

April/May 2017

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Tissue Issue



NZWCS Newsletter

ISSUE 29 - Antimicrobials

April/May 2017

WELCOME

Inside this Issue

The Education Advisory Group is overseeing the newsletter from 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
- NZWCS Conference
- Focus Topic - Antimicrobials
- Seminars & Webcasts
- NZWCS Items

NZWCS 8th National Wound Conference 2017

"Clearing the Air: Dispelling myths and misconceptions in wound care" – has a focus on bringing out in the open and discussing the common wound care misunderstandings, outdated practice, myths and all those questions you never felt you could ask. We have assembled a wide range of experts who will be able to answer those hard to ask questions and give you clear, evidence-based advice on how to tackle challenging wound care issues, whether they are clinical, technical, practise or product related.

In addition to the excellent key note and invited speakers, we are expecting to once again have a large trade exhibition where you will be able to see and hear about the latest product advances in wound management and also put your hard questions to the exhibitors. There will of course also be the usual fun of the conference dinner – this time you will need to dig out your sparkly spandex and dress up as your favourite Super Hero, or perhaps your historical or contemporary hero, it's up to you!

We look forward to seeing you in Rotorua in May 2017.
Nga mihi Wayne Naylor Conference Convenor
On behalf of the Conference Organising Committee

[CLICK HERE](#) - to register - Early Bird closes 14th April secure your place now

FOCUS TOPIC - ANTIMICROBIALS

Article submitted by Maria Schollum

Generally most healing wounds will not require the use of an antimicrobial dressing but are recommended in the following:

Prevention of infection in individuals who are considered to be at an increased risk

Treatment of a localised wound infection

Local treatment of wound infection in cases of local spreading or systemic wound infection using antiseptics, in conjunction with systemic antibiotics¹

SILVER

Properties

- Alters the structural and functional components in the cell.
- Binds to bacterial enzymes preventing their function.
- Attaches to the DNA of bacteria resulting in interferences with cell division and replication.^{2,3,4,5}
- A variety of silver dressings are available and are classed by how they deliver the silver ie nanocrystalline silver dressings release silver into the wound and ionic silver dressings absorb wound fluid and bacteria into the dressing where the bactericidal action occurs⁶

Advantages

- Can have rapid action
- Sustained protection
- Variety of delivery mechanisms to meet the demands of most wounds

Disadvantages

- Some brands require a secondary dressing
- Some brands are required to be kept moist to activate the silver
- Variation in dressing formats and resultant efficacy of silver dressing can lead to inappropriate application and poor outcome

Practice tips

- Variations in application and the use of secondary dressings exist between brands. Check product leaflet

Unique Manuka Factor (UMF) Manuka Honey

Unique Manuka Factor (UMF) Manuka Honey Indications

- Infected wounds
- Heavily colonised non healing wounds
- Malodorous wounds
- Sloughy wounds
- Superficial or cavity wounds ^{2,7}

Advantages

- Non toxic to tissues
- Broad spectrum antimicrobial
- Reduces malodour
- Anti-inflammatory action
- Provides moist environment
- Range of dressing options – conformable , absorbent
- Stimulates angiogenesis and fibroblast activity ^{2,7}

Disadvantages

- Pain (stinging) may be experienced on application due to the acidity of the honey
- May be allergenic – check allergy status to honey
- Requires a secondary dressing ^{2,7}

Practice tips

- A UMF rating of 10 or more is recommended to kill most common wound infecting pathogens ^{2,7}
- Type of dressing used will depend on the amount of exudate and the depth of the wound
- Variations in application and the use of secondary dressings exist between brands. Check product leaflet

Cadexomer Iodine

Cadexomer iodine - a brown cadexomer paste impregnated with 0.9% iodine Indications

- Infected/heavily colonised wounds
- Superficial and cavity wounds
- Sloughy wounds ²

Advantages

- Non toxic to tissues
- Slow-release iodine
- Absorbent

- Conformable
- Broad spectrum antimicrobial
- Reduces malodour
- Reduces biofilm
- Colour change indicated need for dressing change
- Provides moist environment²

Disadvantages

- Requires a secondary dressing
- Limit to total amount/duration of dressing applications

Practice tips

- A single application should not exceed 50g of paste and weekly applications should not exceed 150g. Total application should not exceed three months²
- Contra-indicated in clients with sensitivity to iodine, pregnant or lactating women, children under two years of age or clients with known thyroid abnormalities²
- Change dressing when paste changes from brown to white – wear time up to 72 hours² and this dressing should be changed at least twice weekly depending on level of exudate.

Key points

- There are many dressing and treatment choices available to clinician
- Work within your formulary/availability as 1st line treatment
- You must be clear what the desired outcomes are required for each clinical scenario
- Treatment choice should be based on the clear understanding of the benefits and limitations of each options
- Evaluate and review at each dressing change

References

References:

1. International Wound Infection Institute (IWII) *Wound Infection in clinical Practice*. Wounds International 2016.
2. Smith and Nephew catalogue (2017)
3. Moore, Z (2013). How to... Top tips on when to use silver dressings. *Wounds International* 4,(1)15-18.
4. Stephen-Haynes, J., & Toner, L. (2007). Assessment and management of wound infection: the role of silver. *Journal of Wound Care* S6-12.
5. Herman, M.H. (2007). Silver-Containing Dressings and the Need for Evidence. *Wound Care Journal* 3,(20)166-173.
6. Cutting, K., White, R., & Edmonds, M. (2007). The safety and efficacy of dressings with silver – addressing clinical concerns. *International Wound Journal* 4(2), 177-184.
7. Molan, P., & Rhodes, T. (2015). Honey: a biologic wound dressing. *Wounds* 27,(6) 141-151.

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 AGM - Friday 19th May 2017 @ 4.15pm

- Where - Energy Events Centre - Rotorua
- When - Friday 19th May 2017 @ 4.15pm
- NZWCS Members Only - documents and voting papers will be available on the NZWCS website.



NZWCS Study Day & Seminars for 2017:

- Waikato - June, August & November (dates TBA)
- Invercargill - Leg Ulcer Workshop (dates TBA)
- Canterbury - 'Wound Product Fair' - 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)
- Taranaki - Fundamental, Intermediate, Advanced Wound Care
+ Pressure Injury Prevention (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

SUGGESTED FUTURE TOPICS FOR TISSUE ISSUE 2017

- Jun / July 2017 - Podiatry
- Aug / Sept 2017 - Wound Cleaning
- Oct / Nov 2017 - Pressure Injury Awareness
- Other topics to be covered include - Oedema, Nutrition, Negative Pressure, MDT Approach, + others

To contact the New Zealand Wound Care Society please email 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

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