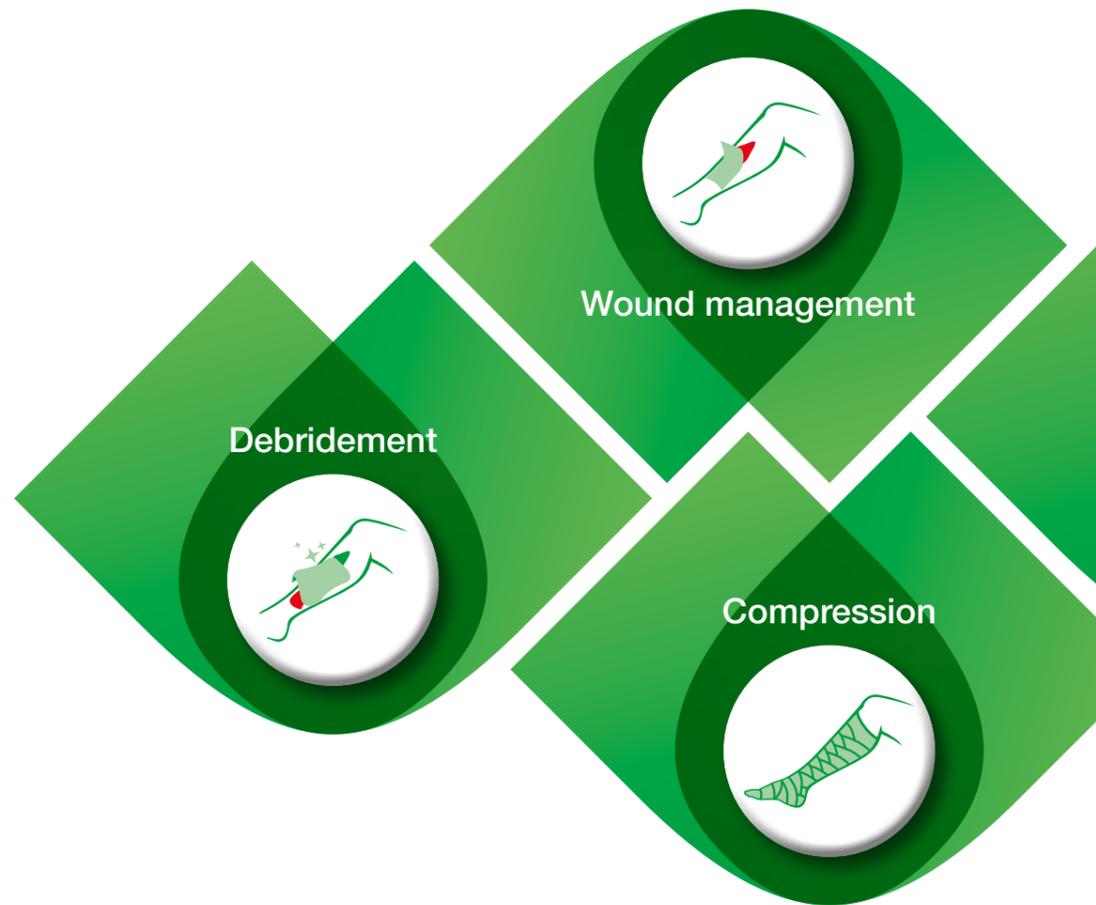


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Making day-to-day wound management simple



Medical Smart Sheet,
EWMA 2017 Conference,
Amsterdam (NL)



Holistic management of venous leg ulceration

Alison Hopkins, MSc, RN
Chief Executive, Accelerate Community Interest Company

Venous leg ulceration is a significant issue across Europe and a large number of leg ulcer patients are experiencing sub-optimal care. The Best Practice Statement (BPS) for the holistic management of venous leg ulcers dispels some of the myths surrounding practice and provides new recommendations in this area. It was pointed out that any wound in the lower limb which had failed to heal within two weeks could be considered a leg ulcer, therefore allowing earlier assessment and optimal treatment. The core components of the leg ulcer management remain unchanged in that the holistic patient assessment

including vascular status are important and must be carried out. The document discusses leg ulcer classification and appropriate care for different forms of leg ulcers as well as wound and skin management including wound bed preparation. Additionally, the BPS leg ulcer treatment algorithm supports clinicians in making the best decision for optimal care for every patient.



Summary

Venous leg ulceration, defined as any wound in the lower limb which had failed to heal within two weeks, **are a significant issue across Europe**

The BPS discusses **appropriate care for simple and complex leg ulcers**, wound and skin management including wound bed preparation

The BPS supports clinicians in making the best decision for **optimal care for every patient**



Making the day-to-day management of biofilm simple

Kathryn Vowden, Lecturer and Honorary Nurse Consultant in Bradford Wound Healing Unit at Bradford Hospitals Foundation Trust

The Best Practice Statement provides strategies for the treatment and management of slow-, static- or non-healing wounds. The main goals of treatment are to kick start the healing process and to promote healing in order to improve the patients quality of life and to reduce the costs of wound care. A factor present in a large proportion of chronic wounds and responsible for wounds failing to progress is biofilm, a thick coating or extracellular polymeric substance (EPS). The biofilm protects bacteria from antimicrobial agents, thereby delaying healing and causing prolonged inflammation, increased exudate levels and caused host cell senescence. Reducing the level of biofilm in a wound

can reduce inflammation and encourage wound healing. Breaking up and removing biofilm, through vigorous cleansing and debridement, as well as reducing biofilm reformation by using antimicrobial dressings or topical antiseptic dressings is an essential element in wound care. Holistic assessment of the patient and the wound are also essential in the management of biofilm. Furthermore, appropriate referrals to senior clinicians ensures that treatments are optimal for the patients and their wounds. Regular review of the wound progress provides evidence whether treatments have a positive effect or not.



Summary

Biofilm is present in a large proportion of chronic wounds leading to delayed healing

Reducing the amount of biofilm can help to **encourage wound healing**

Besides holistic assessment of the patient and the wound, **appropriate referrals** to the clinicians **and regular review of the wound progress is central** in the management of biofilm



Improving care of hard-to-heal wounds

Susan Lemson, MD, PhD, Slingeland Hospital

In search of better treatment of patients with therapy-resistant wounds without increasing the cost, a project to standardize wound care in the hospital and surrounding area was started. Basic wound treatment was standardized using only five wound care products from one supplier. To get used to the new products, we started a monthly case-discussion with wound care nurses, dermatologists, vascular surgeon and nurse practitioners. During these multidisciplinary meetings we learned from each other as different specialisms have a different approach to treating wounds. By bringing those approaches together, we succeeded in wound closure in a number of complex and long-existing wounds.

The wound care nurses spread our knowledge and our experiences with the new products with the nurses on the

wards and in the field during regional network meetings. These meetings also lowered the threshold for consulting each other and improved collaboration.

Apart from the well-known adagium of adequate diagnostics, edema treatment in prevention plays a very important role in wound care and wound healing. This is especially true for venous leg ulcers, but it is often forgotten in arterial, diabetic and other wounds.

Adequate compression therapy in complex leg ulcers requires special skills. Therefore dedicated compression-teams were trained. They treat the wound 2-3 times a week and apply adequate compression bandages. With these teams, the duration of healing and the number of recurrent venous ulcers have dropped phenomenally.



Summary

Multidisciplinary approach improves wound care

Edema treatment is important for **almost all leg wounds**, not only for venous ulcers

Compression therapy by dedicated teams **significantly reduces ulcer healing time and relapse rate**