

# Tissue Issue



NZWCS Newsletter

WOUND CLEANSERS

Aug/Sept 2017

## WELCOME

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](#)

## Inside this Issue

- New President
- A Note from the President
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- Seminars & Webcasts

## Introducing our new President



### National Clinical Leader Rehabilitation Healthcare Rehabilitation Ltd

Prue Lennox is the National Clinical Leader for Healthcare Rehabilitation responsible for their national community nursing service.

As an active member of the NZ Wound Care Society since 2000 Prue has held many roles: Area coordinator, Exec committee, Vice president and has led the National Stop Pressure Injury Day since 2014.

Prue was appointed president of the NZ Wound Care Society in 2017

Prue has been working in the nursing community with a wound management focus for 19 years across UK, Ireland, Europe, Australia and NZ. Prue has held senior leadership and management positions for the last 13 years while also remaining clinically focused. Prue has presented nationally and internationally at conferences and events, lectures for under-grad and post-grad university courses and represents NZ on expert panels.

She is passionate about client outcomes, person centered philosophies and enjoys inspiring and motivating people and organisations to meet their goals whilst always making sure she builds laughter into everyday.

## A Note from the President

Over the last 12 months the society has made it a strong priority to increase our offerings and engagement with members. We have reduced our membership fees, developed a new website that will host our improved 'Members Only' section and redesigned our Tissue Issue newsletter.

We have built significant and influential relationships with government organisations and stakeholders and we are involved in numerous new initiatives in the area of Wound Management internationally. We are also seeing an increase in under-grad and post-grad Wound Management Education, to which all our members will benefit from in the coming years.

We are now looking to develop more opportunities for our members to represent us on panels, groups and get involved with the society, so please get in touch if you would like to be more involved. We love hearing your feedback, so if you have any suggestions and ideas, feel free to send them in.

Warm regards - Prue Lennox

## FOCUS TOPIC - WOUND CLEANSERS

### What are Biofilms

A simplified definition in order to define bio-films in chronic infections is an aggregate of bacteria tolerant to treatment and the host defense. Hard-to heal wounds put the presence of bio-film in 60%–100% of non-healing wounds, and it is becoming widely accepted that hard-to-heal wounds contain bio-film, and that somehow their presence delays or prevents healing,

see: [http://www.wuwhs2016.com/files/WUWHS\\_Biofilms\\_web.pdf](http://www.wuwhs2016.com/files/WUWHS_Biofilms_web.pdf)

Currently, there is no 'gold standard' diagnostic test to define the presence of wound bio-film and no quantifiable bio-markers. Clinicians should 'assume all non-healing, chronic wounds that have failed to respond to standard care have bio-film' and, therefore, treatments should be targeted towards this. At a local level bacteria colonise all chronic wounds; and the most two renowned bio-film formers are *Staphylococcus aureus* and *Pseudomonas aeruginosa*.

Proposed approach to bio-film identification:

*When there is 'yes', there is progression to the next question. If the answer to 5 is 'no', then bio-film-based wound management should be initiated.*

1. Is the wound failing to heal as expected?
2. Have all appropriate clinical diagnostic and therapeutic procedures been properly undertaken?
3. Is there evidence of slough or necrotic tissue in the wound?
4. Does the wound show signs of a local infection or inflammation?
5. Is the wound responding to topical or systemic antimicrobial interventions?

The basic steps of initial prevention (with anti-bio-film agents most effective is iodine), removal (clean, deslough, debride) and prevention of reformation (use of an antimicrobial agent).

An international consensus asserted that cleaning a chronic wound should occur at each dressing change, removing all dressing product and wound debris. Sharp debridement is considered the most significant method in the prevention and control of bio-film. Studies have shown that after debridement, bio-film is more susceptible to antimicrobial treatment for 24-48 hours and suggest regular debridement to remove the bio-film in conjunction with topical antimicrobials.

It is impossible to say when a bio-film has been removed due to the lack of quantifying tests available. So clinicians must use healing progression as a marker for success as well as other parameters such as

wound tissue type present and levels of exudate. Keep referring back to the above 5 questions at each assessment as a guide.

Any product used should be used for an appropriate length of time and continued for at least 7-10 days before a decision is made to continue or discontinue. A recent consensus recommended undertaking a 2 week challenge to determine efficacy of the antimicrobial dressings being used. At this point determine whether there has been improvement in the wound and if there is a reduction in clinical signs and symptoms of infection.

The management of the bacteria-host-wound continuum should aim to keep the balance in favour of the host by minimising opportunities for bacteria to overwhelm patient defences and cause infection.

References and additional reading:

Clinton, A., & Carter J. (2015) Chronic Wound Biofilms: Pathogenesis and Potential Therapies.

*Lab Medicine* 45(4), 277-284.

Keast, D., Swanson, T., Carville, K., Fletcher, J., Schultz G., & Black, J. (2014) Ten Top Tips... Understanding and managing wound biofilm. *Wounds International* 5(2), 20-24.

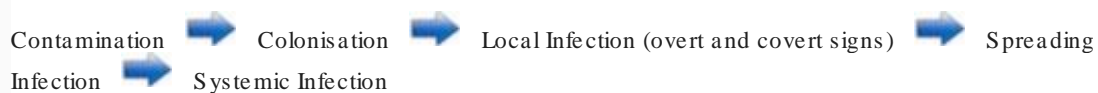
Phillips, P.L., Wolcott, R.D., & Schultz, G.S. (2010) Biofilms made easy. *Wounds International* 1(3), 1-6.

World Union of Wound Healing Societies (WUWHS), Florence Congress, Position Document. *Management of Biofilm*. Wounds International 2016.

## WOUND INFECTION CONTINUUM:

The International Wound Infection Institute (IWII) released an international consensus document, and has updated the wound infection continuum. The terminology critical colonisation has been a subject of debate since its inception in 1998 as a concept describing the identification of wound infection through clinical observation rather than microbial confirmation. It is now generally accepted that a wound with a microbial imbalance will exhibit subtle signs and symptoms that can be observed by experienced clinicians. These covert signs of local infection will often be visible or apparent before the wound shows the classic (overt) signs and symptoms.

The wound infection continuum is now:



Covert (covert) – Hypergranulation, bleeding, friable granulation, epithelial bridging and pocketing in granulation tissue, wound breakdown and enlargement, delayed wound healing beyond expectations, new or increasing pain, increasing malodour

Overt (classic) – Erythema, local warmth, swelling, purulent discharge, delayed wound healing beyond expectations, new or increasing pain, increasing malodour

Ref: [http://www.woundinfection-institute.com/wp-content/uploads/2017/07/IWII-Consensus\\_Final-2017.pdf](http://www.woundinfection-institute.com/wp-content/uploads/2017/07/IWII-Consensus_Final-2017.pdf)

## What's On

### NZWCS Study Day & Seminars for 2017:

Waikato	- August & November (dates TBA)
Rotorua	- 15th August - 'What dressing for what wound'
Invercargill	- 2 September 'Leg Ulcer Workshop'
Canterbury	- October & November 2017
Auckland	- 28 October - 'Preventing Pressure Injury-Blurring the edges'
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)
Taranaki	- 23 September - Intermediate Wound Care
	- 4 November - Pressure Injury Prevention (dates TBA)
	- 2018 - Advanced Wound Care

### International Courses:

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

### SUGGESTED FUTURE TOPICS FOR TISSUE ISSUE 2017

- Oct / Nov 2017 - Pressure Injury Awareness
- Dec / Jan - NO Tissue Issue
- Feb / March -
- 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](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)

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