

February/March 2017

[View this email in your browser](#)

# Tissue Issue



New Zealand Wound Care Society Newsletter

Issue 28 February/March 2017

WELCOME

Inside this Issue

The Education Advisory Group is overseeing the newsletter for February 2017. We have some topics for the year however these are flexible so please let us know what you would like to see or contribute to the 'Tissue Issue' this year. Previous editions [click here](#)

- Welcome
- From the President
- Focus Topic - Adjunctive Therapies
- Seminars & Webcasts
- NZWCS Items

## From the President

Dear Members

Our 8<sup>th</sup> National Conference will be held at the Energy Events Centre in Rotorua on 18 – 20 May. **'Clearing the Air – dispelling myths and misconceptions in Wound Care'**. We have 3 fantastic key note speakers:

- Prof Keryln Carville,
- Assoc. Prof Geoff Sussman &
- Prof Rod Macleod,

supported by invited speakers

- Kate Berridge,
- Dr Lea Whittington and

- Rob McGowan

The Workshops:

- Anti-microbial dressings,
- Sharps debridement,
- Complex pain mgmt.,
- Burn mgmt.,
- Off-loading diabetic foot mgmt. – a practical approach.

I think you will agree, an exciting programme. We look forward to seeing as many of you as possible at the conference – Registrations are open.

Do you have an Abstract? Submissions close on 24<sup>th</sup> February, so get in quick.

Kind regards

Emil Schmidt – President NZWCS

## FOCUS TOPIC - ADJUNCTIVE THERAPIES

### LAVAL THERAPY

Article submitted by Yvonne Denny

Maggot therapy (MT), also known as maggot debridement, larvae therapy or bio-surgical debridement, is cost effective, simple to use and provides rapid, precise, safe debridement in non-healing wounds. It involves the intentional introduction of live sterile, laboratory breed maggots into the wound tissue of humans and animals to debride necrotic (dead) tissue within the wound. Maggot therapy founder William Baer, found MT assisted in healing wounds during World War 1 and refined this technique by using sterile maggots to prevent maggot-induced infections. However, with the introduction of antibiotics in the 1940s and the development of surgical techniques the popularity of MT declined and was basically forgotten. With the rise in antibiotic resistance there has been a renewed interest in MT and in the last decade there has been a resurgence in MT in the treatment of chronic wounds as an adjunct to conventional therapies.

Maggot Therapy Mechanisms of action
• Debridement
• Disinfection of wound
• Stimulation of healing
• Biofilm inhibition and eradication

Wound debridement is essential for chronic wound healing. Maggot's secrete an enzyme that dissolves dead tissue but leaves healthy tissue intact. Not all wound types are suitable for MT. The wound must be moist, exudating with a sufficient oxygen supply, and a visible wound base.

MT can be used in community settings and can prevent surgical debridement (operations), and or

amputations and the unnecessary use of antibiotics as well as long periods of hospitalisation.

References available on request.

**Case study:**

Mr B is a 77 year old gentleman who presented to the Christchurch hyperbaric medicine unit with a painful, failing to heal right 5th toe amputation site of approximately six-months duration Mr B. required morphine and codeine to manage his pain and had received multiple courses of antibiotics.



On examination, he has a limp and the right foot has signs of reduced arterial circulation, although capillary return is reasonable.

Mr B has an extensive medical history including type 2 diabetes and ischemic heart disease. He lives alone, and is independent with support from his family.

Fig 1. Wound with maggots insitu



The larvae were applied twice over one week, post treatment eschar was removed, the wound bed was granulating with bone evident. The bone was surgically removed and negative pressure wound therapy was used for two weeks.

Approximately 3-months post admission to the unit the wound was almost healed with only a 3mm strip of poor epithelium remaining. Mr B was able to stop all pain relief and is walking freely.

Fig 2. Wound after completion of maggot therapy

## HYPERBARIC THERAPY

Article submitted by Yvonne Denny.

Hyperbaric oxygen therapy (HBOT) is an adjunctive therapy used in conjunction with primary therapies to assist in wound healing. The need for a patient to have HBOT is assessed on an individual basis.

HBOT is the intermittent treatment of the entire body with 100% oxygen at a greater than normal atmospheric pressure. The atmosphere we normally breathe air is approx. 20% oxygen and 79% nitrogen. Whilst in a hyperbaric chamber the pressure is increased to 2-2.4 times the normal atmospheric pressure and the patient is administered 100% oxygen.

Patients are expected to complete 40 treatments made up of daily Monday to Friday sessions for 2 hours each time.

So far we know that HBOT assists in

- increasing the oxygen concentration in all body tissues, even those with reduced or blocked blood flow
- it stimulates growth of new blood vessels to locations with reduced circulation (angiogenesis), thus improving blood flow
- cause rebound arterial dilation after HBOT, resulting in increased blood vessel size, improving blood flow to compromised organs
- stimulating an increase in superoxide dismutase, one of the body's major free radical scavengers
- aids treatment of infection by enhancing white blood cell action and potentiating antibiotics.

During HBOT standard, complex wound care is continued.

There are two centres in New Zealand for HBOT - Auckland and Christchurch.

## What's On

### NZWCS 8th National Wound Conference 2017

- Where - Energy Events Centre - Rotorua
- When - Thursday 18 - Saturday 20 May 2017
- Theme - 'Clearing the Air – dispelling myths and misconceptions in wound care'



#### NZWCS Study Day & Seminars for 2017:

- Waikato - June, August & November (dates TBA)
- Invercargill - Leg Ulcer Workshop (dates TBA)
- Canterbury - 30 March, 22 June, 19 October
- Nelson - 1 whole day or 2 half day Study Days (dates TBA)
- Hawkes Bay - November (dates TBA)
- Otago - 2 Study Days and 4 evening sessions (dates TBA)
- Tauranga - March & May (dates TBA)

#### International Courses:

HEMI - The Advanced Debridement Course - Brisbane (March), Perth (May), Adelaide (August) To register your interest in this course log onto our website at [www.hemi-australia.com](http://www.hemi-australia.com)

### SUGGESTED FUTURE TOPICS FOR TISSUE ISSUE 2017

- April / May 2017 - Antimicrobials - Dressings / Honey
- Jun / July 2017 - Podiatry
- Aug / Sept 2017 - Oedema
- Oct / Nov 2017 - Pressure Injury Awareness
- Other topics to be covered include - Nutrition, Negative Pressure, MDT Approach etc.

To contact the New Zealand Wound Care Society please email [administrator@nzwcs.org.nz](mailto:administrator@nzwcs.org.nz)

Email all contributions to future newsletters 2 weeks before issue release.  
More in-depth information is available on [www.nzwcs.org.nz](http://www.nzwcs.org.nz)

The views expressed in this newsletter are not necessarily those held by the New Zealand Wound Care Society.

Copyright © \*CURRENT\_YEAR\* \*LIST:COMPANY\*, All rights reserved.  
\*IFNOT:ARCHIVE\_PAGE\* \*LIST:DESCRIPTION\*

Our mailing address is:  
\*HTML:LIST\_ADDRESS\_HTML\* \*END:IF\*

Want to change how you receive these emails?  
You can [update your preferences](#) or [unsubscribe from this list](#)

\*IF:REWARDS\* \*HTML:REWARDS\* \*END:IF\*