

June 2006

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—Editorial—

It would appear that the current hot topic seems to be the management of chronic oedema in the lower limbs. For too long there has been a gap between the worlds of wound care and lymphoedema but since the advent of the Lymphoedema Framework, the addition of lymphoedema hosiery onto Drug Tariff and the introduction of the Journal of Lymphoedema, already into its second volume, there are clear signs of progress in improving services. The Activa Roadshows taking place in June around the country in concert with Wounds UK and the British Lymphology Society are providing that valued opportunity to put the care of patients with chronic oedema under the spotlight.

During discussion at breaks in the study days already taken place there was a palpable sense that a way forward is emerging enabling the skills of nurses with leg ulcer management skills and the growing network of lymphoedema practitioners and lymphoedema services to come together to meet needs of a previously underserved group of patients.

Now BSN Medical are also to provide study days on this subject area delivered in your local area this can only add to that momentum. Perhaps a word of caution though in all the excitement of wanting to

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rush out and help those we might not have been able to in the past, as with all new assessment and management skills acquiring them requires training and supervision to achieve competence. It would be good foresight for lymphoedema, tissue viability and leg ulcer practitioners in each local area to get together to manage the teaching of these skills, standardise the range of tasks each practitioner can undertake and agree on referral criteria.

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Editor

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➤ T.I.M.E flies

Kathy Leak - Wound Care Sister, Doncaster and Bassetlaw Foundation Trust

As a member of the UK T.I.M.E Advisory Board for the past 18 months and having recently attended the 6th board meeting, it came to mind to write about our personal experiences within the Doncaster and Bassetlaw Foundation Trust regarding T.I.M.E.

The use of the concept of T.I.M.E was initially seen as way to improve documentation and wound descriptions. Following wound care training sessions during lunch breaks, an audit of wound care knowledge was performed prior and post the training on a vascular and diabetic ward. The results showed conclusive improvements in descriptions of wounds terminology used. In addition a reduction in the cost of dressings used on the wards following the teaching sessions was identified.

This seemed to be because nurses took control and ownership of the concept of T.I.M.E and changed dressings as prescribed.

I am sure you will agree this was a very successful exercise. To compliment this T.I.M.E has been cascaded throughout the trust on all

Tissue Viability study days. The concept has been incorporated into our wound care formulary and into our leg ulcer, and wound care IPOC (INTEGRATED PATHWAY OF CARE).

Students shown the acronym of T.I.M.E found the tool extremely easy to understand, highlighting the fact that novice and expert can adopt this process and adapt it to their level of learning.

Today T.I.M.E is used across our trust. Recent work has changed practice from the theatre to healing, producing data highlighting reductions of cost healing times. An example where this approach has been adopted is in the treating of Pilonidal Sinus disease. A simple technique of which we all, as nurses, see and know are problematic wounds of the young adult.

The implementation of T.I.M.E is continually improving our practice with regard to wound assessment and documentation of wound assessment, whilst ensuring appropriate wound management. With the improvement in documentation regarding wound care and with the implementation of IPOC associated with wound care our medical colleges are now recognising the importance of TIME

↳ **Extra sessions at Summer Conference**

The Wounds UK Summer Conference on the 27th June is set to be bigger than ever. Not only are there 3 conferences running concurrently but now there is an opportunity for all TVNs, Podiatrists and associated wound care professionals to come on the afternoon of the 26th for two free symposia. Synergy, who bring Exsudex to the negative pressure therapy market, have a symposium from 1630 - 1830, followed by Biofisica, the makers of PosiFect RD, from 1830 - 1930. These events will be followed by a free champagne reception and dinner.

↳ **Activa Chronic Oedema Roadshows**

The series of 6 days around the country are progressing well with 3 successful days already completed and the 4th in the South West at Taunton at the Holiday Inn due for 5th June, West Midlands at Aston Villa Football Club 7th June and the East Midlands on 12th June at the Village

Hotel in Nottingham.

Audiences have reviewed the days very favourably which have provided the opportunity for reflection on a way forward on chronic oedema management particularly in the lower limbs through talks from Lymphoedema specialists and TVNs on epidemiology of lymphoedema, recognition of the different types of chronic oedema, management of cases, and who to and when to refer to other specialists. A practical demonstration of a full leg bandaging technique signals what could be achieved for a wider group of patients with full leg oedema following suitable training.

One little practical snippet I picked up from attending was that there is only one prescription charge payable for a pair of lymphoedema stockings, unlike the per leg charges for the British Standard products used for care of varicose veins and prevention of venous ulcer recurrence. In fact you can have multiple pairs prescribed on a single script, which is all remarkably sensible.

If you would like a place on one the remaining days contact the Activa Customer Line **08450 606707** or your local representative.

▾ **From the papers**

Listening to patients

Last month I found myself reading a fascinating piece in the Times on an interview with an American Medic Dr Jerome Goodman, a Haematologist Oncologist at Harvard Medical School. In the interview about his new book, *How Doctors Think*, Dr Grossman muses on the fact that doctors often diagnose too quickly under the pressure of time and overwork and sometimes get it wrong. He cites research showing that the average doctor interrupts the patient within 18 seconds of them starting telling their story signalling that they have already reached their diagnosis and that further information is irrelevant. For 30 years as a practising doctor he says he has looked to traditional information sources such as textbooks, journals and colleagues to help him in his diagnostic thinking, only now realising that he has another vital partner to help him in his work, the patient! Mind

you it is not just doctors who diagnose under pressure, TVNs should reflect on the need to let the patient speak unhindered and keep checking back with them for more details as they progress through assessments. I like Dr Groopman, it takes considerably courage to raise the obvious that can be so easily overlooked.

Reference - Bonsor S (207) Trust me I'm a patient. The Times May 1st:Suppl (Times2); 4 - 5

Bullfrogs and superbugs

Scottish scientists have found a novel antimicrobial peptide in the skin secretions of American bullfrogs. Antimicrobial peptides are naturally occurring molecules produced by all living creatures as pathogen defence. The compound, ranalexin, when applied with an existing agent, lystostaphin, had a significant effect on MRSA infected wounds. The combination of two agents helps lower the risk of resistance developing and enables the individual doses to be lowered reducing risk of toxicity. Dr Peter Coote at St Andrews University said their findings represented " a potentially novel way to combat MRSA via surface treatment or impregnation of wound dressings". Remember you heard it here first!

Reference - Bell G (2007) Bullfrog hops in to fight with superbug. The Herald. May 1st: 12

➤ **BSN Tailor Made Lymphoedema study days**

BSN Medical is offering an opportunity of having study days on the management of lymphoedema arranged in your local area. The days will cover the management of chronic oedema by talks and practical workshops.

➤ **Product News**

Vernacare the makers of all things for your macerator have launched a new product that might be helpful in the wound care world. They have

devised a detergent-proof wash bowl that is rectangular and looks like it might be a boon for washing feet up to the depth of ankles.

➤ **WWW - Wonderful Website World**

Ever been to Hospital Episode Statistics online? Sounds a bit dull but it is a mine of useful information to help you in proving the need for your service. For example I discovered that there were 231398 bed days in England and Wales during 2005 - 06 for ulcers of the lower limb and 536 days of this total were spent in my local District General. Well by my reckoning using the £250 per bed day figure this amounts to £134,000, now that is a few TVNs in my book that could be undertaking prevention of admission and early discharge work.

Find out your own statistics on:-

<http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=537>

➤ **NICE to know**

Clinical guideline 46 Venous thromboembolism - reducing the risk of venous thromboembolism in inpatients undergoing surgery is out on the **NICE** website. Some interesting outtakes are:-

- **That 25,000 people in England die from VTE, though that says nothing about the impact of leg ulceration**
- **Thigh length stockings are recommended**
- **That it says stop hosiery when back to usual mobility, which of course means that some measure of starting mobility is needed against which to measure this**
- **That IPC foot impulse devices are being promoted to work with hosiery for as much time as is practical**
- **The stocking profile must fit the Sigel pressure profile which begs the question if any institution is still washing and reusing hosiery how are they ascertaining that the profile is maintained in line with their duties as they are then deemed a medical device manufacturer**

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