic document has been prepared by AWMA to act as a resource to the clinician. Its endorsement is anticipated by the NHMRC and launch is planned for October 2011 in Canberra at the Pan Pacific Forum.

‘Strain of Veins’ poster
Every GP will receive a poster that clearly demonstrates evidence-based management of venous leg ulcers as well as a poster that explains venous leg ulcer care and management for the patients’ waiting room.

Carol Baines RN
AWMA FAME Chair

Editor’s note
This edition of DeepesTissues is brought to you as Wound Awareness Week swings into action. We launch the week with a bang! All states and territories have organised a gathering of nurses with brightly coloured balloons in hand to demonstrate to the public how many of our patients are currently suffering with wounds. The balloon release is planned for 28 March, so please join in and show your support if you have a few moments in your day. There is a contact person in each state, so contact them for more information or jump on the website www.elephantintheroom.com.au

As we approach the first birthday of DeepesTissues, I thought it might be appropriate to extend our thanks to the Tasmanian Wound Care Association (www.twca.com.au) for the use of their newsletter title DeepesTissues. The title DeepesTissues was first conceived by a father of one of the committee members and has been used with much success for many years. As editor, it’s a name I have identified with and thought was a synergistic way to bring wound and burns management together under the same banner – so thank you TWCA.
As my first year as President draws to a close, it is timely to reflect on the activities undertaken by the Association over that time and outline possible future directions.

In 2010 the Association has focused on an inward and outward agenda. The inward agenda has concentrated on amalgamating our very active state and territory groups into a national organisation that is recognised by the federal government as a peak body for wound management. The outward agenda has been to continue an awareness campaign highlighting the plight of our clients with chronic wounds.

Roadshow complete: now phase two
The formation of a national peak body for wound management continues to progress. The first phase, designed to gauge membership response to the recommendation adopted and refine any proposed structure, is now complete. Response from the ‘roadshow’ presented in each state and territory has received very positive support. I would like to thank the many members that facilitated the roadshow presentations and the overall membership for taking the time to attend and provide feedback on the proposal. Each state and territory is now preparing a proposal for a name change at their AGMs. A face-to-face meeting is planned for 6 May to discuss members’ benefits with a view to establishing a minimum list of benefits provided to all AWMA members.

To assist with ongoing national communication, an email list of members was established in November 2010. This is yet to include members from NSW who will likely come on board this year. If members have not provided an email address to their local membership secretariat then now is the time to do so. I will be using this medium to call for expressions of interest from members to participate in the various AWMA activities.

The outward facing agenda has incorporated several activities, including a change to the Wound Awareness Campaign, active lobbying of federal government, being a participating member of the European Wound management Association (EWMA) and supporting the development of publicly available wound management resources.

The Wound Awareness Campaign is taking shape. Since receiving the $50,000 grant from the Wound CRC, the FAME group has been making plans for the ‘Balloons4Wounds’ media event and pack development. Further details will follow shortly. I would encourage all members to be actively involved in the campaign as increasing awareness will result in improved resources for our patients.

In relation to communication channels with the Department of Health and Ageing (DOHA) following a meeting late last year, the Department agreed to assign the Association a case manager.

A letter was received from the Minister of Health late last year in response to our expression of concern regarding the removal of Medicare item numbers from practice nurses for wound care. The letter outlined the changes and highlighted support from the Australian Practice Nurses Association for the change.

In the coming year I would like to explore options for creating a national wound health index. This type of data is imperative to help mount arguments to governments and health care providers. My intent is to establish a minimum data set then using our network of members conduct a point prevalence study annually. More on that latter.

I look forward to the year ahead and AWMA actively prosecuting the wound management agenda.

Bill McGuiness
President
ANZBA President’s report

I hope that you have all had a great Christmas and New Year period. We have all watched with great sadness the tragedy associated with the flooding that has unfolded across Queensland, parts of New South Wales and now Victoria. Our thoughts are with those who have been affected and I would encourage all of you to consider donating to the flood relief funds that have been set up.

Board workings

Further to our application for continuation of our tax exemption status, it was discovered that changes to the constitution to include a non-profit clause and a new wind-up clause were required to comply with ATO requirements. To facilitate the adoption of these changes in a timely manner, an extraordinary meeting was called and subsequently held on 10 Jan in Adelaide at the Royal Adelaide Hospital. The individual motions were put to the vote.

Inclusion of:

2. Aims & Objectives

The Association was established for the purpose of promoting higher standards of burn injury prevention and burn care through research and education.

Moved: Anne Darton Seconded: Yvonne Singer CARRIED

2.1 Non-profit clause

The assets and income of the organisation shall be applied solely in furtherance of its above-mentioned objects and no portion shall be distributed directly or indirectly to the members of the organisation except as bona fide compensation for services rendered or expenses incurred on behalf of the organisation.

Moved: Alison Mustapha Seconded: Dale Edgar CARRIED

Change to current wording:

WINDING UP

91. The provisions of the Memorandum of Association relating to the winding up or dissolution of the Association will have effect and be observed as if they were repeated in these Articles of Association.

Changed to:

DISSOLUTION

91. In the event of the organisation being dissolved, the amount that remains after such dissolution and the satisfaction of all debts and liabilities shall be transferred to another organisation with similar purposes which is not carried on for the profit or gain of its individual members.

Moved: Dale Edgar Seconded: Tina Ackland CARRIED

ANZBA Prevention Committee

The ANZBA Prevention Committee Executive comprising representatives from states and territories of Australia, and New Zealand continues to meet monthly via teleconference. The Executive has been involved in various activities, some of which are highlighted below.

The Prevention Committee is involved in the Standards Australia committee to review the current safety standard into children’s nightwear AS/NZS 1249:2003. This standard predominantly aims to address labelling requirements, clothing burn time and garment manufacture specifications for children’s nightwear.

On Friday 4 February 2011 the members of the Executive will come together in Adelaide for a full day of planning. This meeting has been made possible by the generous support of Rye Pharmaceuticals who kindly brought all members to Adelaide. This day will be used to discuss current state-based initiatives, examine national statistics which were received from the ANZBA Bi-National Data Registry, strategic planning for the committee and further the development of the first aid campaign.

The bi-national first aid campaign will see the delivery of education to all members of the population on correct and timely first aid for all people sustaining burn injuries. The Community Service Announcements (CSAs) have already begun, with the first highlighting toddler scalds from pulling cups of tea/coffee down from a bench. This CSA has been aired through most states of Australia. It is hoped that a comparable initiative will be undertaken in New Zealand. Planning is currently under way to develop similar messages that will be played via national television networks. A production team has been approached and scenarios finalised; however, funding is still being sought.

The work on developing an internet-based education module and printed messages highlighting the education messages continues. It is predicted that this education will not only inform the public of burn injury and common hazards but will also have a beneficial effect on reducing burn injuries in Australia and New Zealand.

In addition to the national first aid campaign, which is slowly coming together, the individual states continue to target burn prevention. All areas team up with local resources and industry to assist widespread distribution.

Siobhan Connolly Chair

Annual Scientific Meeting

The 35th Annual Scientific Meeting of the Australian and New Zealand Burns Association will be held from 4 to 7 October 2011 at the Brisbane Convention Centre. The theme for the ASM will be Burns through the stages.

Authors are invited to submit abstracts for possible inclusion in the ASM program. Abstracts have a 250-word limit and are due by 9 May 2011. All abstracts are to be submitted electronically via the conference website.

We are particularly interested in presentations that fall within one of the sub-themes of:

- Prevention – New approaches for consumer education and legislative change designed to minimise burn injury; Innovative
staffing models to recruit, develop and retain staff to prevent burn-out.

- Adjustment – Tapping in to the local community; strategies to improve quality of life for the burn survivor.
- Reintegration and rehabilitation – The challenges for the burn survivor; examples of evidence-based strategies and measurement of outcome.
- Transitioning – Transitioning through the continuum of care post-burn injury.
- Laboratory / translational research – New or existing technology; challenges to inform and change practice; new approaches to ensure a sustainable organisation.
- Pain and itch – Examples of innovative strategies to improve patient care following burn injury.
- Reconstruction – New techniques for burn scar reconstruction; challenges for the future.
- Scarring – New approaches to understanding, preventing or treating scars.

While we have provided some guidelines and suggestions, we welcome presentations that explore the possibilities inherent in the themes outlined above.


Abstracts submission open 21 February 2011
Julian Burton Burns Trust (JBBT) Initiatives
Thanks to the hard work of Julian and Deb, funding has been secured to support a two-day seminar for burn nurses who are unable to attend the ANZBA annual meeting. The program is being put together currently and information relating to the seminar should be circulated by the end of February. The seminar will be held on 3–4 June. If you would like to register preliminary interest, please email Deb Bates at deb@burnstrust.com.au

Nursing Forum Darwin October 2010
The ANZBA Nursing Forum held at the annual scientific meeting in Darwin was attended by approximately 60 nurses from across Australia and New Zealand.

We combined with the Allied Health group to hear Richard Trudgen, author of Why Warriors Lay Down and Die, speak about the cultural issues in accessing health services faced by our Indigenous population. His presentation was fascinating and gave us insight into our current practices when communicating with this group of patients/clients.

Following Richard’s talk, the nursing group then heard a presentation by Gretchen Carrougher, clinical instructor for the University of Washington School of Nursing in Biobehavioral Nursing and Health Systems and the NIDRR-funded Research Nurse Supervisor in the Department of Surgery/Harborview Burn Center. Gretchen spoke about pain management issues faced by burn injured patients; something that we all deal with on a day-to-day basis.

Gretchen is also the author of the burns nursing text, Burn Care and Therapy and we spent a good deal of time trying to persuade her to update and republish the book! Keep an eye out over the next couple of years!

Presentations were given by Di Eifleet on the EMSB courses conducted this year, which are growing steadily in number. A big thank you to all those who assist as coordinators with these courses; without you they would not be possible.

Siobhan Connolly, Di and I then spoke about the Burns Nurse Education program that was delivered for the first time in Madang, Papua New Guinea in April (the EMSB course has been run in PNG for the last two years and was conducted again this year for medical candidates). This program was developed in response to a request from the PNG School of Medicine to provide a course that was tailored to meet the needs of burns nurses throughout PNG as the EMSB course in its current format did not meet those needs. The program was run over two days with 24 nurses participating. Lectures and practical sessions were delivered by a faculty of nurses from Australia as well as two local nurses, Stephannie Damong and Wilma Sebby. The program was a big success with the candidates being very proud of their achievements.

Peter Campbell demonstrating airway management.  Stephannie Damong and Wilma Sebby.

Master of Nursing Science (Burns)
The year 2011 will see the replacement of the current Graduate Diploma in Nursing Science (Burns) with a new program, Master of Nursing Science (Burns) at the University of Adelaide’s School of Nursing. This new program will be conducted in two stages. Stage 1 will provide an exit point at graduate diploma level (one year full time or two years part time). The content of this stage will be similar to the current graduate diploma but with a restructure of the courses.

Stage 2 will allow students who successfully complete Stage 1 to undertake the master component of the program. This stage will also be run over one year full time or two years part time. Students who have already completed the Graduate Diploma in Nursing Science (Burns) will be eligible to enrol straight into Stage 2. A PDF of the stage is available on the ANZBA website with more information about the program.

Scholarships will be available through the JBBT for both stages of the program. See the JBBT website for further information: www.burnstrust.com.au

ANZBA online education sessions
The executive of the ANZBA Nursing Group has been conducting online education sessions this year in the virtual office. We have had very good attendances at these sessions with 2010 students of the Graduate Diploma in Nursing Science (Burns) pictured with Jill ‘Rosie the Riveter’ Clausen, program coordinator.
some excellent speakers from around Australia. We will continue the program in 2011 commencing in February, so ask your heads of units for further information. They will receive a flyer with details of each session. These flyers will also be available on the website in 2011.

**Nursing research**

Rachel Kornhaber is now in the second year of her PhD, severe burn injury patients’ ‘lived experience’ of rehabilitation. The purpose of the study is to describe the experiences and difficulties of adult severe burn injury patients’ rehabilitation and gain an in-depth understanding of patients’ experiences.

Rachel has now received ethics approval to conduct the study over several states in Australia and is beginning to collect data. Rachel has her first publication in the next edition of the *Journal of Burn Care and Research*.

Rachel was the successful applicant for the Australian Postgraduate Scholarship Award over three years through the University of Adelaide, South Australia. In addition, Rachel was the successful applicant of the Royal North Shore Nursing and Midwifery top-up Scholarship in 2010 and again in 2011.

**Allied Health**

**January 2011**

The Allied Health group met via teleconference for the first time in late November 2010. The meeting was well attended by the relevant state allied health chairs. Part of the planning in this meeting involved setting an agenda for 2011, up to and including the ASM in October in Brisbane. The group will meet every two months, and the meetings will be open to all interested allied health clinicians in Australia and New Zealand. Meeting dates and phone in details will be circulated by the state chairs. There were a number of topics discussed at this initial meeting, which will form the basis for ongoing action and discussion by the group. These included:

- A discussion around the allied health forum that was held in 2010 and suggestions for improvement in 2011.
- The potential for development of a coordinated QM/research/audit register to allow cross-sharing of ideas and projects.
- The need to further develop consistency in the use of outcome measures within allied health.
- Development of the third edition of the allied health guidelines.

As the group continues to meet in 2011, it is anticipated that these key projects will be developed, as well as an effort to continue to engage and involve allied health clinicians across Australia and NZ with ANZBA.

**AWMA, ANZBA and Cambridge Media would like to thank,**

**Avita Medical,**

**B Braun, Bosco Medical,**

**Mölnlycke, Ferris Mfg. Corp.,**

**and Smith&Nephew for their generous support of DeepesTissues.**
Autologous skin cells in suspension spray and its nursing management

Joy Fong¹, Suzanne Rea², Fiona Wood³

¹ Clinical Nurse Consultant, Burn Service, Royal Perth Hospital ² Professor, Burn Service, Royal Perth Hospital; McComb Research Foundation; Burn Injury Research Unit, UWA ³ Winthrop Professor, Director Burn Service, Royal Perth Hospital; McComb Research Foundation; Burn Injury Research Unit, UWA

Introduction
In patients with extensive burns the limited availability of autograft donor sites becomes a factor in wound closure and survival. The need to provide skin cover in a situation of inadequate donor sites led the interest in laboratory-based tissue expansion by culturing elements of the uninjured skin cells. In Western Australia, Cultured Epithelial Autograft (CEA) was first used in 1990 as confluent sheets. A major problem encountered with the CEA in sheet form was its fragility and difficulty in handling in the laboratory and clinical settings. This led to further investigation and in 1994 keratinocyte cells in suspension were used and delivered as an aerosol to the wound surface. In the last decade further development of the technology allows perioperative cell harvest using the ReCell™ kit. The ReCell™ kit is a single-use device for the perioperative harvest of cells from the dermal-epidermal junction. The cell suspension is delivered to the prepared wound as an aerosol. The wound is dressed using a non-adherent, low absorbent primary dressing Surfasoft™, paraffin gauze, followed by povidone-iodine 10% soaked gauze, dry gauze and crepe bandage. Surfasoft™ is a monofilament polyamide mesh dressing. This is used as the primary interface dressing, due to the small pore size of 90 microns, autologous cells are retained on the surface.

Management principles
The goals of nursing management involve:
- Protection of wound.
- Promotion of epithelial cell growth.
- Infection and haemostatic control.
- Pain management.
- Improvement of function.
- Scar minimisation.

Wound management
Mandatory considerations:
- Adequate pain relief is given prior to any dressing procedure.
- Principles of asepsis and standard precautions are observed at all time during the dressing.
- Procedure is explained to patient and full consent is obtained.
- Whether the procedure is undertaken in the theatre or in the ward, the dressing management remains the same.
- The wound is not washed with soap and water till the fourth dressing change or day 5 postoperatively.

Dressing changes
- The outer layers of the dressing are to be gently removed down to the paraffin-impregnated gauze.
- The wound is then observed for any signs of bleeding and/or infection.
- A povidone-iodine 10% compress and bandage is then reapplied (one layer of povidone-iodine 10% soaked gauze over the paraffin-impregnated gauze, then covered by two layers of dry gauze and crepe bandages).
- Careful consideration is for positioning and mobilisation to avoid shearing forces or trauma to the wound. The wound region is splinted and/or elevated as per regime with external pressure for oedema management indicated for that particular patient.
- At subsequent dressing changes, the paraffin-impregnated gauze and povidone-iodine 10% compress are replaced as necessary ensuring the primary dressing remains intact.
- From day 5 onwards, once the secondary dressing has been removed, the wound contact material dressing is inspected and can be gently washed over with chlorhexidine 4% soap and water.
- The primary dressing, Surfasoft™ is then trimmed away where it has not adhered, being careful not to cause trauma to the tissue underneath.
- As the healed surface is fragile and traumatic removal will destroy new cell growth, it is essential that any dressing not easily removed is soaked in oil-based solutions. It is common practice at the RPH Burns Unit to use lanolin and emollient and/or an olive oil compress on any adhered primary dressings.

Conclusion
The use of cell-based tissue expansion requires consideration for the postponed dressing care. Rapid healing can improve the quality of the scar when used in conjunction with meshed split skin grafting technique where cells are sprayed over the interstices of the meshed skin graft. The speed of epithelialisation and wound closure is enhanced with potential of scar minimisation. The nursing management considers protection of the wound and promotion of cell growth, infection, haemostatic control and pain management with the aim to maintain and to promote improvement of function and scar minimisation. Protocols have been designed to enable the staff to care for wound healing using cell therapies and these protocols are being continually reviewed and updated.

References

Acknowledgements to B Horner, A Willis, S Muir and F Wood who compiled the initial CEA and its Nursing Management poster.
ReCell® Spray-on Skin is a unique clinical solution for fast re-epithelisation and recovery in Burn Care.

The revolutionary autologous device harvests healthy epidermal cells from a small site matched biopsy which are delivered immediately onto the wound area.

... Simple, quick, efficient, cost-effective process.

ReCell® has been proven to:
- Accelerate healing
- Minimise donor site morbidity
- Improve aesthetic appearance
- Minimise scar formation
- Reintroduce pigmentation to the skin
- Improve functional outcomes

Case study examples

Hot scald to the forehead
- Pre-treatment
  - 2 weeks after ReCell®

Acid burn to the face
- After Dermabrasion
  - 12 days after ReCell®

References
### Approved Projects February 2011

<table>
<thead>
<tr>
<th>Project number</th>
<th>Project name</th>
<th>Project leader</th>
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<tbody>
<tr>
<td>1-01</td>
<td>Wound Fluid Characterisation: This project aims to profile the dynamic changes in the wound environment through the use of state-of-the-art proteomic and metabolic analyses across sequential wound fluid samples. This will enable the generation of a database that can be used to link molecular changes in the wound with clinical parameters and, therefore, facilitate the development of diagnostic or prognostic tools for use in wound management and novel therapeutic strategies for treating chronic wounds. Start date: 8/10/2010; end date: 31/12/2015.</td>
<td>Prof Zee Upton, Queensland University of Technology</td>
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<tr>
<td>1-02</td>
<td>Bacterial Diversity (an investigation of the bacterial diversity of non-healing wounds): A critical level of bacterial colonisation has been hypothesised to be a key cause of wound chronicity. This aim of this study is to investigate the microbial composition of non-healing chronic wounds and relate this to the biochemical profile and clinical status of the wound. Start date: 1/12/2010; end date: 30/11/2013.</td>
<td>Prof Peter Timms and Dr Flavia Huygens, Queensland University of Technology</td>
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<td>1-03</td>
<td>Genetic Markers (genetic markers of susceptibility to chronic wounds and hypertrophic scarring): This project aims to provide DNA samples required to identify novel gene variations associated with chronic wound development due to venous disease (venous ulcers) and excessive scar formation after burn injury. Clinical and demographic information from all subjects will provide qualitative and quantitative data to determine the interaction of genetic and other risk factors. Start date: 1/10/2010; end date: 30/09/2013.</td>
<td>Dr Hilary Wallace and Prof Michael Stacey, University of Western Australia</td>
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<td>1-04</td>
<td>Preclinical Model Development: The aim of this project is to develop new and improved in vitro and in vivo preclinical models for assessing wound targets, therapies and skin integrity products. This project will provide new tools for identifying potential wound targets and assessing the biocompatibility and activity of novel agents for improving wound healing and skin integrity. Start date: 1/10/2010; end date: 30/06/2013.</td>
<td>Assoc Prof Allison Cowin, Women's and Children's Health Research Institute</td>
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<tr>
<td>2-01</td>
<td>Sensors for Wound Status (development of advanced material-based sensors to monitor wound healing): This project aims to develop temperature and pH sensitive sensors that can be embedded in wound dressings. The sensors will provide a real-time visual readout of raised wound temperature or abnormal pH, as an indicator of wound infection or healing status, respectively. Start date: 1/10/2010; end date: 30/09/2013.</td>
<td>Prof Nicolas Voelcker, Flinders University</td>
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<tr>
<td>2-02</td>
<td>Point-of-Care Wound Diagnostic (development of a point-of-care diagnostic predictor of wound status): This project aims to establish a platform technology that will underpin the further development of rapid and easy to interpret point-of-care wound diagnostics that will facilitate rapid implementation of appropriate treatment options. Start date: 1/10/2010; end date: 30/09/2013.</td>
<td>Dr David Steele, University of South Australia</td>
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<td>2-03</td>
<td>Novel Therapeutics (application technologies for anti-bacterial and anti-inflammatory bioactives): This project seeks to develop methods for the controlled topical delivery of therapeutics. In particular, the project will focus on designing and implementing methods for delivering anti-bacterial or anti-inflammatory compounds sourced from the parallel Project 2-04 'Plant compounds for wound healing' to the wound environment. Start date: 1/01/2011; end date: 31/12/2013.</td>
<td>Dr Hans Griessler, University of South Australia</td>
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<td>2-04</td>
<td>Plant Compounds for Wound Healing (discovery of anti-inflammatory and anti-bacterial plant compounds for wound management): The vast chemical diversity of secondary plant metabolites is a rich source of compounds with pharmaceutical potential. This discovery project aims to tap into this resource to identify plant compounds with potential application in wound management. Start date: 6/12/2010; end date: 31/12/2013.</td>
<td>Dr Hans Wohlmuth, Southern Cross University</td>
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<td>2-05</td>
<td>Responsive Drug Delivery Vehicles (responsive drug delivery vehicles for wound healing): The aim of this project is to develop a technology that can effectively deliver therapeutics into the wound environment in response to a change in the wound healing status. It is envisaged that this project will underpin development of the 'smart dressing' technology. Start date: 6/12/2010; end date: 6/12/2013.</td>
<td>Prof Nicolas Voelcker, Flinders University</td>
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<td>3-01</td>
<td>Scar Outcome Study (new risk and outcome assessments for scarring after burn injury): This project aims to investigate bacterial wound colonisation as a risk factor for poor scar outcome after burn injury, using current and novel techniques for assessing wound microbiology in a prospective study; and to develop a new measure of scar outcome that includes objective skin measurements. Start date: 1/10/2010; end date: 30/09/2013.</td>
<td>Dr Hilary Wallace, University of Western Australia</td>
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<tr>
<td>3-02</td>
<td>Increasing Wound Awareness (increasing awareness about venous leg ulceration): The project objectives are to increase awareness about the incidence of patients suffering from venous leg ulceration in Australian society; and to develop a range of resources that can be accessed by health professionals and patients that detail the management of common symptoms and the location of specialised services. The overall longer term objective is to lobby for improved access and subsidy of services required by patients suffering from other chronic wounds. Start date: 1/12/2010; end date: 31/12/2011.</td>
<td>Assoc Prof Bill McGuinness, Australian Wound Awareness Association</td>
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Preventing maceration under compression bandaging

Penny de Winter
CNC Wound Management, Logan Hospital

Venous ulceration is a result from venous hypertension causing oedema of the limb. The gold standard for treating venous leg ulcers remains compression bandaging. Compression therapy has been shown to improve the rate of healing ulcers and reduce the recurrence of venous ulcers by reducing the venous pressure and improving the venous circulation, subsequently reducing leg oedema.

Compression bandaging is usually performed using high stretch compression bandages at the initiation of treatment. Before the application of compression bandaging, the patient’s ankle-brachial index or ABI must be determined. Reducing oedema in the limb often results in highly exuding wounds leading to periwound maceration. Maceration is the softening of skin surrounding the wound due to excess fluid pooling on the skin. Normally compression bandages are kept in place for seven days, so applying a dressing with a compression bandage that is very absorbent and can prevent strike-through onto the outer layers of the bandage system is crucial to prevent damage to the surrounding tissue.

Some dressings that are firm with steep edges can cause pressure erosions or new ulcers under compression. Dressings that are low-profile, soft and flexible prevent indentation of the dressing edge into the skin and tissue damage. Dressings that have vertical wicking capability to minimise spread of exudate to the surrounding tissue are highly beneficial.

Patients with venous ulcers often are particularly susceptible to contact dermatitis so reviewing the ingredients in products is essential and applying dressings without the use of tapes and adhesives. For patients that have severe dermatitis or dermatitis that is not responsive to treatment, a referral to a dermatologist would be helpful. Other factors to consider for dressing choice include ease of application, the number of dressing changes and non-traumatic removal and cost.

Choice of both primary and secondary dressings is equally as important in wound management and particularly under force of compression. Selection of low-profile dressings with tapered edges, vertical wicking capability and ability to manage exudate for extended periods is advantageous.

References

Ferris response

Venous ulcers can persist for long periods of time and be very difficult to heal, so proper management is crucial for healing these difficult ulcers. In a representative case study, an 83-year-old man had two right lower leg venous ulcers that he had been self-treating for two years with intermittent improvement. The largest of the two wounds was draining large amounts of exudate for three months, which cultured positive for Staphylococcus aureus. His physician referred him to a wound care nurse for evaluation. The specialist had prior experience using multifunctional PolyMem Wic* cavity filler dressings on heavily draining venous ulcers under multi-layer compression with positive outcomes. The cavity filler dressing absorbs exudate and wicks it directly into the absorptive layers of the compression wrap. At the initial dressing change, the nurse used a no-rinse cleanser to clean the wounds. PolyMem Wic filler was applied to the ulcers and then a four-layer compression system was wrapped around the extremity. The dressings were changed weekly. No further manual cleansing was needed at dressing changes because the PolyMem Wic cavity filler dressing continually cleansed the wound. At each dressing change the ulcers improved with no problems of maceration or complications. After four dressing changes, the ulcers were healed! The only further treatment the patient needed was the application of compression stockings to prevent recurrence of the venous ulcers and a moisturiser applied to his legs.

References

* PolyMem Wic is a mark owned by Ferris Mfg. Corp. Burr Ridge, IL USA, registered or pending in the US Patent and Trademark Office and in other countries.
A GROWING CRISIS: Are we ready for pressure injury prevention in the morbidly obese?

Kerry Taliaferro, Clinical Development Nurse 6A, The Canberra Hospital

"In 2004-05 the number of Australians aged >6 years and over who were regarded as overweight or obese was 7.4 million, an increase of 2.3 million people over the previous 10 years."

The obesity epidemic has seen a rise in the numbers of morbidly obese adults (BMI > 40) presenting to acute care settings suffering from a range of medical conditions. Of concern for this population are the increased pressure injury risks due to poor vascularization of adipose tissue and high pressure forces distributed over the entire supine surface. Additionally, elevated tissue loads increase internal pressure on soft tissues, increasing the likelihood of deep tissue injury.

DEEP TISSUE INJURY

In 2009 the International NPUAP/EPUAP Pressure Uler Classification, Clinical Practice Guidelines added the following definition.

**Suspected Deep Tissue Injury: Depth Unknown**

The location of injury is actually in the muscle and/or subcutaneous fat; the wound may rapidly deteriorate to a stage 3 or 4 pressure injury. As the injury is repaired and tissue and fat are replaced by granulation tissue and epithelial cells with a resultant loss of muscle and fat.

**Challenges of caring for bariatric patients**

- Overhead hoists and wide slings are the safest option
- Custom built units with hoists tracked to shower and toilet prevent manual lifting by carers
- Regular multidisciplinary meetings with medical nursing and allied health will optimise care
- Schedules for turning, personal care, physiotherapy, wound dressings are vital to organise the number of personnel required to manage care.

**Equipment needed to adequately care for immobile bariatric patients**

- Formalised Manual Handling guidelines allow a logical response to set up all equipment and personnel required to care for the bariatric patient
- Additional personnel to manage care
- Bariatric bed with sufficient weight capacity and width and fitted with alternating pressure reliefing mattresses
- Bariatric Hoist Station, Slings, scales
- Bariatric Theatre bed, Imaging equipment
- Bariatric Ambulances
- Commode chairs, wheelchair, bariatric chairs, all need to accommodate width, pressure relief and weight capacity
- Physiotherapy equipment, lift tables and walking slings
- Lifts / doers / access points need to be wide enough to accommodate extra wide beds and commodes / wheelchairs

Body Mass Index Classifications

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<tr>
<th>BMI</th>
<th>Name</th>
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<tr>
<td>&lt; 19.5</td>
<td>Underweight</td>
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<tr>
<td>19.5 - 25</td>
<td>Normal</td>
</tr>
<tr>
<td>25 - 30</td>
<td>Overweight</td>
</tr>
<tr>
<td>30 - 35</td>
<td>Obese</td>
</tr>
<tr>
<td>Above 35</td>
<td>Severely obese</td>
</tr>
<tr>
<td>Above 40</td>
<td>Morbidly obese</td>
</tr>
<tr>
<td>Above 50</td>
<td>Super obese</td>
</tr>
</tbody>
</table>

Body Mass Index (BMI) is an internationally recognised measure of the amount of fat and muscle in the human body and used as an index of obesity.

References:

DEVELOPMENT OF DEEP TISSUE INJURY

**Case presentation**

Mr X, age 46 and weighing 350kg (BMI 68+ super obese) was an emergency presentation with pneumonia and Type 2 respiratory failure. Due to his critical condition he was admitted to ICU on 4/5/07, where within 48 hours he developed extensive deep tissue injury, prolonging his eventual length of hospitalisation to 560 days with an estimated hospital cost of greater than $500,000.

**23/05/7** Earcut covering deep tissue injury

On admission Mr X had generally good, intact skin with no breaks. On Day 2 in ICU small blisters were noted on his heels and buttocks, shins and calves. Extensive damage had occurred by the time he was transferred to the ward on 15/6/07.

**5/5/07** Prior to admission

On 16/6/07 the patient underwent extensive debridement to both buttocks – continued fascial contamination led to extensive necrosis. Extensive undermining was also present. The wound was treated with negative pressure therapy and an interface of hyaluronic impregnated non woven gauze to remove exudate, necrotic tissue and control odour.

**4/10/07** Right side – Extensive necrosis

Following 16 months hospitalisation the patient was discharged home weighing 116kg. Extensive remodelling of the buttocks occurred as a result of muscle loss.
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**ACT**

**Activities**
The ACT has moved into the computer age! You can now find us at http://www.actwma.org.au.

All education, news and up-and-coming events will be posted to this site. Joining and renewing membership will be simple and efficient through this new website.

Two newsletters were distributed to members in 2010. We thank Mölnlycke for their continued support in sponsoring the newsletter. The newsletter for 2011 will now be available on the website.

**Planned events**
The ACTWMA twilight education seminars continue to be successful throughout 2010. In 2011 the next evening event will be held during Wound Awareness Week. The first twilight education evening will focus on the Management of acute and late skin reactions from radiotherapy. Two local experts in this field will be presenting: Dr Lisa Sullivan and Gaynor Stevenson. This presentation will take place on 29 March at the Canberra Hospital Auditorium.

The annual ACT health pressure injury prevalence survey will be conducted at the Canberra Hospital, Calvary Health Care and Community Health. There has been an increase in participation by the aged care residential facilities across the Canberra region and, for the first time, private surgical units. In addition to this, a study on the prevalence of wound types will be conducted for the second time. Surveyors will be wearing Elephant in the Room badges.

A Wound Expo will be held at the Canberra Hospital during the week. Entry sites within the foyer at the Canberra Hospital and community centers will hold balloons advertising Wound Awareness.

This year the ACTWMA will organise the Capital Wound Care Conference on 26 August. Our keynote speakers are A/Professor Keryln Carville and Wendy White. For more updates on the conference development, continue to check the website.

Another date for your diary is the ACTWMA AGM, which will be held on 25 August; venue to be decided.

**Membership**
The ACTWMA has an ongoing commitment to actively promote and encourage new members to join. Current membership numbers are at 72 members.

Ann Marie Dunk
President ACTWMA
Western Australia

The WA Centre for Evidence Informed Healthcare Practice (WACEIHP) within the School of Nursing and Midwifery has been awarded the Evidence Transfer Award from the Joanna Briggs Institute (JBI).

At the JBI Colloquium in Chicago in September 2010, the Director of the WACEIHP, Professor Robin Watts, was presented with the JBI Evidence Transfer Award for the highest output by a JBI Node. This award recognises the collaborative participation of national and international wound healthcare professionals in bringing evidence-based practice into the public arena through JBI CONNECt+. Not only the amount of work produced but also the quality of the product was acknowledged.

The three in the photo are (from the left): Professor Robin Watts, Director of the WACEIHP, Grace Frances, Senior Project Officer, JBI/AWMA Wound Node and Associate Professor Keryln Carville, Co-Chair, Expert Reference Group, JBI/AWMA Wound Node.

AWMA nursing representative report for AWMA meeting February 2012

As nursing representative, my role is to promote the activities of the AWMA and address any nursing-related issues as they occur. I am the AWMA representative at the Coalition of National Nursing Organisations (CoNNO) meetings, held twice per year. This is an opportunity to have other nursing organisations help with administrative structure issues and also promote awareness of current issues.

It seems several other national nursing organisations are also going through similar restructuring processes such as the AWMA. Learning from each other avoids the pitfalls and may save time and resources. The next CoNNO meeting will be held in Sydney in May. For more information on CoNNO, please visit their website http://www.conno.org.au as they have some good documents on Governance Credentialling under the resources tab.

I have nothing further to add at this early stage of the year, except to say all health professionals need to get behind the soon to be released pressure ulcer and venous ulcer guidelines.

Activities

Planning is currently in progress for our first clinical update of the year to be held on 16 March 2011. The title of the event is Stations of the Wound. We are planning to have four stations, which participants can move through. There will be role playing with various types of wounds, where participants will have the opportunity to develop their skills in wound assessment and interventions. The clinical update will also be used as an opportunity to promote Wound Awareness Week.

Planned events

Currently we are planning to have clinical updates on:
- 16 March
- 18 August
- 19 November (this will be a half-day event).

Achievements/awards

We are very privileged to have Associate Professor Keryln Carville as a dedicated committee member. Keryln was recently awarded the inaugural lifetime achievement award from the Nurses and Midwifery Board of Western Australia, for her dedication and expertise to wound care and ostomy management. Keryln is an inspiration to the nursing profession and a very worthy recipient of this prestigious award.

Donna Angel
WA State Representative

Queensland

Hello from the wet and windy ‘Sunshine State’. Autumn is coming and our weather will settle back into the usually perfect world of Queensland. We just needed to flush away the drought and so on.

The near 600 Queensland members wish to extend our invitation to all AWMA members and other interested woundologists to join us in Townsville in September for our Biennial Conference, Wound Care – New Horizons. Details are on the AWMA website. We look forward to seeing many of you up there.

We are proud to announce that Michelle Gibb, current QWCA President was granted a Bob and June Prickett Churchill Fellowship to study multidisciplinary wound teams in Cardiff, Wales, and Copenhagen, Denmark. Michelle has returned from this study and presented a commentary to the AWMA AGM on Friday 18 February.

For Wound Awareness Week 2011, Leg Ulcers Aren’t 4 Life, Queensland is providing a diverse range of wound education opportunities throughout the state and will be linking, through the QHealth Telehealth network, several areas into the Wound Awareness Week wound seminar on Friday 1 April.

Happy Wound Awareness Week 2011

Dianne Smith
Queensland State Representative

www.awma2012.com
**South Australia**

**Current activities**

**State association**

Our February AGM brought some changes to the committee. It was with much sadness that we accepted the resignation of a long-standing committee member, Michael Arthur, a life member of SAWMA, whose contribution to the organisation has been tremendous over 18 years. We welcomed two new committee members.

Members overwhelmingly agreed to the proposed constitutional change from SAWMA to AWMA (SA).

**November 2010**

SAWMA was proud to partner DebRA Australia Inc. (National Dystrophic Epidermolysis Bullosa Research Association) for our November Education Evening, which attracted over 100 participants, with standing room only, to a very interesting evening entitled *The Butterfly Effect* reviewing Epidermolysis Bullosa and the National EB Dressings Scheme. Louise Stevens, an EB nurse specialist presented an overview of this devastating condition and discussed the government funding of dressing products for persons with EB. SAWMA donated funds raised from non-member entry fees to DebRA

Our second presenter, Pam Hudson, an allergy clinical practice consultant, discussed a successful team approach to the management of atopic eczema. Both of these presenters discussed the devastating effects of these debilitating conditions.

Bill McGuiness attended this meeting to discuss proposed changes to the AWMA.

**February 2011**

The February Education Evening was entitled *Suckers and Stabbers*, featuring leech therapy and spider bites. Our expert presenters, Newton Panicker and Frank Guerreiro, both entertained and horrified the 86 attendees (a record number for an AGM).

**Planned events**

Our annual joint education evening for 2011 will be with SA Infection Control clinicians in May, and plans are well under way for a state seminar in August, titled *Something for Everyone* with a diverse program relating to the general clinician in community, acute and rural hospital and aged care.

**Challenges**

Remembering to refer to our organisation as AWMA (SA) – old habits die hard!

**Achievements**

SAWMA has awarded a Life Membership to Margi Moncrieff (nurse practitioner) who has devoted 17 years to the work of our committee, including holding positions of Secretary and President, and contributing widely to the education of our members.

**Andrea Smallman**

SA State Representative to AWMA (proxy)  
17 February 2011

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NSW

Activities

Evening education sessions

The WCANSW Inc. conducted a survey of members at the 2010 conference regarding education evenings. A list of members’ suggestions for topics has been collated with new treatment/products, skin care, wound healing and sinus wound management being the primary requests.

WCANSW Inc. is, therefore, currently developing an education evening program and dates for 2011 to be held across the state. The education evenings will be held in Port Macquarie, Central Coast, Western, Southern and Northern Sydney and Illawarra. It is anticipated that there will be a series of three education evenings this year at the majority of these venues.

Wound Awareness Week

St Vincent’s Hospital Sydney – The annual pressure ulcer and wound point prevalence audit is planned to coincide with the national Wound Awareness Week (28 March – 3 April 2011). Other strategies to promote Wound Awareness Week will include:

- Daily trade display in the hospital foyer.
- Two presentations by International Wound Care Expert, Wendy White, on Skin tears and Pain management in wound care.
- Daily ‘wound trivia’ quiz for clinicians with educational prizes for each clinical unit.

Wollongong Hospital will hold an education day on wound management and wound product display day.

RPAH will hold a display in the hospital foyer.

Western Sydney Local Health network wound interest group will hold an education evening on wound infection to promote wound education and promote wound awareness week.

Planned events

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

Abstract submissions open: May 2011

Early bird registration opens: June 2011

Abstract submissions close: September 2011

Achievements

The new WCANSW website has been up and running for 12 months with minimal glitches. PayPal™ is now working and new memberships, education sessions and conferences can be paid for online.

From January to December 2010 there were 10,216 unique visits to the WCANSW website, with the highest usage day being Saturday. People are accessing our site from over 25 different countries with the top five countries frequenting the website including Australia (n=66473 hits), Great Britain (n=2041 hits), Russia (n=609 hits), United States (n=1748 hits) and Japan (n=604).

Issues/challenges including membership issues

Membership currently stands at 804 members.

Debbie Blanchfield

WCANSW Inc. President’s representative to the AWMA

Tasmania

Following on from the success of Keryln Carville and Priscilla’s Wound Wagon inaugural educational tour of Tasmania in 2010, we are delighted that Wendy White has agreed to join us for our second wagon tour in June 2011. This will provide a great number of nurses with the opportunity to attend one of several sessions that are planned state-wide during the week long tour.

March sees our AGM planned in conjunction with an afternoon workshop and seminar titled Legs 11 in Ulverstone on the north-west coast of Tasmania.

This will be focused around the AWMA/NHMRC guidelines for venous leg ulcers and their subsequent management.
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This is an overview. Please see package insert for complete instructions.

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