



<p>➤ Smith and Nephew trial of Allewyn AG in Ireland</p> <p style="text-align: right;">Page 2</p>	<p style="text-align: center;">—Editorial—</p> <p>Valuing Tissue viability services has long been a problem for the NHS. Without doubt Tissue Viability has been viewed as the Cinderella service, with Infection control often having the lead role in many health boards. There is no doubt that infection control is much to the fore in the present climate of HAI and related infection scares. It would however be extremely short sighted to ignore the role of tissue viability specialist in maintaining quality throughout the service. From admission to discharge the vast majority of patients, particularly those at risk should come into contact with the tissue viability service.</p> <p>They have a vital role to play in patient care, staff education, equipment provision, prevention and management of infection, the list goes on. Yet despite this, there are many organisations who operate with little or no tissue viability cover. I feel the tide is about to turn. In my last editorial I mentioned the recent HPS (Health Protection Scotland) report. This has lead to a flurry of activity, north of the border at least, and the Scottish executive takes very seriously the link between pressure ulceration, wound infection and sepsis.</p> <p>A central part of this activity will be the appointment of a pressure ulcer education expert, whose job it will be to design and implement pressure ulcer education and training at every level. The National Association of Tissue Viability Nurses (Scotland) has also been heavily involved with the Scottish Executive in planning a way forward. It has always been easier to assess and implement changes in Scotland due to the smaller numbers of people involved and the relatively large</p>	<p>➤ International Chronic Oedema Conference</p> <p style="text-align: right;">Page 4</p>
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	<p>centres of population, however, there is no reason that this work can not be replicated across the UK.</p> <p>The key is in finding the evidence, in Scotland one of the key factors was the HPS report, another driving force has been the work of the Care Commission, in particular the work of Joyce O Hare and her team, who have been involved in driving up standards in the care home sector.</p> <p>I understand that this is only one issue but I feel this is an opportunity for tissue viability services to prove their value, we know our own worth, but there are others who need to be convinced.</p> <p>John Timmons Editor</p>	
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➤ **Smith and Nephew trial of Allevyn AG in Ireland**

A recent study by Trish McKeown and Bridgit Hctor in Tipperary, reviewed the impact of the new Allevyn AG dressing on wounds in an A/E department. The new dressing contains Silver Suphadiazine (SSD) which is the active component in Flamazine cream (Smith and Nephew) and has been used in wound care for a number of years. This evaluation was carried out on 25 patients with presentations including lacerations, minor burns, abrasions and finger injuries.

Wounds in A/E are often at high risk of infection due to contamination when the injury is caused, therefore, antimicrobials are often used, both as treatment and prophylaxis. Key observations from the evaluation include longer wear time than the previously used products, better exudate management, pain free dressing changes, cost reduction and patient acceptability.

It is hoped to publish this work in full in the next issue of Wounds UK.

➤ Tasty Antibiotics- if you are a bacterium

It would seem to be a strange choice of dinner for bacteria, however, Dantas et al.(2008) readily cultured bacteria from the soil that can consume antibiotics as sole carbon sources. These bacteria are from several genera, some of which are closely allied to human and livestock pathogens, and are also generally extremely resistant to many antibiotics. This consumption is not restricted to antibiotics derived from natural products but also includes synthetic ones, as well as new-generation molecules, such as levofloxacin. This previously unrecognized source of antibiotic-metabolizing bacteria represents a potential reservoir of antibiotic resistance genes for pathogenic bacteria.



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➤ Forthcoming Events

WUWHS

The previous World Union of Wound Healing Societies Meeting was held in Paris in 2004, and was a huge success. This years' event in Toronto promises to be an incredible occasion. The theme for the conference is One Problem One Voice, and aims to bring together experts from around the world working towards improved patient care. Click on the link below to visit the website.

4 -8 June 2008: World Union of Wound Healing Societies' Meeting 2008 -

www.worldunion2008.com

EWMA Conference Lisbon May 14th -16th

Wound Management Wound Healing and Responsibility and Actions

Visit EWMA.org for information (click on the link) or [download the flyer](#)

WOUNDS UK

Wounds UK Summer Conference will take place in Ascot on the 2 July this

year and will cover a number of key issues with top speakers from all over the UK.

For more information go to the [Wound Essentials Summer Conference page](#)

http://www.woundsuk.co.uk/wound_essentials_summer_conference08.shtml

➤ **International Chronic Oedema Conference**

Wounds UK, The International Lymphoedema Framework and Activa healthcare are proud to announce an International Chronic Oedema Conference. The conference will take place at Royal Ascot on the 2nd of July and is a must for all those involved in caring for patients with chronic oedema.

View the conference information on:

http://www.woundsuk.co.uk/chronic_oedema_conference_2008.shtml

Or download the registration form and further information on:

http://www.woundsuk.co.uk/downloads/chronic_oedema.pdf

➤ **References – papers of interest**

Caputo, W.J (2008) **Surgical Management of the Diabetic Foot**. WOUNDS VOL 20; NUMB 3 pp. 74-83

Currie, C.J.; Poole, C.D.; Conway, P (2008) **Evaluation of the association between the first observation and the longitudinal change in C-reactive protein, and all-cause mortality**. HEART -LONDON- BMJ PUBLISHING GROUP VOL 94; NUMB 4; pp. 457-461

Gautam Dantas, Morten O. A. Sommer, Rantimi D. Oluwasegun, and George M. **Church Bacteria Subsisting on Antibiotics Science**, Volume 320, Issue 5872

Haycocks, S.; Chadwick, P (2008) **Sharp debridement of diabetic foot ulcers and the importance of meaningful informed consent** WOUNDS UK VOL 4 ISSU 1 pp. 51-58

O Hare, J.; Jones, M.L.; Callaghan, R. (2008) **How can tissue viability input into care homes be improved?**. WOUNDS UK VOL 4 ISSU 1 pp. 97-101

Reilly, J (2008) **The epidemiology of health-care associated infection.** ISSU 1;pp. 10-13

White, R (2008) **A multinational survey of the assessment of pain when removing dressings.** WOUNDS UK VOL 4; 1 pp. 14-24

s Wolcott, R.D.; Rhoads, D.D (2008) **A study of biofilm-based wound management in subjects with critical limb ischaemia.** JOURNAL OF WOUND CARE VOL 17; NUMB 4 pp. 145-156