



Tasmanian
Wound Care Association
www.twca.com.au

TASMANIAN WOUND CARE ASSOCIATION

DEEPESS TISSUES

May 2007

WELCOME one and all to the current TWCA Newsletter. Hope this publication finds you well and wound savvy. If you have any items you would like published in the newsletter, please submit to Carol on 62 228322, 0408 992 403 or e-mail carol.baines@dhhs.tas.gov.au



Tasmanian Wound Care Association Conference Report

The bi-annual TWCA conference was held on the 28th and 29th of March at the Tram Shed Function Centre in Launceston. Around 140 delegates attended the conference from all areas of Tasmania and around 40 companies provided excellent trade stalls to interest those who attended. These displays included well known wound care products, nutritional supplements, vac dressings and an electro-regenesis demonstration. Congratulations to Novartis who were the winners of our new perpetual award for "best trade" at the TWCA conferences.

The theme for this year's conference was "fashions on the field" – a look at current trends in wound care. Speakers presented topics such as new concepts in the management of burns, the emerging role of nurse practitioners in Australia, as well as exploring the concept of electro-regenesis in the treatment of wounds.

Many delegates and companies got into the theme of "fashions on the field" by dressing for the races in hats, heels or bow ties at the conference cocktail party, and participating in the entertainment for the conference; the horse races presented by Jim, our race caller. At this prestigious event, delegates could choose a horse and/or jockey to back for each of the 5 races and cheer them on - champagne in hand!

The TWCA officially launched their new Education Grant at the conference. This grant will offer up to \$1500 to TWCA members who wish to undertake a wound management course through a recognised tertiary institution. The TWCA hopes that by assisting members to undertake study in wound care and thereby improve both their practical and theoretical knowledge of wound care, patients, health care workers and the community can benefit from this grant. The application form for this grant may be found at www.twca.com.au along with relevant information.

Thank you to the conference committee for organizing an interesting, informative and enjoyable event.

HYPERGRANULATION

A brief outline of definition, assessment and options for management.

Presented at the Advanced Wound Care Course June 2006 – Bebe Brown RHH

Definition:

In order to understand hypergranulation we need to firstly look at what is normal granulation tissue – which is thin, flat red and smoothly covers the base of the wound. It is the hypervascular tissue matrix that forms the earliest part of wound healing. It includes blood vessels, fibroblasts, white cells and collagen

Formation of granulation tissue is not well understood. Most of the literature gives a very broad explanation of the condition.

There is not clear point between what is healthy normal granulation tissue and what is hypergranulation tissue. Hypergranulation tissue progresses above the base layer of the wound bed, may or may not be above the level of the skin and inhibits the migration of epithelial cells therefore slowing the healing process.

The exact aetiology is not known but postulated causative factors include – excessive inflammation, bacterial bioburden +/- infection, continued minor trauma or friction from mobility, increased moisture levels from drainage and bleeding, and an imbalance between collagen synthesis and degradation.

On Assessment:

Visually one will usually see a red cobblestone effect where the hypergranular tissue is uneven in appearance and extends above the level of the base of the wound.

Hypergranulation tissue may be present in a cavity wound or tract so therefore will not be above the level of the wound surface.

The tissue often bleeds easily and the patient may complain of more than their usual amount of pain associated with the wound.

The areas may be small and are usually clearly defined

Before altering the treatment or dressing regime the possible cause of the hypergranulation needs to be looked at – is the wound infected, is there continued minor trauma or irritation, is there an increase in exudate levels?

The location of the wound and amount of hypergranulation tissue may determine the best and easiest treatment option for the patient.

Management:

There are many treatment options for hypergranulation but little research to support their use or to suggest which is the most effective.

There is no consensus as to the correct treatment for this condition.

A change of dressing is the first line approach – whether this be to a vapour permeable dressing as suggested by Young (1995) or the application of light pressure to the hypergranular area of the wound bed by a reverse pyramid style dressing (Young 1995) . Some of the literature supports the idea that hypergranulation develops more often under occlusive dressings that retain moisture.

The use of low dose topical corticosteroids is another method – products such as Kenacomb will promote collagen breakdown. (Hawkins-Bradley & Walden 2002, Dunford 1999, Morgan 1997)

Removal by the use of a caustic agent such as Silver Nitrate which will burn the hypergranular tissue is still used occasionally (Morgan 1997).

Hypertonic NaCl dressing products such as Mesalt (Molnlycke) or Curasalt (Tyco) use oncotic pressure to promote a uni directional movement of fluid away from the wound – thus they have a drying effect on the hypergranular tissue.

Surgical or sharp debridement of the area may be necessary if these methods do not produce the desired result and allow for the normal healing process to begin again



References:

Dunford, C. (1999) Hypergranulation Tissue. *Journal of Wound Care* 8 (10) 506-07

Hawkins-Bradley, B., Walden, M. (2002) Treatment of a non healing wound with hypergranulation tissue and rolled edges. *Journal of Wound, Ostomy and Continence Nursing*. 29, 320-24

Morgan, D., (1997) *Formulary of Wound Management Products*. Seventh Edition (revised) A Guide for Health Care Staff. Euromed Communications Ltd. UK

Young, T., (1995) Common problems in overgranulation. *Practice Nurse* 6(11)14-16

TREASURER'S TIPS



Thankyou for your patronage to the 2007 TWCA Conference in Launceston in March. Preliminary income and expenditure are in, and it looks promising. A full financial report will be presented at the next meeting at the end of May. This is important as it is our only opportunity to raise the coffers every second year, and helps offset membership fees, and in order to continue our state-wide education sessions at minimal cost to members. We trust you were able to network with the Company Representatives and learn about the latest dressing products, and enjoyed the variety of speakers' topics. We hope to see you again soon at the next Tools seminar.

TWCA membership fees are rising this coming financial year. Full membership will now be \$60 and corporate membership \$100. This rise is necessary to support the increasing costs of being affiliated with AWMA, and incorporates the GST. Renewal of your membership from April 1st 2007 will give you full membership until 30 June 2008. We hope you will all support your Association in the coming year to grow from strength to strength through attendance at the annual Tools sessions and local wound information seminars. You have a very dedicated and hard-working Committee working for you. Please give them your full support as they make a difference to wound care in Tasmania!

Cheers!
Pip Rice
Treasurer TWCA

WOUNDS AT WORK



"You lose sight of things.....and when you travel everything balances out" Daraana Gidel, Who cannot relate to this? Travel, whether it be vast or short distances has the ability to reinvigorate and provide a new perspective on where we are at in the many roles we occupy in our daily lives.

In March I set out on a six week journey to South America, a huge and diverse continent. This trip was bit of reconnoitre for places to return to in the future. I compared this to my first Eurail backpacking trip around

Moai Easter Island Europe in the early 80's except then it was youth hostels/pensions and second class train carriages. This time travel was by plane, ship, boat, zodiac, train, bus, taxi, car, lots of walking stayed in hotels/lodges of varying quality and camping out in the jungle.

This trip was targeted at specific locations in 5 countries and involved a complex itinerary brilliantly put together by a travel agent. Our first target were the Galapagos Islands followed by the Sacred Valley of the Incas (Cusco and Machu Picchu), then onto the Peruvian rainforest, Argentinean Patagonia and finally out to the Easter Island. In between these adventures we spent time in the capitals of Lima (Peru), Quito (Ecuador), La Paz (Bolivia), Buenos Aries (Argentina) and Santiago (Chile).

Packing the bag required a deal of forethought. Clothing requirements for six weeks with weather variations including steaming equatorial tropical rainforests, high altitude with cold and rain and a very cold temperate climate at 52° latitude south. Also essential requirements for health and well being, all to be packed in one moderate wheeled case weighing in at about 15-16 kg (leaving room for purchases along the way) and a case weight limit of 20 kg.



Indian Market Sacred Valley

So what does a wound nurse put in her first aid kit? Considering the likely injury involved in walking, swimming and just living I selected optimistically and minimally. The kit had a 10ml bottle of Betadine, some low adherent pads/mesh, sheet retention tape, 2 foam sheets, a variety of bandaids and 1 cohesive bandage. Reasons for my selection was based on previous travels, good wound disinfection required for grazes, nicks etc in tropical regions and securing an adhesive almost impossible in extreme hot and humid environment so a bandage is essential. Fortunately none were required and the large cities of South America have easy access to medications and other requirements.



Machu Picchu

Equally important to the travellers medicine chest is having the up to date vaccinations that include ADT, Yellow Fever (Aust. Govt. requirement on re-entry if visiting Amazon Basin), top ups for measles, polio and typhoid. Essential also is malaria prophylaxis + strong insect repellent (+ light weight long sleeve shirt and pants to avoid being bitten in the first place), a broad spectrum antibiotic, sun screen 30+ and hat, mild analgesia, rehydration powder, anti-diarrhoea tablets, altitude and seasickness tablets and any prescription medications. Of high importance in the inclusion of alcohol base hand rub for the day pack where there is limited access to fresh running water.



Patagonia Argentina



Iguana Galapagos Island



Clarissa Young at Machu Picchu

The experiences, sights, people and journey itself cannot be conveyed in this short article suffice to say I am now planning my next big trip returning to east Africa and yes, there are some places to return and new places to visit in South America in the future. I will finish up with this quote by Clifton Fadiman that every traveller should remember when enduring any of the many frustrations of travelling in foreign climes *'When you travel, remember that a foreign country is not designed to make you comfortable. It is designed to make it s own people comfortable'*.

Clarissa Young

WOUND AWARENESS WEEK



Clinical nurse consultant Juliet Scott replaces a dressing on Caelan King's face as mum Sharon, of Launceston, looks on. **Advocate – 29 March 2007**

In 2007 AWMA made a commitment to further raise awareness of people with wounds and those who care for them. A national Wound Awareness Week was planned for March 2007 with the week destined to become an annual health awareness campaign. The national awareness week campaign was designed to raise public and professional awareness of many issues including:

- a) The existence of AWMA (the Australian Wound Management Association) and the State/Territory associations
- b) Best practice in wound management
- c) Where the public can go to get help
- c) Where the public can go to get help

A number of exciting events took place for Wound Awareness Week. Each State or territory association undertook a range of activities including seminars, displays and web-based information pages. Former Australian of the Year, Dr. Fiona Wood provided her time and energy to support the campaign and further emphasised the scope and importance of wounds as a health issue.

The inaugural Wound Awareness Week was a success on many fronts. The dual objectives of raising public awareness of AWMA and awareness of wounds as a health issue were achieved. In 2008 the AWMA will again be looking to the public, professionals and politicians to throw their support behind Wound Awareness Week.



Third Congress of the World Union of Wound Healing Societies

June 4 – 8, 2008 • Toronto, Canada

For complete information and updates, visit the website at www.worldunion2008.com
or e-mail info@worldunion2008.com.

Educational Meeting
21 June 2007

West Coast District Hospital

Time - TBA

Educational Meeting
3 July 2007

May Shaw Centre, Swansea

5.30 – 8.00 p.m.

Educational Meeting
10 July 2007

Furner's Hotel, Ulverstone

1.00 – 4.00 p.m.

All items featured are submitted with the philosophy of improving wound care for sufferers and carers. No financial support is given or offered by wound care product manufacturers or distributors in the making of the newsletter. If you have any concerns or questions about items featured, please contact either:

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