

Wounds in focus

Letter from editor



Well all things must have a beginning and I, as a member and editor of our 1st edition of EC

WHASA newspaper am so proud! It's beyond my wildest expectation – A definite thanks all who has been involved in this process.

This edition will initiate u, our reader, into another exciting glimpse into the world of wounds and wound care products! Not to mention from now on there will be a featured committee member in each of the upcoming editions!

Take care, I hope u enjoy reading this edition as much as I enjoyed putting it together!

Ps. Congratulation to those who've won various prizes in our raffle – compliments of the winter season!

Dr. Huang

Moisture Control of Wounds

For a wound, be it an ulcer or otherwise to heal properly—attention must be given to the state of hydration of the wound. In other word a wound must have a moist environment for adequate healing to take place. A too dry or too wet a wound can cause delayed wound healing and even wound breakdown!

With so many effective products on the markets today one is not lacking for choices, perhaps one can say that there is too much of a choice with “minor” variation between the products. So to simplify the selecting process one could divide the various products into 3 different major categories to optimize wound healing by keeping a wound moist.

1. ADDITION
2. RETENSION
3. ABSORPTION

In **category 1** the product must be able to help to provide and maintain a moist wound

environment, also able to clean and debride minor necrotic tissue. It's most commonly used in wounds with minimal/no exudates.

Hydrogel: Nu-gel / Intrasite / Granugel

In **category 2** the product is used to keep moisture in and in some cases it also used in light ~ moderately exudating wounds

Film dressings: Opsite / Tegaderm

Hydrocolloid dressing: Granuflex / Comfeel

In **category 3** the product is used for wounds have moderately ~ highly exudation

Alginates: Kaltostat

Aquacel / Combiderm

Foam dressings: Allevyn

Negative Pressure Wound Therapy

All the above named dressing are a way to accelerate wound healing and improve quality of life for the patients!

Dr Huang

Burn Prevention in Winter

With Winter setting in, now is the time to consider how safe your home is in preventing burn injuries. Some facts about burn wounds to help you along :-

Most burn wounds occur in the kitchen, around the stove, with boiling water assaults forming a large part of adult burn injuries.

Most burn wounds occur in electrified homes, although the injuries tend to be less severe than those caused by paraffin stoves.

All paraffin stoves explode when knocked over, therefore primus stoves should always be used on a stable surface, out of reach of children, and not on the ground.

Candles falling over in the night are a frequent cause of fatal shack fires. Place your candle in a jar with sand at the bottom as a simple way of preventing such an accident. If the jar knocks over, the sand will put the candle out before it set anything else alight. (See Picture). Use another candle to light the candle in the jar.

The commonest age for hot water scalds is the 14 month old toddler. Toddlers in the 1-2 year age group need constant vigilance, and cannot be left unattended in the kitchen. If you have an elec-

tric jug kettle ensure that the cable does not hang down over the table. Do not keep your jug kettle on top of the fridge, as it is top heavy and can easily tip over if the cable hooks on the fridge door. This type of accident can cause extensive burns even to adults and older children.

It takes less than 1 second to sustain a scald wound if you get into bath water which is at 60°C. A simple adjustment of your geyser to 55°C will ensure that the water in your bath comes out at around 48°C – a temperature which is still hot enough to bath, but in which babies and elderly people cannot burn themselves. This method also saves electricity.



Continue.....Page 2



To De-bride or not to De-bride?

We, clinical practitioner of wound care are confronted everyday with wounds that is neither here nor there or even worse it's going nowhere fast!

I am sure to those who have been attending our series of 4 free lectures hosted by EC WHASA team, the answer would be easy! Just apply the TIMES module. Still there is some wound that doesn't read the textbook!

After assessing Tissue viability—one finds that the dead necrotic tissue in the wound is either too extensive or deeper than expected, perhaps the tendons are also involved! What now? Continue with chemical debridement or change over to surgical debridement?

In majority of cases in South Africa, where there is still limited resources and poor patient co-operation (even after patient education) the perfect solution is to combine both (as we have done with many of our dressing to obtain the optimal healing property for our patients' wounds) to accelerate the healing process.

Whilst debriding the wound, one could often discern the prognosis of that wound. The extend and spread of the necrosis / sloughing is easily visible to the naked eye. After the debridement of the wound, a chemical debrider is often used to complete the process—to get to any areas that was missed.

After 2-3 weeks one should notice a significant decrease in smell/exudates and the size of that wound. If not then reconsider re-debridement and re-apply the chemical debrider PRN or in more severe cases where there is poor prognostic factors, then consider amputation (as a last resort)

Dr Huang

Member of the Month

It is amazing how life deals every person unique opportunities that allows us to test the abilities and skills God placed inside each one of us...



I was born in Welkom, Free State, matriculated 1987 in White River Mpumalanga and studied at SG Lourens College Pretoria for my Diploma in nursing. Unfortunately my nursing career came to an abrupt halt in my early twenties and 13 years later, after deciding to again place my epaulettes on my shoulders, I not only re-discovered my love for nursing, but also came to the realization that chronic wound care provided me with awesome satisfaction.

My hard work, determination and a passion for wound care was recognized by our WHASA EC Chair-women (my Unit Manager at that stage) and together we started building on her dream... a Wound Care Clinic,

Continue to Page 4

Congratulation to our 1st raffle winners ...

Toaster: LL Vosloo

Wine hamper: G.Farrett.

Treats hamper: T.Hechter



***Burn Prevention in Winter** continue....*

It is important to understand what chores children are capable of at different ages to prevent injuries. An 8 year old, for example, should not be left to cook using the stove or microwave unattended. Only by the age of 12 can a child handle the same tasks as an adult.

Electrical fires usually result from overloading of plugs with appliances that each draw a lot of current. When the current is too high the wires in the roof or conduits overheat and can cause fires. This may be unseen and at a distance from the appliances being used. Do not overload plugs with many adaptors, especially when using appliances that draw a high current such as heaters, kettles and washing machines. Ensure that your electricity supply is legally installed, properly earthed and fitted with trip switches to prevent overheating of the wires.

The single most significant and effective measure to prevent house fires in the United States was building legislation making smoke detectors compulsory. Use this information by installing

a smoke detector in your kitchen to give early warning to evacuate the house.

Be careful around outdoor fires. Be aware that the extent of the flames may not be completely visible if a gas or paraffin energy source is being used outdoors. Always keep a safe distance from fires, and never pour a flammable substance such as petrol or thinners onto an existing fire as this will cause an explosion.

Epileptic people often sustain deep burns because they are unconscious after a fit. If you are epileptic be sure to fetch your medicine before it runs out to avoid having fits. If you still have fits on medication, you should not cook unassisted in the kitchen.

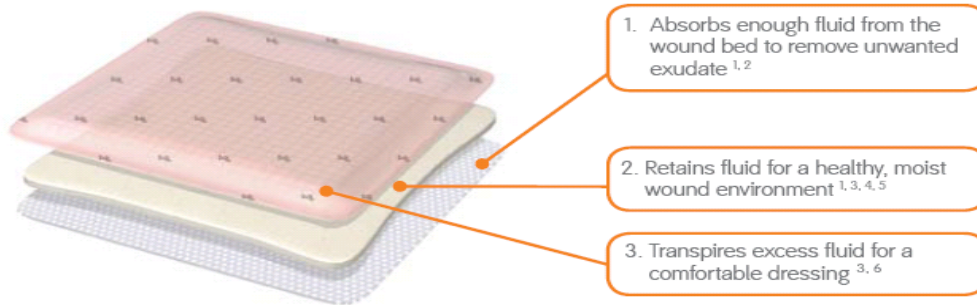
Finally, please keep in mind that burn wounds are very painful, disfiguring and debilitating. They lead to long hospitalization, many operations, severe pain and death. Prevention is the only logical way to deal with this hazard.

Dr Linda Jones

Patients always remember how you made them feel...

NEW ALLEVYN Ag

Offers intelligent moisture control for optimal wound fluid management with the added reassurance of silver for infected wounds



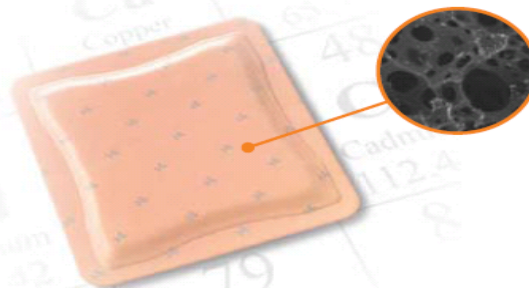
ALLEVYN and ALLEVYN Ag: Unique triple action technology

- Absorbs, retains and transpires the optimal balance of fluid to promote wound healing ¹⁻⁶

ALLEVYN Ag contains silver particles within the cellular structure of its polyurethane foam layer

Exposure to silver:

- weakens and breaks down the bacterial cell wall
- interferes with cell metabolism **thereby killing the bacterium**



ALLEVYN and NEW ALLEVYN Ag

Available in adhesive and non-adhesive formulations for enhanced patient care and comfort

Product Code	Description	QTY	Nappi Code
66800083	Allevyn Ag Non-Adhesive 5cm x 5cm	Box of 10	487618*001
66800086	Allevyn Ag Non-Adhesive 10cm x 10cm	Box of 10	487621*001
66800089	Allevyn Ag Non-Adhesive 15cm x 15cm	Box of 10	487622*001
66800073	Allevyn Ag Adhesive 7.5cm x 7.5cm	Box of 10	487628*001
66800078	Allevyn Ag Adhesive 12.5cm x 12.5cm	Box of 10	467630*001
66800081	Allevyn Ag Adhesive 17.5cm x 17.5cm	Box of 10	487832*001
66800097	Allevyn Ag Sacrum 22.5cm x 22.5cm	Box of 10	487636*001

smith&nephew

The diabetic patient



Diabetes has long since been a disease process creating a multitude of concerns and problems for both the patient and the multi-disciplinary team.

Improvements in understanding the disease process,

advances in wound care and prosthetic technology, modern insulin regimens, limb saving surgery, effective diet control and efficient health education are criteria we all want to meet.

Join us at the seminar and find out how!

WHASA, Eastern Cape, is hosting their annual seminar and invite you to be a part of the events at the beautiful venue at Port Elizabeth's modern university.

DATE: 10, 11 September 2009

TIME: 7:30 Registration, 8:00 Program starts

VENUE: Conference centre, North campus, Nelson Mandela metropolitan University

FEE: R450 registration (includes meals, conference costs and WHASA membership for 2010) **OR**

R150 registration for students and WHASA members on submitting proof in form of student / membership number.

RSVP: For catering purposes and ensuring available seating, **PLEASE** confirm your attendance with **Veronica Smith** on 0793292465 by no later than **4 September 2009**.

Topics addressed in Sep. Seminar

- Wound care complications and new approaches to wound care to be discussed by Liezl Naude, our current WHSA president
- An overview of Diabetes and latest trends will be looked at under the guidance of endocrinologist, Dr. Hough.
- Latest dietary findings will be an interactive session run by local dieticians
- Dr. Hettie de Mendonca, lecturer at NMMU, will brief all on using new technologies and approaches in patient education specifically designed with the Diabetic patient in mind.
- New insulin regimens will be looked at and explained with shared best practices with local podiatrists, biokinethetists and partners of trade.
- Latest research projects done by NMMU students / staff will also be on display... and more!



Member of the Month.... conti



which today is a fully-fledged respected clinic that receives patients referred by trusting Surgeons. It was about 2 years later when I was approached by ConvaTec to represent their Wound & Ostomy products range in the Eastern Cape. After thorough consideration at the time, I now find myself 3.5 years later still representing this awesome range of products.

I take the positions of Treasurer & Co-Editor for "Wounds in Focus" for WHSA EC very seriously and would like to invite any and all suggestions by which we can generate funds (presently we use a raffle system) to allow us to provide you better quality workshops. Contact me on connie@umsinsihealth.com or fax 0866 007 185.



Picture 1



Picture 2



Picture 3



Picture 4

Trivial Quiz

1. What type of ulcer is depicted in Picture 1?
2. What type of ulcer is depicted in Picture 2?
3. What type of ulcer is depicted in Picture 3?
4. What type of ulcer is depicted in Picture 4?
5. Name the various types of ulcers that occur in lower limb and tabulate the differences between each one of them.

Answers for Trivial Quiz in Volume 1 Issue 1

Is there any Difference between Inflammation vs Infection

YES

Inflammation is a natural response from the body to protect. It includes the initial removal of debris and repair at any area of tissue injury or damage. It is characterized by local redness, swelling, pain and heat.

Infection is when an organism has invaded the tissues / body to such an extent that it creates a response from the host / patient. It can be local to wound or injured area or systemic = affecting patient in full.

List 5 topical anti-microbial agents u know of or use in wound care

Iodasorb, Inadine, Acticoat, Mel-laderm, L-Mesitran, Sorbact, Flamazine, Bactigrass, Flavonix and many more...

