



Tasmanian
Wound Care Association
www.twca.com.au

TASMANIAN WOUND CARE ASSOCIATION

DEEPES TISSUES

June 2009

WELCOME one and all to the current TWCA Newsletter. Hope this publication finds you well and wound savvy. If you have any items you would like published in the newsletter, please submit to Carol on 62 228322, 0408 992 403 or e-mail carol.baines@dhhs.tas.gov.au



The Biennial State TWCA conference for 2009 has been voted a success! And not just because of the aroma of freshly brewed coffee throughout or the manicures and massages!

'Frontline Wounds' exposed us to wounds from the frontline of Accident and Emergency, the balmy climes of Fiji and to the frontline of Iraq (complete with Subway and Hungary Jacks!). We were also given an insight into acute wound assessment and were challenged with managing those with severe burns following disasters such as the Bali bombing. I think we were all left wondering how we would have coped if we were the one in charge that day.

While a presentation on motivation may seem an odd choice for a wound care conference, I think it would have been difficult not to take something away from this session on a professional or personal level. Our membership comes from a wide clinical and professional base but we can all relate to days where we feel we are running a

marathon and struggle to keep our clinical and outside the square and including this talk.

personal goals in sight. Thanks Carol for thinking

The workshops were well attended and the triumph would have to be the inaugural breakfast symposium which despite bleary eyes attracted a huge response. A/Prof Michael Woodward presented us with a comprehensive talk on wound management for an aging population which was well received.

The trade display was once again a highlight and many thanks to our friends in the industry for supporting the TWCA so well.

Finally, a big thankyou must go to Bebe, Carol and Juliet and others too numerous to mention for organising the conference. There is a lot of ground work which goes on that is time consuming and comprehensive. Well done.

SEE YOU ALL ON THE TRAIL OF THE '**WOUND WAGON**' IN OCTOBER.

Helen Strong
Secretary



Congress 2008 Update

WUWHS Conference 2008:

One Problem—One Voice was from all accounts very successful. Over 5 days, 10 concurrent streams and 6 themes covered all aspects of wound care in a curriculum format and included issues faced by all healthcare disciplines involved in this specialty. The sessions were highly interactive and lively discussions took place. Our key note speakers, Stephen Lewis, Marla Shapiro and John

O’Leary provided inspirational talks each day and numerous social programs allowed participants to relax, network and meet colleagues and make new friends from around the world. Over 170 of the international key opinion leaders discussed both tried and tested theories as well as clinical research and new products, treatments and services. The final highlights of the Congress were the selection of Yokohama, Japan as the site of the 2012 WUWHS Congress and the launch of WoundPedia.



WoundPedia

WoundPedia was launched in June, 2008 at the WUWHS Toronto Congress. It is a web-based evidence supported tool that collects and evaluates clinical research in the prevention, diagnosis and management of wounds. WoundPedia is a

compendium of free information that has been developed by key opinion leaders from a number of societies around the world. WoundPedia is written collaboratively by experts world wide. Over 50 contributors are actively working on summaries including a number of aetiologies or wound care themes.

WoundPedia is a dynamic process that is continually updated based on new research and input from visitors. All statements and recommendations are based on the best available evidence, expert knowledge and in some cases, patient preferences. WoundPedia is a WUWHS not for profit initiative.

Please visit WoundPedia at www.woundpedia.com.



WUWHS 2012 – 4th Congress Of the World Union of Wound Healing Societies

BETTER CARE – BETTER LIFE

Yokohama, Japan September 7–12 2012

Planning for this exciting meeting is already well underway. The main theme and goals for the meeting include:

1. To promote truly-advanced wound care in daily practice by gaining greater understanding of novel wound healing theories
2. To evaluate the cost-effectiveness of wound care through understanding reimbursement systems
3. To enhance friendship among international representatives from various nations, embracing both modern technology as well as traditional regional medical practices
4. To advocate the importance of wound care for lay persons in terms of safety, cost effectiveness and long-term outcomes
5. To take “Expertise, Experience and Evidence” from the research laboratory to the bedside
6. To promote modern wound care throughout Asian countries
7. To support developing countries worldwide

Scientific Program includes:

1. Treatments and care of acute and chronic wounds
2. Development of new treatment modalities for wounds
3. Development of surgical procedures for wound care
4. Limb salvage and treatment/care for PAD, Diabetic foot, etc.
5. Innovation of regenerative medicine in wound treatment
6. Development of skin and wound care materials
7. Nursing and care for pressure ulcers and ostomy sites and incontinence
8. Advancement and promotion of wound care in Asian countries and developing countries
9. New research into wound healing

More information on this Congress can be found at www.wuwhs2012.com.

TWCA EDUCATION GRANT

The Tasmanian Wound Care Association (TWCA) aims to provide health professionals with an educational network to support wound care management. Part of this network is the provision of an educational grant to assist its members to further develop their theoretical and practical wound management knowledge base through post graduate study.

To be eligible for an education grant, applicants must have been a full member of TWCA for a minimum of 2 consecutive years.

In order to receive this grant, applicants must provide evidence that the study they wish to undertake is either a Graduate Certificate, Diploma, or Masters in Wound Management through a recognised tertiary institution. The education grants may be applied for no more than once every three calendar years and is valued *up to* \$1500. For more details refer to the TWCA website.

Pain: A Mans Best Friend – Striving for commonsense within Diabetic Peripheral Neuropathy.

Diabetes is a disease process that when poorly managed can skew the likelihood of an individual sustaining a lower limb ulcer and then enduring the potentially complex task of healing. Diabetic Peripheral Neuropathy is a complication arising from diabetes that can rob a person of their ability to independently and accurately assess danger to their body and respond appropriately. Typically when we injure ourselves we become the beneficiaries of the pain that follows. Pain is one of our body's great communicators that informs us when something is not right and allows us to shift into pain avoidance behaviour essentially preventing further injury and facilitating healing e.g. I hurt my ankle – I limp or go on crutches until the pain allows me to walk again, or, I hurt my tooth – I avoid chewing on that side until the pain resolves. Peripheral Neuropathy can render someone completely unaware of what may be happening to their own body.

The age old adage that 'no news is good news' is rendered useless when no news may actually be bad news, good news or maybe even disastrous news. Considering how much pain enhances our protective intellect, pain may well be man's best friend. Much of a public health podiatrist's time is consumed with people who have diabetes and peripheral neuropathy and who have been let down by their body's ability to warn and protect them. This can lead patients to perform all kinds of risk taking behaviour that with good sensation they would otherwise not normally do or from which they would quickly learn their lesson. Timely treatment of injuries subsequently is not attended to and they continue to develop further and more complex complications.

Here are some examples of when things go wrong and where common sense could have prevented these disasters.



This gentleman thought it best that after mowing the lawn he should take out the whipper snipper and clean up the edges of the grass. This was undertaken with only sandals on and when he accidentally snipped his foot it was his toe rather than his shoe that suffered.

This gentleman was doing what most people would do during winter in staying close to the fireplace. In an attempt to get closer he rested his foot on the guard rail only minutes later to query his wife about the burning smell. The shoe had begun smouldering and resulted in a L) 1st toe ulcer and a subsequent amputation of the toe.



This lady was keeping her feet warm at night by putting a hot water bottle in bed. Without adequate protective sensation she awoke in the morning to a large full thickness burn that required many months of healing.

This lady was cutting her nails as she had done many times before and accidentally snipped the edge of her L) 2nd toe with the clippers. Having felt nothing she paid the wound no attention and several days later was treated for acute cellulitis and was fortunate to save her toe.



Wound care knowledge and technologies are constantly advancing as are the tools available to health professionals involved in wound care. We need to be vigilant that we don't get caught up in the next wondrous wound dressing and lose focus on our best chance of success: preventative wound care. This will be achieved through multidisciplinary education, reinforcement and continual encouragement of our patients so that behaviour modification is achievable and so that the prevalence of these types of wounds is reduced.

Joseph Rogers
Senior Podiatrist
Diabetes Centre
Launceston General Hospital.

The Kokoda Memorial Hospital

Bebe Brown RHH Hyperbaric Unit

In August 2008 I was lucky enough to travel to Papua and New Guinea to walk the Kokoda Track. There were 10 of us who headed off from Tasmania after months of training and preparation. We walked the Track from Owers Corner (South) to Kokoda (North) in 9 days without any serious incident apart from the odd blister. There were however 5 evacuations from other groups on various parts of the track during the same time. With one GP (Tim Flanagan) and one wound care nurse (me) in our party you can imagine we were quite well equipped to cater for any minor disaster. During our trek one of the porters had a small wound that became infected and swollen. Tim was asked to look over the man who was limping significantly and decided that at best it would require lancing, draining and dressing with a topical antimicrobial with added oral antibiotic cover as well. Tim had the appropriate gear to lance the wound and I had some inadine dressings. Very wary of 'western medicine' the porter went bush for a few days to treat himself with traditional bush medicine. He rejoined our group three days later with no limp and a much improved wound.

Once we reached Kokoda Tim and I decided that we would collect up all unused stock of dressings and medications that our group had stashed at the bottom of our packs. This would ultimately lighten our return weight albeit marginally. We planned a visit to the local hospital to see whether they could use our surplus bits and pieces. We had some basic dressing products that included tapes, bandages, inadine and chlorhexidine. We also had some medications that included panadiene, oral antibiotics, imodium, oral hydration salts and anti malarials. All of these were received with great enthusiasm and appreciation. Stocks of basic medication and dressing products were always being used faster than they are replenished. The Kokoda Memorial Hospital caters for both inpatients and outpatients via various clinics. Inpatients are admitted to either the paediatric side (6 bed ward) or the adult side (6 bed ward). We complain regularly about our conditions and occasionally the waiting time for some services available to our patients. To be able to visit a facility like the Kokoda Memorial Hospital brings all that into perspective.

Tim and I spoke at length with the nurse on duty, Dara who had been working at the hospital for 17 years. She was supported by several other nurses and a medical officer who although not a qualified MD was able to prescribe medications, fluids and essentially operate as a MD. She was a very experienced nurse and had spent time in Australia under a sponsorship contract updating her skills and knowledge. Like most 3rd world areas their resourcefulness is pretty amazing and they can make a 'little go a long way'. She was very grateful for the products/medications that we left in her possession as their stocks are often low and often not renewed on a regular basis.

The photographs show the age and poor state of equipment and beds in the hospital. Out of 12 beds on view there was not one single mattress that was intact. All had tears in the vinyl covering – the ones pictured are the best ones! The few trolleys they had were rusty with chipped paint and looked like they were from the 1960's. But...amongst this where most of us would be cringing, Dara had a big smile on her face and was happy to share her work place with us.



The only dressing trolley in the hospital.



The house medical officer, Dara, myself and Tim Flanagan.



The Kokoda Hospital.



Beds in the Paediatric ward area of Kokoda Memorial Hosp.



IT IS TIME TO RENEW YOUR MEMBERSHIP