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# Wounds UK

## — Wound Care E-Newsletter —



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September 2005

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### Future events

Events in  
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## —Editorial—

### Welcome to the 5th Wounds UK Newsletter

The role of research in wound healing and its related topics is one for which we all must have some responsibility. It has become difficult for many to continue to carry out quality research whilst trying to manage a clinical workload at the same time. I salute those of you who manage to do this and continue to do it well.

The problem with the constant pressure exerted on those in the NHS is that this results in too many unanswered questions. For many clinicians, nurses, doctors, podiatrists and numerous others, each day will throw up new challenges to our way of working. Yet with resources as scarce as they are, we will be unable to tackle these issues and get the results that we need. Ultimately, some very small changes in practice can often prove to be most beneficial for our patients.

It is with these thoughts in mind that we should be seeking to cement relationships with other professionals in order to attempt to meet the challenges we face in practice and in order to try and carry out the work which needs to be done.

My recent experience has been positive, and has given me insight into other issues which I would previously have not considered. On a few occasions I have met with microbiologists and bioengineers

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who have an interest in wound healing and who would like to apply their expertise to addressing some of the issues we see as key to the wound healing debate.

Another issue is funding, if we are going to tackle some of the wound healing challenges we will require funding, not only for equipment but also for our time. The Chief Scientists' Office does offer grants for research and is particularly keen to provide funding for worthwhile collaborative work which is multi-professional and multi-centred. Other sources of funding may come from industry, and many companies have foundations which work independently to support research.

The overall message is that we all need to seek out opportunities to carry out worthwhile projects, whether large or small scale, and when possible involve other individuals (or disciplines) who share your enthusiasm for the subject.

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## ➤ **Future events**

21-24 September, 2005

11th European Burns Congress (EBA): [www.eba2005-portugal.com](http://www.eba2005-portugal.com)

Estoril, Portugal

12th -16th October

The 14th Congress of the European Academy of Dermatology and Venereology

ExCeL Exhibition Centre, London

13-15 October, 2005

International Federation of Infection Control Conference (IFIC):  
[www.flebologiabrasil.com.br](http://www.flebologiabrasil.com.br)

Istanbul, Turkey

14-16 November, 2005

Wounds UK: [www.wounds-uk.com/harrogate.shtml](http://www.wounds-uk.com/harrogate.shtml)

Istanbul, Turkey

Activa healthcare will be running free clinical seminars on the theme of Challengin pain and improving clinical outcomes. The seminars will be repeated throughout the UK and are presented in association with Wounds UK. The dates are as follows:

5th October Glasgow

12th October Northern Ireland

13th October Bolton

19th October Stoke on Trent

20th October Chelsea

1st November Cardiff

A number of eminent UK speakers will be presenting at each event. In order to access the seminars visit the activa website at [www.activahealthcare.co.uk](http://www.activahealthcare.co.uk)

### ▸ **Partnerships in Wound Management**

Much of government health policy over the past decade has stressed the need to work in partnership with other organisations and individuals in order to improve patient care. This week I had an interesting email from a Professor at a nearby University who had been on the Wounds UK website. She and her PhD student had been working on a wound modelling device which allowed them to analyse wound moisture levels and the absorbency of some common wound dressings.

From this work they hope to establish what the optimum moisture levels at the wound bed should be. This work is in many ways ground breaking and may answer a question which has been asked in wound care circles for many years. The team work in the bioengineering department and are currently involved in research which has the potential to have a very positive impact on wound healing for patients.

Our communication since has been around ways of taking things forward to working with patients. I have now organised a number of local tissue viability nurses to meet with the 'scientists' in order to look at ways in which the technology can be utilised benefit patients.

Incredibly, this work is being done no more than five minutes from my University. I feel that in order to help us to think 'outside the box' and examine problems from an alternative viewpoint we need to establish partnerships with like minded groups within our local areas.

## **A new approach to chronic wound management**

The theory of wound preparation has given us an ideal basis for advancing knowledge of each of the components involved in wound healing. Key issues which may impede healing include the presence of necrotic tissue, bacterial burden and wound moisture levels. Having identified these factors, wound care experts and scientists have been able to focus more clearly on each individually and attempt to question each in more depth.

As mentioned in last month's newsletter, wound exudate has long provided the patient and the clinician with a problem which can impact not only on healing but also on the quality of life of the patient. Studies which examine wound exudate have revealed the presence of a number of proteins and proteolytic enzymes which may have a negative impact on the wound healing process. It has been shown that protease activity can be influenced by the pH of the wound, that is the balance of hydrogen ions in the wound. It has been suggested that many chronic wounds may have an alkaline pH which encourages protease activity, which could lead to breakdown of the extracellular matrix and degradation of new tissue. Smith and Nephew have recently released a new product called Cadesorb, which is designed to alter the pH of a wound from alkaline to a more acidic level, thereby creating an environment which is more favourable for new cell growth and less favourable for harmful proteases.

This does sound like an exciting development and we await the definitive clinical work which will support the use of the product in practice.

## ▸ Latest Journal References

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