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### New and Updated Cochrane Systematic Reviews

**Updated Reviews – September 2014**
- Compression for preventing recurrence of venous ulcers
- Dressings for the prevention of surgical site infection
- Oral zinc for arterial and venous leg ulcers
- Recombinant human growth hormone for treating burns and donor sites

**Updated Reviews – October 2014**
- Negative pressure wound therapy for skin grafts and surgical wounds healing by primary intention

### Journals – Latest Issues with Full Text Access

**Wounds UK**
Latest issue – September 2014

**Journal of Wound Care**
Current issue – to access full text sign in with your Athens username and password

### UpToDate

- Prevention of pressure ulcers
- Wound care

An evidence-based clinical decision support system – access onsite through the direct link or off site here **UpToDate** with your **Athens** password.
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1. Title: A compression bandage system that helps to promote patient wellbeing
Citation: Journal of Community Nursing, Aug 2014, vol. 28, no. 4, p. 25-30, 0263-4465 (August 2014)
Author(s): Greaves, Teresa, Ivins, Nicola, Stephens, Claire
Abstract: Compression bandages provide the mainstay of treatment for venous diseases and their sequelae of ulceration and oedema. Selection should depend not only on the effectiveness and cost of treatment, but also on patient acceptability. If correctly applied, compression bandages provide sustained graduated pressure. This article explores the negative impact that having a leg ulcer can have on patient quality of life and introduces a new, moisturising, odour-reducing inelastic two-layer compression bandaging system that aims to improve patient wellbeing and comfort which, in turn, promotes concordance. [Publication] 26 references
Source: BNI
Full text: Available ProQuest at Salisbury District Hospital Healthcare Library

2. Title: A framework for challenging deficits in compression bandaging techniques
Citation: British Journal of Community Nursing, Sep 2014, vol. 19, no. 9, p. S14., 1462-4753 (September 2014)
Author(s): Tinkler, Marianne, Hoy, Leontia, Martin, Daphne
Abstract: Northern Irish (and all UK-based) health care is facing major challenges. This article uses a specific theory to recommend and construct a framework to address challenges faced by the author, such as deficits in compression bandaging techniques in healing venous leg ulcers and resistance found when using evidence-based research within this practice. The article investigates the challenges faced by a newly formed community nursing team. It explores how specialist knowledge and skills are employed in tissue viability and how they enhance the management of venous leg ulceration by the community nursing team. To address these challenges and following a process of reflection, Lewin's forcefield analysis model of change management can be used as a framework for some recommendations made. [PUBLICATION] 28 references
Source: BNI
Full text: Available British Journal of Community Nursing at British Journal of Community Nursing

3. Title: A novel approach to reconstruct a large full thickness abdominal wall defect: Successful treatment with Matriderm® and Split
Citation: Journal of Wound Care, Jul 2014, vol. 23, no. 7, p. 355-357, 0969-0700 (July 2014)
Author(s): Tong, E., Martin, F., Shelley, O.
Abstract: Objective: Reconstruction of large abdominal wall defects is a challenging procedure, often contraindicated in critically ill patients, with high incidences of complications. We present a case of a patient with a large abdominal wall defect who had reconstruction with Matriderm® (an engineered dermal template) and split thickness skin grafting (SSG) as an alternative to reconstruction with myo- or fascio-cutaneous flaps. Successful wound closure was achieved with a single technique, while providing a robust reconstruction and an interface between skin and underlying viscera, should further surgery be necessary. [PUBLICATION] 14 references
Source: BNI
Full text: Available Mark Allen Group at Journal of Wound Care

4. Title: A novel approach to the treatment of diabetic foot abscesses - a case series
Citation: Journal of Wound Care, Aug 2014, vol. 23, no. 8, p. 394-399, 0969-0700 (August 2014)
Author(s): Cahn, A., Kleinman, Y.

Abstract: Diabetic foot abscesses are an occasional complication of diabetic foot infections usually involving osteomyelitis and significant soft tissue injury. The standard of care for diabetic foot abscesses is the performance of immediate surgical drainage and debridement. However, this therapeutic mode involves more often than not, some extent of minor amputation and bony loss. With the advent of new therapeutic techniques it may be possible to treat diabetic foot abscesses conservatively. Objective: To explore adjunct therapies in the treatment of diabetic foot abscesses in order to avoid extensive surgery, amputation and tissue loss whilst maintaining limb integrity. Method and Results: Between January 2011 and June 2012, six patients with a diabetic foot abscess and osteomyelitis were identified at our diabetic foot clinic. They were treated with topical oxygen and the abscesses were drained using PolyMem® Wic® Silver Rope (PWSR). All patients experienced full recovery and remained disease free during a follow up period of 4-21 months. Conclusion: Amputation and the removal of infected bone had once been considered the sole treatment for diabetic foot osteomyelitis. Multiple case series and accumulation of clinical experience has shown otherwise, and nowadays medical management of osteomyelitis is the preferred treatment in select patients. In our study, we present a case series of patients suffering from diabetic foot abscesses treated non-surgically. Hopefully this series will lay the foundation for further data demonstrating the feasibility of a conservative approach for diabetic foot abscesses, which may overcome the infection without requiring amputation. [PUBLICATION] 31 references

Source: BNI

Full text: Available Mark Allen Group at Journal of Wound Care

5. Title: A prospective, randomized, controlled, clinical study to evaluate the efficacy of high-frequency ultrasound in the treatment of Stage II and Stage III pressure ulcers in geriatric patients

Citation: Ostomy - Wound Management, Aug 2014, vol. 60, no. 8, p. 16-28, 0889-5899 (August 2014)

Author(s): Polak, Anna, Franek, Andrzej, Blaszczak, Edward, Nawrat-Zolotysik, Agnieszka, Taradaj, Jakub, Wiercigroch, Lidia, Dobróg, Pawel, Stania, Magdalena, Juras, Grzegorz

Abstract: International guidelines recommend high-frequency ultrasound (HFUS; MHz) for treating infected pressure ulcers (PUs). A 2-year, prospective, randomized, controlled study was conducted to evaluate how HFUS affects PU healing among 42 geriatric patients treated in four nursing and care centers in Silesia, Poland. Participants (age range 71-95 years,) all with wounds that did not respond to previous treatment for at least 4 weeks, were randomly assigned to the treatment group (TG) (20 with 21 PUs, mean age 83.60 ± 5.04 years) or control group (CG) (22 with 23 PUs, mean age 82.59 ± 6.65 years). All patients received standard wound care (SWC) ; the TG additionally was provided HFUS (1 MHz, 0.5 W/cm2, duty cycle of 20%, 1-3 minutes/cm2; one session per day, 5 days a week). Patients were monitored for 6 weeks or until wounds closed. Percent change in wound surface area (WSA), the Gilmans parameter, the weekly rate of change in WSA, and the percentage of PUs that improved (ie, decreased in size by at least 50% or closed) were used to compare differences. Data were analyzed using Fishers exact test, the Wilcoxon matched pairs test, and the Mann-Whitney U test (P

Source: BNI

6. Title: A retrospective, quality improvement review of maggot debridement therapy outcomes in a foot and leg ulcer clinic

Citation: Ostomy - Wound Management, Jul 2014, vol. 60, no. 7, p. 16-25, 0889-5899 (July 2014)

Author(s): Campbell, Noreen, Campbell, Donna

Abstract: Maggot debridement is the deliberate use of larvae known to consume only necrotic tissue. A retrospective quality improvement analysis of maggot debridement therapy (MDT) was conducted among patients with devitalized tissue or gangrene attending a Canadian foot and leg ulcer clinic who received MDT between January 2001 and June 2006. MDT was applied every 48 hours until >90% of necrotic tissue was debrided. The authors identified MDT patients in the clinic database and reviewed their medical records for age, gender, presence of diabetes or peripheral arterial disease (PAD), type of wound, number of maggot applications required, wound outcomes, and nursing visit costs (week before, during, and after MDT) and noted patient experiences. Records of 68 patients (average age 71, range 22 to 95, years) were identified and abstracted. Of those, 44% had leg ulcers and 67% had both diabetes and PAD. The majority (39, 58%) of wounds required three debridement sessions. All but one patient achieved debridement of >90% of necrotic tissue in 2 to 10 days. Most wounds (56) healed with follow-up moist wound care. Only one patient withdrew from MDT. No other patient or safety concerns were documented. Total nursing visits for all patients the week before and then after MDT were 307 and 102, respectively. These findings confirm results of previous reports about the effectiveness of MDT for wound debridement. Randomized, controlled clinical studies are needed to confirm the efficacy and cost-effectiveness of MDT compared to other debridement modalities. [Publication] 49 references
7. Title: Adhesion of the ulcerative pathogen Mycobacterium ulcerans to DACC-coated dressings  
Citation: Journal of Wound Care, Aug 2014, vol. 23, no. 8, p. 417-424, 0969-0700 (August 2014)  
Author(s): Geroul, S., Phillips, R.O., Demangel, C.  
Abstract: Objective: Mycobacterium ulcerans is the causative agent of Buruli ulcer disease, the third most common mycobacteriosis after tuberculosis and leprosy and an emerging public health threat in sub-Saharan Africa. The bacteria produce a diffusible cytotoxin called mycolactone, which triggers the formation of necrotic lesions in cutaneous and subcutaneous tissues. The principal aim of this study was to characterise the cell surface hydrophobicity of Mycobacterium ulcerans and determine if bacteria bind to dialkyl carbamoyl chloride (DACC)-coated dressings through hydrophobic interactions in vitro. Since mycolactone displays hydrophobic groups, a secondary aim was to compare mycolactone binding to hydrophobic and standard dressings. Methods: We used hydrophobic interaction chromatography to evaluate the cell surface hydrophobicity of Mycobacterium ulcerans, compared to that of other microorganisms colonising wounds. The binding of Mycobacterium ulcerans bacteria to DACC-coated and control dressings was then assessed quantitatively by measurement of microbial adenosine triphosphate (ATP), while that of mycolactone was evaluated by fluorescence spectroscopy. Results: Compared to Escherichia coli, Staphylococcus aureus and Pseudomonas aeruginosa, Mycobacterium ulcerans displayed the highest cell surface hydrophobicity, irrespective of the bacterial production of mycolactone. Mycobacterium ulcerans bacteria bound DACC-coated dressings were better than untreated controls. Mycolactone did not bind stably to hydrophobic, nor standard dressings, in the conditions tested. Conclusion: Retention of Mycobacterium ulcerans and other wound pathogens to DACC-coated dressings may help reduce the bacterial load in Buruli ulcers and thereby improve healing. Dressings efficiently capturing mycolactone may bring an additional clinical benefit, by accelerating the elimination of the toxin during the course of antibiotic treatment. [PUBLICATION] 43 references  
Source: BNI  
Full text: Available Mark Allen Group at Journal of Wound Care

8. Title: An evaluation of 3M Tegaderm Superabsorber dressing using an exudate management algorithm  
Citation: British Journal of Community Nursing, Sep 2014, vol. 19, no. 9, p. S40., 1462-4753 (September 2014)  
Author(s): Kerr, Andrew J, Arrowsmith, Martin  
Abstract: Exudate plays a vital role in wound healing by providing the wound with nutrients and creating an essential moist wound healing environment. However, high levels of exudate can become problematic and, in some wounds, increased levels of exudate can then become detrimental to wound healing and the surrounding tissue. This increase in exudate can be influenced by a variety of factors and its cause is not always taken into account within a management plan. This article presents the outcomes of a 10-patient case series selected for treatment with Tegaderm Superabsorber (3M) dressing using an exudate management/dressing selection algorithm. Overall, 9 of the 10 patients showed improvements in wound-related assessment parameters when their treatment was changed to include the superabsorbent dressing. One patient was withdrawn. Previous treatments had not included superabsorbent products. This case series of highly exudating wounds has demonstrated effective clinical outcomes using the Tegaderm Superabsorber dressing and reports the positive progress of wound symptoms and patient factors associated with better management of high levels of exudate. [PUBLICATION] 18 references  
Source: BNI  
Full text: Available British Journal of Community Nursing at British Journal of Community Nursing

9. Title: Assessing the foot in patients with diabetes  
Citation: Nursing Times, Jul 2014, vol. 110, no. 31, p. 20-22, 0954-7762 (July 30, 2014)  
Author(s): Rawles, Zoë  
Abstract: Practice nurses are increasingly at the forefront of caring for patients with diabetes. Part of that care involves regular foot checks to determine the risk of ulceration. Ulceration may lead to amputation and a higher risk of premature death. Up to 80% of diabetes-related amputations are avoidable. During a foot check, nurses should take a history, examine the patient, assess for loss of protective sensation, and classify risk. They should seek to obtain further treatment for patients at increased risk. [Publication] 8 references  
Source: BNI  
Full text: Available ProQuest at Nursing Times  
Full text: Available ProQuest at Salisbury District Hospital Healthcare Library  
Full text: Available ProQuest at Nursing Times; NT

10. Title: Assessing wounds in palliative care
Comparison of chronic wound culture techniques: swab versus curetted tissue for microbial recovery

Abstract: Health-care professionals are increasingly relying on wound cultures as part of their clinical assessment. Tissue viability nurses in the UK use wound swabbing as the standard specimen-taking technique, but others are used globally and there is no worldwide standard. This study compares two wound culture techniques in uninfected chronic wounds of active and former injection drug users seeking care through a civic needle exchange mobile wound clinic. For each wound, two sampling approaches were applied during the same visit: swab culture and curetted tissue culture. A total of 12 chronic wounds were assessed among 9 patients, including 19 swab cultures and 19 tissue cultures. These 38 cultures grew a total of 157 individually identified bacterial organisms, including 27 anaerobic organisms (17.2%), 63 Gram-positive species (40.1%), and 67 Gram-negative species (42.7%). The swab technique yielded a greater percentage recovery rate of anaerobic (55.6%), Gram-positive (52.4%), and all species (51.6%) compared to tissue culture (P>0.05). Recovery of common wound species, such as methicillin-sensitive Staphylococcus aureus, methicillin-resistant Staphylococcus aureus, and Pseudomonas aeruginosa was the same using either method (50.0%). Swab and curetted tissue cultures yielded similar recovery rates for common wound...
bacteria. Therefore, swabs (including a vacuum transport container) may offer an advantage in the recovery of anaerobes. Based upon this analysis, the swabbed culture method for chronic wounds currently used in the UK is reasonable. [PUBLICATION] 13 references

Source: BNI

Full text: Available British Journal of Community Nursing at British Journal of Community Nursing

14. Title: Device-related atypical pressure ulcer after cardiac surgery
Citation: Journal of Wound Care, Aug 2014, vol. 23, no. 8, p. 383-387, 0969-0700 (August 2014)
Author(s): Glasgow, D., Millen, I.S., Nzewi, O.C., Varadarajaran, B.
Abstract: Medical devices must be closely monitored to prevent harm to patients. Pressure ulcers secondary to medical devices present a significant health burden in terms of length of stay in hospital and cost. Intensivists, anaesthetists and other professionals involved in managing critically ill patients following cardiac surgery need to be aware that pressure ulcers may develop in atypical sites and present at a later stage of the hospital stay. This case report highlights the important issue of device-related pressure ulcers in the cardiac surgical intensive care setting, particularly when the clinical status of the patient may preclude routine assessment and prophylaxis. An algorithm for preventing such pressure ulcers is suggested. [PUBLICATION] 10 references

Source: BNI

Full text: Available Mark Allen Group at Journal of Wound Care

15. Title: Diabetic bullae: A case series and a new model of surgical management
Citation: Journal of Wound Care, Jun 2014, vol. 23, no. 6, p. 326-330, 0969-0700 (June 2014)
Author(s): Shahi, N., Bradley, S., Vowden, K., Vowden, P.
Abstract: Bullosis diabeticorum is considered a rare skin manifestation of diabetes mellitus. Tense blisters appear rapidly, mostly on the feet, the cause of which is unclear, with multiple pathophysilogies hypothesised. This is a retrospective review of 4 diabetic patients who presented over six months with diabetic bullae; the condition may therefore not be as rare as commonly believed. All the patients had early surgical debridement followed by topical negative pressure wound dressings. A multidisciplinary team that included vascular surgeons, diabetologists, diabetic foot care team, wound care team, physiotherapists and occupational therapists managed the patients and none of them required amputations. We propose an alternative way of managing these patients with early surgical debridement followed by topical negative pressure wound dressing. [PUBLICATION] 18 references

Source: BNI

Full text: Available Mark Allen Group at Journal of Wound Care

16. Title: Effect of oral nutritional supplementation on wound healing in diabetic foot ulcers: a prospective randomized controlled trial
Citation: Diabetic Medicine, Sep 2014, vol. 31, no. 9, p. 1069-1077, 0742-3071 (September 2014)
Abstract: Aims: Among people with diabetes, 10%-25% will experience a foot ulcer. Research has shown that supplementation with arginine, glutamine and -hydroxy-?-methylbutyrate may improve wound repair. This study tested whether such supplementation would improve healing of foot ulcers in persons with diabetes. Methods: Along with standard of care, 270 subjects received, in a double-blinded fashion, (twice per day) either arginine, glutamine and -hydroxy-?-methylbutyrate or a control drink for 16 weeks. The proportion of subjects with total wound closure and time to complete healing was assessed. In a post-hoc analysis, the interaction of serum albumin or limb perfusion, as measured by ankle-brachial index, and supplementation on healing was investigated. Results: Overall, there were no group differences in wound closure or time to wound healing at week 16. However, in subjects with an albumin level of ? 40 g/l and/or an ankle-brachial index of

Source: BNI

17. Title: Effects of SertaSil on wound healing in the rat
Citation: Journal of Wound Care, Aug 2014, vol. 23, no. 8, p. 410-416, 0969-0700 (August 2014)
Author(s): Bilyayeva, O., Neshta, V.V., Golub, A., Sams-Dodd, F.
Abstract: Objective: SertaSil is a novel product for the topical management of wound exudate. The purpose of this study was to evaluate the ability of SertaSil to promote wound healing in a pre-clinical wound model. Methods: An aseptic wound was induced in rats by administering 1ml 10% calcium chloride solution into the subcutaneous layer under local anaesthesia. Following opening of the abscess, animals were divided into a control group (no treatment) and either SertaSil or Gentaxane, which were applied topically to the wound every 24 hours until a clean wound was
achieved, that is, free from necrosis, pus and fibrinogenous thickenings. Results: Rats (n=15 per group) receiving SertaSil reached the clean wound stage in 3.0±0.4 days compared to 7.0±0.4 days for Gentaxane and 10.0±0.4 days for the control. Time to wound closure was 13.9±0.3 days for SertaSil, 18.7±0.6 days for Gentaxane, and 23.0±0.4 days for the control. The surface area of the wounds were measured at day 1 and day 13. At day 1, the wound surface areas (mm2) were similar in all three groups (157.4±8.9), but at day 13 the SertaSil group had significantly smaller wound areas (5.2±1.7) compared to the Gentaxane (38.0±1.5) and control groups (95.7±11.3). The study was conducted in young rats that are still growing and gaining weight. At day 19, only the rats receiving SertaSil exhibited a weight increase (271±5g) indicating good recovery, whereas rats receiving Gentaxane did not gain weight (249±5g) and rats in the control group lost weight (242±16 g). Conclusion: The study found that SertaSil reduced the time to reaching a clean wound by 60% compared to Gentaxane and promoted faster wound closure and better recovery. These findings suggest that SertaSil may be valuable for use in the treatment of wounds in patients. [PUBLICATION] 13 references

Source: BNI

Full text: Available Mark Allen Group at Journal of Wound Care

18. Title: Extracorporeal Shock Wave Therapy as an adjunct wound treatment: a systematic review of the literature

Author(s): Dymarek, Robert, Halski, Tomasz, Ptaszkowski, Kuba, Słupska, Lucyna, Rosinčuk, Joanna, Taradaj, Jakub

Abstract: Standard care procedures for complex wounds are sometimes supported and reinforced by physical treatment modalities such as extracorporeal shock wave therapy (ESWT). To evaluate available evidence of ESWT effectiveness in humans, a systematic review of the literature was conducted using MEDLINE, PubMed, Scopus, EBSCOhost, and PEDro databases. [Publication] 45 references

19. Title: Hospital-acquired pressure ulcers and risk of hospital mortality in intensive care patients on mechanical ventilation.

Citation: Journal of Evaluation in Clinical Practice, Aug 2014, vol. 20, no. 4, p. 362-368, 1356-1294 (August 2014)
Author(s): Manzano, Francisco, Pérez-Pérez, Ana M., Martínez-Ruiz, Susana, Garrido-Colmenero, Cristina, Roldán, Delphine, Jiménez-Quintana, María del Mar, Sánchez-Cantalejo, Emilio, Colmenero, Manuel

Abstract: Rationale, aims and objectives Pressure ulcers (PUs) are a common and serious complication in critically ill patients. The aim of this study was to evaluate the relationship between the development of a PU and hospital mortality in patients requiring mechanical ventilation (MV) in an intensive care unit (ICU). Methods A prospective cohort study was performed over two years in patients requiring MV for 24 hours in a medical-surgical ICU. Primary outcome measure was hospital mortality and main independent variable was the development of a PU grade III. Hazard ratios (HRs) were calculated using a Cox model with time-dependent covariates. Results Out of 563 patients in the study, 110 (19.5%) developed a PU. Overall hospital mortality was 48.7%. In the adjusted multivariate model, PU onset was a significant independent predictor of mortality (adjusted HR, 1.28; 95% confidence interval, 1.003-1.65; P=0.047). The model also included the Acute Physiology and Chronic Health Evaluation II score, total Sequential Organ Failure Assessment on day 3, hepatic cirrhosis and medical admission. Conclusion Within the limitations of a single-centre approach, PU development appears to be associated with an increase in mortality among patients requiring MV for 24 hours or longer. [PUBLICATION] 45 references

Source: BNI

20. Title: How wound cleansing and debriding aids management and healing

Citation: Journal of Community Nursing, Aug 2014, vol. 28, no. 4, p. 33-37, 0263-4465 (August 2014)
Author(s): Downe, Annette

Abstract: Wound debridement can be challenging for community nurses, who need to be able to quickly identify a wound’s status in order to proceed with treatment. This article looks at some of the basic factors that nurses should consider when debriding and cleaning a wound, paying particular attention to assessment and ‘seeing’ the wound, and how clinicians can better remove potentially damaging material such as slough and necrosis. The article also investigates how clinicians caring for patients with leg ulceration can treat the 'whole leg'. Finally, the authors consider the benefits of a new product, the UCS® debridement cloth (medi UK), and its ability to help community nurses gently debride and clean wounds of all types, as well as reducing the burden of using buckets of water to clean patients' lower limbs. This has important implications for many community nurses, particularly concerning strain to the back during lower limb cleansing and the infection risk of transporting, cleaning and storing buckets in patients' homes. There is also a time factor, as debridement cloths mean that visiting nurses can reduce the time associated with filling and emptying buckets in both clinic and home environments. [Publication] 19 references
21. Title: Implementing pressure ulcer prevention in a Welsh nursing home  
Citation: Journal of Community Nursing, Aug 2014, vol. 28, no. 4, p. 38-48, 0263-4465 (August 2014)  
Author(s): Keen, Delia Catherine, Gaudario, Michelle  
Abstract: Pressure ulcers represent expensive adverse events and are a significant cause of pain and distress to patients. This article examines a SKIN bundle approach that was implemented in a Welsh nursing home to assist in the prevention of pressure damage. An educational intervention specifically designed to aid implementation was put in place and a series of audits were performed to collect nursing team members' knowledge of pressure ulcer prevention and occurrence. The authors outline how staff's knowledge scores increased dramatically following education and how pressure ulcer prevalence subsequently remained low. [Publication] 19 references

22. Title: Involving patients with leg ulcers in developing innovations in treatment and management strategies  
Citation: British Journal of Community Nursing, Sep 2014, vol. 19, no. 9, p. S27., 1462-4753 (September 2014)  
Author(s): McNichol, Elaine  
Abstract: Securing greater patient and public involvement is a central theme of health policy in many countries (Coulter, 2011) and is a growing health-care phenomenon (Staniszewska et al, 2011; World Health Organization, 2011). The challenge is how to ensure these voices are heard among the plethora of 'professional' voices representing different stakeholders of provider organisations, higher education, health-care industries and governments. Historically, in the management of leg ulcers, the professional 'user' voice has had a stronger input than that of the patient. This article outlines an approach that addresses this by moving beyond the concept of 'involving' the patient to putting the patient voice first, so that it sets the direction and leads the process in identifying innovation priorities in the management and treatment of chronic leg ulcers. [PUBLICATION] 20 references

23. Title: Knowledge and use of pressure ulcer preventive measures in nursing homes: a comparison of Dutch and German nursing staff  
Citation: Journal of Clinical Nursing, Jul 2014, vol. 23, no. 13-14, p. 1948-1958, 0962-1067 (July 2014)  
Author(s): Meesterberends, Esther, Wilborn, Doris, Lohrmann, Christa, Schols, Jos MGA, Halfens, Ruud JG  
Abstract: To examine the knowledge and use of pressure ulcer preventive measures among nursing staff in Dutch and German nursing homes. Studies in the Netherlands and Germany have shown a large discrepancy in pressure ulcer prevalence rates among nursing homes in both countries and concluded that some of this variance could be explained by differences in pressure ulcer prevention. A cross-sectional questionnaire survey nested in a prospective multicenter cohort study. A questionnaire was distributed to nursing staff employed in 10 Dutch nursing homes (n = 600) and 11 German nursing homes (n = 578). Data were collected in January 2009. The response rate was 75-7% in the Netherlands (n = 454) and 48-4% in Germany (n = 283). Knowledge about useful pressure ulcer preventive measures was moderate in both countries, while nonuseful preventive measures were poorly known. On average, only 19-2% (the Netherlands) and 24-6% (Germany) of preventive measures were judged correctly as nonuseful. The same pattern could be seen with regard to the use of preventive measures, because nonuseful preventive measures were still commonly used according to the respondents. The results indicate that the respondents' knowledge and use of pressure ulcer preventive measures could be improved in both countries, especially for nonuseful measures. Changes and improvements can be achieved by providing sufficient education and refresher courses for nurses and nursing assistants employed within Dutch and German nursing homes. [PUBLICATION] 50 references

24. Title: Looking to the long term: choosing the right dressing  
Citation: British Journal of Nursing, Jun 2014, vol. 23, no. 12, p. S31., 0966-0461 (June 26, 2014)  
Author(s): Young, Trudie
**Abstract:** It is a central plank of health economics that the demand for health care will always exceed the supply of cash to any healthcare system. Regardless of the generosity of national governments to fund the NHS across the UK, they as healthcare consumers will always want more. Their demands may be in the form of expecting the latest diagnostic tests, or they demand new and expensive drug treatments for previously untreatable conditions, and everyone wants the best surroundings in which to receive care with enough clinical staff to care properly for each patient. Wound care is no exception to this rule of supply and demand and in the harsh times they now face, the need to balance supply and demand appears even greater. Here, Young discusses choosing the right dressing, an essential foundation that will help the wound community to argue for the right intervention and not simply the one that costs less. [PUBLICATION] 0 references

**Source:** BNI

**Full text:** Available British journal of nursing (Mark Allen Publishing) at British Journal of Nursing

25. **Title:** Management of venous leg ulcers in general practice - a practical guideline

**Citation:** Australian Family Physician, Sep 2014, vol. 43, no. 9, p. 594-598, 0300-8495 (September 2014)

**Author(s):** Sinha, Sankar, Sreedharan, Sadhishan

**Abstract:** Background: Chronic venous leg ulcers are the most common wounds seen in general practice. Their management can be both challenging and time-consuming. Objective: To produce a short practical guideline incorporating the TIME concept and A2BC2D approach to help general practitioners and their practice nurses in delivering evidence-based initial care to patients with chronic venous leg ulcers. Discussion: Effective management of chronic ulcers involves the assessment of both the ulcer and the patient. The essential requirements of management are to debride the ulcer with appropriate precautions, choose dressings that maintain adequate moisture balance, apply graduated compression bandage after evaluation of the arterial circulation and address the patient's concerns, such as pain and offensive wound discharge. Conclusion: Most chronic venous leg ulcers can be managed effectively in the general practice setting by following the simple, evidence-based approach described in this article. Figure 1 provides a flow chart to aid in this process. Figure 2 illustrates the principles of management in general practice. [PUBLICATION] 34 references

**Source:** BNI

**Full text:** Available Australian family physician at Australian Family Physician

26. **Title:** Momordica charantia ointment accelerates diabetic wound healing and enhances transforming growth factor-ß expression

**Citation:** Journal of Wound Care, Aug 2014, vol. 23, no. 8, p. 400-407, 0969-0700 (August 2014)

**Author(s):** Hussan, F., Teoh, S. Lin, Muhamad, N., Mazlan, M., Latiff, A.A.

**Abstract:** Transforming growth factor-ß (TGF-ß) plays an important role in wound healing. Delayed wound healing is a consequence of diabetes, leading to high morbidity and poor quality of life. Momordica charantia (MC) fruit possesses anti-diabetic and wound healing properties. This study aimed to explore the changes in TGF-ß expression in diabetic wounds treated with topical MC fruit extract. Methods: Fifty-six male Sprague-Dawley rats were divided into a normal control group and five diabetic groups of ten rats each. Intravenous streptozotocin (50mg/kg) was given to induce diabetes in the diabetic groups. Full thickness excision wounds were created on the thoracodorsal region of the animals, and these wounds were then treated with vehicle, MC powder, MC ointment (50mg/kg) was given to induce diabetes in the diabetic groups. Full thickness excision wounds were created on the thoracodorsal region of the animals, and these wounds were then treated with vehicle, MC powder, MC ointment and povidone ointment or ointment base for ten days. Wound healing was determined by the rate of wound closure, total protein content and TGF-ß expression in the wounds, and histological observation. Results: Diabetic groups showed delayed wound closure rates compared to the control group. The wound closure rate in the MC ointment group was significantly faster than that of the untreated diabetic group (p

**Source:** BNI

**Full text:** Available Mark Allen Group at Journal of Wound Care

27. **Title:** Nutritional intakes of patients at risk of pressure ulcers in the clinical setting

**Citation:** Nutrition, Jul 2014, vol. 30, no. 7-8, p. 841-846, 0899-9007 (July 2014)

**Author(s):** Roberts, Shelley, Chaboyer, Wendy, Leveritt, Michael, Banks, Merrillyn, Desbrow, Ben

**Abstract:** OBJECTIVE: Malnutrition is a risk factor for pressure ulcers. The aim of this study was to describe the energy and protein intakes of hospitalized patients at risk for pressure ulcers and to identify predictors of eating inadequately. METHODS: An observational study was conducted in four wards at two hospitals in Queensland, Australia. Adult patients with restricted mobility were observed for 24 h, and information such as oral intake and observed nutritional practices was collected. A chart audit gathered other demographic characteristics, clinical, anthropometric, and dietary information. t Tests or one-way analysis of variances were used to identify differences in total energy and protein intakes. Univariate and multivariate regression analyses were conducted to determine
predictors of eating inadequately (i.e., intake of

Source: BNI
Full text: Available Nutrition at Nutrition

28. Title: Obtaining a wound swab culture specimen
Citation: Nursing, Jul 2014, vol. 44, no. 7, p. 68-69, 0360-4039 (July 2014)
Author(s): Cross, Heidi Huddleston
Abstract: One of the body's strongest defenses against infection is intact skin. After a break in the skin, the wound quickly becomes contaminated with organisms that predominate on the skin, such as Staphylococcus aureus. These Gram-positive organisms are generally followed by Gram-negative organisms such as Pseudomonas, B. coil, Klebsiella, and Proteus. Later, anaerobic organisms and fungi join the fray. If bacteria continue to proliferate, the wound moves through the stages of bacterial bioburden, ranging from contamination to colonization to critical colonization to actual infection. Wound infection is defined as a quantitative bacterial count of 10sup 5 colonies of bacteria. Here, Cross details the current best practice for obtaining a swab specimen for wound culture.
[PUBLICATION] 8 references
Source: BNI
Full text: Available Nursing at Nursing

29. Title: Practical limitations of two devices used for the measurement of sub-bandage pressure: Implications for clinical practice
Citation: Journal of Wound Care, Jun 2014, vol. 23, no. 6, p. 300-313, 0969-0700 (June 2014)
Author(s): Thomas, S.
Abstract: Objective: This study was undertaken to examine the accuracy of two hand-held devices commonly used to measure the pressures produced by extensible bandages. Method: The performance of the pneumatic sensors of two devices, the Kikuhime and Picopress instruments was first examined in air in a compression chamber, then subsequently beneath multiple layers of bandages applied to standard cylinders with predetermined levels of tension. Results: In the compression chamber, both instruments provided readings that were typically within 1 mmHg of the reference value, but on curved formers in free air or beneath bandages the accuracy of both sensors was greatly reduced, influenced both by the curvature of the cylinders and the volume of air contained in the sensor capsule. The Picopress instrument recorded pressures up to 70% higher than predicted, particularly on the smaller cylinders and at the lower end of the pressure range (circa 20mmHg). At 40mmHg measured pressure were around 40% higher than predicted values in some instances. The accuracy of the Kikuhime was greatly influenced by the calibration technique but percentage deviations as high as 150% were recorded in some tests. Conclusion: Pneumatic pressure sensors used to record the pressures developed beneath compression bandages are much less accurate than is commonly believed. Calibration studies using air chambers or water tanks have no relevance to the normal clinical use of these devices. These limitations should be considered by clinicians when making judgments about the performance of other medical devices such as bandages or stockings. They also call into question the validity of many published studies which rely upon such measurements. [PUBLICATION] 13 references
Source: BNI
Full text: Available Mark Allen Group at Journal of Wound Care

30. Title: Pressure ulcer risk assessment and prevention: What difference does a risk scale make? A comparison between Norway and Ireland
Citation: Journal of Wound Care, Jul 2014, vol. 23, no. 7, p. 369-378, 0969-0700 (July 2014)
Author(s): Johansen, E., Moore, Z., Van Etten, M., Strapp, H.
Abstract: Objective: To explore similarities and differences in nurses' views on risk assessment practices and preventive care activities in a context where patients' risk of developing pressure ulcers is assessed using clinical judgment (Norway) and a context where patients' risk of developing pressure ulcers is assessed using a formal structured risk assessment combined with clinical judgement (Ireland). Method: A descriptive, qualitative design was employed across two different care settings with a total of 14 health care workers, nine from Norway and five from Ireland. Results: Regardless of whether risk assessment was undertaken using clinical judgment or formal structured risk assessment, identified risk factors, at risk patients and appropriate preventive initiatives discussed by participant were similar across care settings. Furthermore, risk assessment did not necessarily result in the planning and implementation of appropriate pressure ulcer prevention initiatives. Thus, in this instance, use of a formal risk assessment tool does not seem to make any difference to the planning, initiation and evaluation of pressure ulcer prevention strategies. Conclusion: Regardless of the method of risk assessment, patients at risk of developing pressure ulcers are detected, suggesting that the practice of risk assessment should be re-evaluated. Moreover,
appropriate preventive interventions were described. However, the missing link between risk assessment and documented care planning is of concern and barriers to appropriate pressure ulcer documentation should be explored further. [PUBLICATION] 37 references

Source: BNI

Full text: Available Mark Allen Group at Journal of Wound Care

31. Title: Prevention of surgical site infection
Citation: Nursing Standard, Jul 2014, vol. 28, no. 48, p. 50-58, 0029-6570 (July 30, 2014)
Author(s): Harrington, Pauline
Abstract: Surgical site infection (SSI) is a common healthcare-associated infection that can cause patients extreme pain and discomfort, resulting in prolonged hospitalisation and additional costs to the NHS. Multidisciplinary team working, combined with audit and surveillance, early recognition of signs and symptoms of infection, and implementation of evidence-based guidance are essential for reducing the incidence of SSI. Nurses caring for patients in the pre, peri and post-operative period have an important role in advising individuals about the risks associated with SSI and how infection should be managed. [Continuing Professional Development, NS754] [PUBLICATION] 33 references
Source: BNI
Full text: Available Nursing Standard at Nursing Standard

32. Title: Psychological management of wound pruritus
Citation: Journal of Wound Care, Jun 2014, vol. 23, no. 6, p. 291-299, 0969-0700 (June 2014)
Author(s): Upton, D., Penn, F., Richardson, C., Rippon, M.
Abstract: Objective: To explore the psychological treatment options for pruritus in patients with wounds. Method: This study employed a narrative design with a search being completed using the databases Academic Search Complete, Google Scholar, PsycInfo, PsycARTICLES, Medline and CINAHL Plus. All articles between 1980-2013 that included the following search terms: [pruritus OR itch OR itching] AND [management OR psychological interventions OR treatment] AND [wounds OR burns OR wounds burns] were included in the review. Results: A number of psychological treatments options emerged from the literature search that were suggested to be effective for treating itching. These included methods such as habit reversal, suggestions, relaxation, massage and itch-coping programmes. Each of these methods showed potential for improving the patient experience by reducing itching, although the research evidence is currently somewhat limited. Conclusion: Although itching is a common symptom in wounds, the use of psychological treatments for this may be rather limited. The treatments discussed show promise and their use should be a welcome addition to the healthcare professional's armoury for working with people with wounds. [PUBLICATION] 41 references
Source: BNI
Full text: Available Mark Allen Group at Journal of Wound Care

33. Title: Quality dressings and assessment
Citation: British Journal of Nursing, Jun 2014, vol. 23, no. 12, p. S30., 0966-0461 (June 26, 2014)
Author(s): Tickle, Joy
Abstract: Today's NHS is burdened with the need to reduce spending drastically by 2015. Within the UK the cost of wound dressings is significantly high. Despite the need to reduce spending, health providers and clinicians are also governed by the need to meet targets linked to patient satisfaction, safety, preventing harm and effective clinical outcomes. The link between effective patient outcomes and health economics is crucial and will ensure best practice and good patient care. In order to meet these requirements, the clinician must clearly understand the complex process of wound healing, and that a holistic patient and wound assessment is essential before choosing an appropriate wound dressing. Here, Tickle discusses quality dressings and assessment. [PUBLICATION] 11 references
Source: BNI
Full text: Available British journal of nursing (Mark Allen Publishing) at British Journal of Nursing

34. Title: Quality of life and self-esteem in patients with paraplegia and pressure ulcers: A controlled cross-sectional study
Citation: Journal of Wound Care, Jun 2014, vol. 23, no. 6, p. 331-337, 0969-0700 (June 2014)
Author(s): Lourenco, L., Blanes, L., Salomé, G.M., Ferreira, L.M.
Abstract: Objective: To evaluate health-related quality of life (HRQoL) and self-esteem in patients with traumatic spinal cord injury (SCI) and pressure ulcers. Method: This study was a controlled cross-sectional study. HRQoL was assessed using the generic Medical Outcomes Study 36-Item Short Form Health Survey (SF-36) questionnaire and the
Aims: The Ipswich Touch Test is a novel method to detect subjects with diabetes with loss of foot sensation and/or carers to detect reduced foot sensation in the setting of the patient’s home.

Methods: The test involves lightly and briefly (1-2 s) touching the tips of the first, third and fifth toes of both feet with the index finger. Reduced
foot sensation was defined as ≥ 2 insensate areas. Patients due to attend clinic over a 4-week period were invited by post. The invitation contained detailed instructions and a sheet for recording the results. The findings were compared with those obtained in clinic using the 10-g monofilament at the same six sites. Results: Of 331 patients (174 males), 25.1% (n = 83) had ≥ 2 insensate areas to 10-g monofilament testing. Compared with this, the Ipswich Touch Test at home had a sensitivity of 78.3% and a specificity of 93.9%. The predictive values of detecting ‘at-risk’ feet were positive at 81.2% and negative at 92.8%. The likelihood ratios were positive at 12.9 and negative at 0.23.

Conclusions: With clearly written instructions, this simple test can be used by non-professionals to accurately assess for loss of protective sensation. We believe that the Ipswich Touch Test may also be a useful educational adjunct to improve awareness of diabetes foot disease in patients and relatives alike and empower them to seek appropriate care if sensation was found to be abnormal. [PUBLICATION]

Source: BNI

38. Title: The use of a dermal substitute for simultaneous flap delay and donor site coverage in two cases
Citation: Journal of Wound Care, Jul 2014, vol. 23, no. S3, p. S15, 0969-0700 (July 2014)
Author(s): Behar, Brittany J., Abdollahi, Hamid, Ranganath, Bharat, Ashraf, Azra, Glat, Paul M.
Abstract: Objective: Lower extremity traumatic wounds can be difficult to treat owing to limb ischaemia and large zones of injury. Often, muscle or fasciocutaneous flaps are used in the presence of severe open orthopaedic injuries with soft tissue defects. Sometimes local flaps may be the preferred or only option, but may not tolerate being rotated or advanced owing to resulting flap ischaemia. One well-studied technique that can increase the survival of various flaps involves the delay phenomenon. Method: In these case reports, Integra Dermal Regeneration template was used to simultaneously create delayed flaps and to cover the wound and flap donor site so that the donor site could be skin grafted at the time of flap inset. Results: These cases demonstrate that use of Integra can enhance the delay phenomenon while simultaneously providing coverage of soft tissue defects in preparation for ultimately insetting delayed flaps and better covering donor areas. Conclusion: This technique may be applicable to many different flaps in many different anatomic locations and should be considered an option when reconstructing complicated wounds. [PUBLICATION] 23 references
Source: BNI
Full text: Available Mark Allen Group at Journal of Wound Care

39. Title: The use of immunosuppressive agents in the management of recalcitrant lower limb ulcers
Citation: Journal of Wound Care, Aug 2014, vol. 23, no. 8, p. 388-392, 0969-0700 (August 2014)
Author(s): Millen, A., Coulston, J., Brennan, J., Kennedy, T.
Abstract: Objective: Lower limb ulcers that are resistant to standard forms of treatment place a significant burden on both patients and health services. There is no widely agreed definition of a recalcitrant ulcer but failure to heal following 6-12 months of focused treatment would identify a small group of patients with highly resistant ulceration. We describe a series of patients with recalcitrant ulceration for which immunosuppressive agents have been used. Methods: This is a case series of 13 patients who underwent immunomodulation therapy for lower limb ulcers at a tertiary referral university hospital. Regimens of immunomodulation used mainly ciclosporin and/or cyclophosphamide, with concurrent antibiotic therapy. Case notes and computer systems were analysed by two reviewers. A patient was deemed to have a success if their ulcer fully healed while on immunomodulation therapy. Results: Over a period of eight years, from 2004-2012, 13 patients underwent immunomodulation therapy. Among these patients there were 18 ulcerated limbs. Ulcer healing occurred in 10 limbs out of 18 (55.6%) and full healing occurred in six patients (46.2%). Ulcers were present for a median of five years (range 2-40 years), with a median diameter of 7.5cm (range 4-18cm) before treatment. Conclusion: Treatment of truly recalcitrant ulceration can be very frustrating for both the patient and physician, with poor success from more standard forms of treatment. We report experience with immunomodulation therapy that suggests there may be benefit from using this treatment in a subset of patients with this debilitating disease. [PUBLICATION] 13 references
Source: BNI
Full text: Available Mark Allen Group at Journal of Wound Care

40. Title: The use of Surgihoney to prevent or eradicate bacterial colonisation in dressing oncology long vascular lines
Citation: Journal of Wound Care, Jun 2014, vol. 23, no. 6, p. 338-341, 0969-0700 (June 2014)
Author(s): Dryden, M., Tawse, C., Adams, J., Howard, A., Saeed, K., Cooke, J.
Abstract: Objective: A pilot evaluation was performed to assess the effects of Surgihoney, an engineered honey with highly active antimicrobial activity, on bacterial colonisation in long lines in oncology patients. Method: This prospective service evaluation was conducted at Hampshire Hospitals NHS Foundation Trust (HHFT) in England, UK,
Advantages were found from using a national quality registry. The registry is a valuable clinical tool showing that pain has a great impact on patients with venous leg ulcers. Results further suggest that the presence of ulcer pain increases the prescription of antibiotics but does not affect the use of compression therapy. Several patients with venous leg ulcers were included during the study period. Every patient was registered in a national quality registry for patients with hard-to-heal leg, foot, and pressure ulcers. A high incidence of ulcer pain (57%) was found when the patients entered the study. Patients with ulcer pain had been treated more extensively with antibiotics both before and during the study period. Throughout healing there was a significant reduction of ulcer pain affected the use of antibiotic treatment and compression therapy. A total of 431 patients with venous leg ulcers were included during the study period. Every patient was registered in a national quality registry for patients with hard-to-heal leg, foot, and pressure ulcers. A high incidence of ulcer pain (57%) was found when the patients entered the study. Patients with ulcer pain had been treated more extensively with antibiotics both before and during the study period. Throughout healing there was a significant reduction of antibiotic use among patients in the 'no pain' group, from 44% to 23% (P=0.008). There was no significant difference between the two groups concerning compression therapy (85% vs. 88%), but 12% of patients in the 'pain' group did not get their prescribed compression compared with 6% of patients in the 'no pain' group. The groups did not differ significantly in terms of ulcer duration, ulcer size or healing time. This study shows a high incidence of ulcer pain, confirming that pain has a great impact on patients with venous leg ulcers. Results further suggest that the presence of ulcer pain increases the prescription of antibiotics but does not affect the use of compression therapy. Several advantages were found from using a national quality registry. The registry is a valuable clinical tool showing the...
44. Title: Understanding methods of wound debridement
Citation: British Journal of Nursing, Jun 2014, vol. 23, no. 12, p. S10., 0966-0461 (June 26, 2014)
Author(s): Atkin, Leanne
Abstract: Autolytic debridement describes the body’s natural method of wound-bed cleansing, helping it to prepare the wound bed for healing. In acute wounds, autolytic debridement occurs automatically and often does not require intervention, as during the inflammatory stage of a wound, neutrophils and macrophages digest and removes devitalised tissue, cell debris and contaminants, clearing the wound of any cellular barriers to healing. In chronic wounds, by contrast, healing is often delayed, frequently because of inadequate debridement. The autolytic process becomes overwhelmed by high levels of endotoxins released from damaged tissue (Broadus, 2013). Therefore wound debridement becomes an integral part of chronic-wound management and practitioners involved in wound care must be fully competent at wound-bed assessment and have an awareness of the options available for debridement. This article will review wound-bed assessment, highlighting variations in devitalised tissue, and explore options available for wound debridement, taking into consideration patients’ pain and quality of life. [PUBLICATION] 13 references
Source: BNI
Full text: Available British journal of nursing (Mark Allen Publishing) at British Journal of Nursing

45. Title: Using Evidence-Based Practice to Prevent Hospital-Acquired Pressure Ulcers and Promote Wound Healing
Citation: American Journal of Nursing, Aug 2014, vol. 114, no. 8, p. 61-65, 0002-936X (August 2014)
Author(s): Roe, Elizabeth, Williams, Deborah Lou
Abstract: Pressure ulcers are an age-old problem and continue to pose a significant challenge to modern health care providers and systems. Consider that approximately 2.5 million patients are treated for pressure ulcers in US health care facilities annually, and almost 60,000 patients die each year from complications of hospital-acquired pressure ulcers. A 2011 publication of the Institute for Healthcare Improvement, How-to Guide: Prevent Pressure Ulcers, cites research showing that pressure ulcer prevalence and incidence in acute care settings are approximately 15% and 7%, respectively. Surprisingly, accurate, up-to-date estimates of the costs associated with pressure ulcers are not easy to find; costs frequently cited for a decade or more are $70,000 to treat a full-thickness pressure ulcer and $11 billion for the total US expenditure on pressure ulcer treatment. Here, Roe and Williams details the collaborative initiative undertaken by a hospital and a nursing education program to increase the use of evidence- based nursing practice to reduce the incidence of hospital-acquired pressure ulcers and promote wound healing. [PUBLICATION] 15 references
Source: BNI
Full text: Available British Journal of Community Nursing at British Journal of Community Nursing

46. Title: Using medical silicone to ensure an airtight negative pressure wound therapy dressing seal in challenging wounds: a case series
Citation: Ostomy - Wound Management, Aug 2014, vol. 60, no. 8, p. 40-46, 0889-5899 (August 2014)
Author(s): Hendricks, Nora, Hendricks, Joerg, Hoffmann, Karen, Hemprich, Alexander, Halama, Dirk
Abstract: Negative pressure wound therapy (NPWT) has been used for a broad range of indications and wound types. However, it can be difficult to maintain an airtight dressing seal when the wound is located in an anatomically challenging area or environment. To address this problem, medical silicone, used to create intraoral vacuum dressings, was used in five patients (one woman, four men, age range 57 to 66 years) to seal leaking NPWT dressings (four polyurethane dressings and one polyurethane silver foam dressing). The wounds were located in the head and neck, abdominal, lower extremity, and anogenital areas. Initial wound sizes ranged from 2.5 cm2 to 700 cm2, and periwound areas were characterized by irregular surfaces (scars, skin folds, or curved surfaces), humid milieu, or mobile structures. In all five patients, negative pressure was set at -125 mm Hg constant suction, and the silicone was able to seal the leaking dressings. Wound size reductions from 2.5 cm2 to 13.5 cm2 were observed during 9 to 64 days (range) of NPWT treatment. In these patients, medical silicone was found to be a suitable material to facilitate airtight sealing of the dressings used with NPWT. [Publication] 29 references
Source: BNI
Full text: Available at British Journal of Community Nursing

47. Title: Wound care practices: a survey of acute care nurses
Citation: Journal of Clinical Nursing, Sep 2014, vol. 23, no. 17-18, p. 2618-2627, 0962-1067 (September 2014)
Author(s): Gillespie, Brigid M, Chaboyer, Wendy, Allen, Pamela, Morely, Nicola, Nieuwenhoven, Paul
Abstract: To describe the self-reported wound care practices of acute care nurses practising in a large metropolitan
hospital in Queensland, Australia. Wound infections occur in up to 30% of surgical procedures and are the third most commonly reported hospital-acquired infection. The growing complexity and cost of wound care demand that nurses use wound care knowledge based on best practice guidelines. Descriptive cross-sectional survey design. A convenience sample of 250 medical and surgical nurses working in an acute care facility was invited to complete a 42-item survey. The survey was based on an extensive literature review and an environmental scan of wound care issues in major hospitals, Australia. The survey was completed by 120 acute care nurses with a response rate of 48%. Ninety (75.%) respondents reported that 'wound appearance' was the most important factor guiding their choice of dressing product. Only 6 (5.%) respondents considered the cost of a dressing product 'highly important'. Fifty-nine (50.4%) respondents reported being 'unaware' of the national standards pertaining to wound management, and only 41 (34.%) respondents reported that their knowledge of wound products was 'good' or 'excellent'. The majority (n = 89, 75.%) of respondents used the hospital's wound care specialist nurses as the primary source of information in regard to managing acute wounds. Although acute care nurses have a sound knowledge of wound healing processes, it appears that many do not use the recommended clinical guideline pertaining to wound care. While it is important for nurses to detect early wound complications, treatment plans based on wound assessments need to be informed by current clinical guidelines. In implementing the guideline, it is essential to first identify barriers and facilitators to knowledge transfer. [PUBLICATION] 32 references

Source: BNI

48.Title: Wound debridement: a clinical update
Citation: Nursing Standard, Aug 2014, vol. 28, no. 52, p. 42-48, 0029-6570 (August 27, 2014)
Author(s): McFarland, Agi, Smith, Fiona
Abstract: This article aims to improve nurses' knowledge of wound debridement through a review of different techniques and the related physiology of wound healing. Debridement has long been an established component of effective wound management. However, recent clinical developments have widened the choice of methods available. This article provides an overview of the physiology of wounds, wound bed preparation, methods of debridement and the important considerations for the practitioner in implementing effective, informed and patient-centred wound care. [Continuing Professional Development, NS758]. [PUBLICATION] 55 references
Source: BNI
Full text: Available Nursing Standard at Nursing Standard

49.Title: Wound infection prevention and management
Citation: Nursing in Practice, Sep 2014, no. 74, p. 86-90, 1473-9445 (Sep-Oct 2014)
Author(s): Benbow, Maureen
Abstract: It is essential that healthcare practitioners have at least a basic understanding of microbiology relating to wound healing mechanisms and the ability to recognise the signs and symptoms of infection in a wound. Successful interventions at an early stage may facilitate healing and avoid infection and its potentially life-threatening complications. This article will make evidence-based recommendations for managing patients with infected wounds. [PUBLICATION] 20 references
Source: BNI

50.Title: Wound infections and healing: Are they contributing factors for carcinogenesis?
Citation: Journal of Wound Care, Jun 2014, vol. 23, no. 6, p. 314-325, 0969-0700 (June 2014)
Author(s): Park, S.S., Izadjoo, M.J.
Abstract: The link between inflammation and tumourisation has long been considered as a key event in clinical cancer development. Inflammation and inflammatory diseases can be caused by many factors including infectious agents, altered genetics and various degrees of injuries from simple cuts to traumatic wounds, such as those suffered in battlefield. Improved management of all wound types is critical in protecting affected individuals against the development of tumourisation cues, which may potentially lead to cancer development. There have been numerous studies on the mechanism of inflammation-induced tumourisation. Thus, in this mini review, we summarised evidence demonstrating the potential link between infectious agents and their moonlight proteins, wounding, trauma, overactive repair mechanisms, and carcinogenesis. [PUBLICATION] 77 references
Source: BNI
Full text: Available Mark Allen Group at Journal of Wound Care
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