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VENOUS LEG ULCER MANAGEMENT

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Aim: The object of the survey was to chart the realization of venous leg ulcer management in community nursing in Pohjois-Savo region municipalities and to develop cooperation with primary health care on the basis of the findings.

Methods: Research material was collected by a questionnaire, that was sent to the charge sisters (n = 23) of community nursing of Pohjois-Savo primary health care. The survey was made during 1.5. - 31.12.2006. The questionnaire was returned by 14 head nurses.

Results: Most of the respondents (n = 10) advise and instruct patients on venous leg ulcer management. According to the respondents, the most used method of treatment was diuretics (n = 14). Almost all respondents mentioned light compression bandage (n = 13) and medical stocking (n = 13) as venous leg ulcer management. Elastic gauze was used according to two respondents and intermittent compression therapy was used according to one respondent for oedema management.

According to most of the respondents (n = 13), patient's non-compliance to the tratment complicates the venous leg ulcer management more difficult. Other impediments were for example illness (n = 8), patient's lack of understanding (n = 6) and nurses' lack of knowledge (n =2).

Even though lack of knowledge was seldom thought to make the realization of venous leg ulcer management more difficult, almost all respondents (n = 13) wished for more training. Almost every second respondent (n = 7) thought that patient education and instruction could be developed to an understandable form and by spontaneous gravitation to training according to every sixth respondent.

Conclusions: Venous leg ulcer management is realized moderately in community nursing of Pohjois-Savo region municipalities. Cooperation in venous leg ulcer management should be developed between the university hospital and community nursing to enable the best possible treatment of the patients.

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AN EVALUATION OF A MEDICAL HONEY DRESSING** IN INTRACTABLE WOUNDS

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Aim: The battle against methicillin-resistant Staphylococcus aureus (MRSA) wound infection becomes more difficult as drug resistance and the incidence of MRSA increases. Honey has excellent antibacterial properties and cleanses wounds while reducing Pseudomonus. Honey, placed cutaneous on wounds, accelerates the healing process stimulating new tissue growth, moist wound healing, fluid handling and promotion of epithelialization.

An evaluation of a medical honey dressing* was undertaken over a 4 week period involving 25 patients with a variety of intractable wounds. This clinical study was based on a series of case studies. The overall aim was to demonstrate how a medical honey dressing* can be used in general, hard to heal wounds and whether a lowered pH value, reduced colonisation and odour can be used as markers of reduced infection potential and signs of healing.

Method: 25 patients with wounds were invited to take part in this evaluation, based on case study methods. A pH testing strip was used at each dressing change to investigate if a reduction in pH and odour correlates with a reduction in colonisation. A swab was taken on day one and the final day. Photographs were used as evidence of wound changes that occurred. Pain and wound size were also recorded. Cost-effectiveness is vital part of any trial and this was a valuable part of this study.

Discussion: Although RCTs are still the 'gold Standard' of research, case studies such as these provide valuable information and sets the pathway for future controlled trials. The clinical results of this evaluation will be presented and cost effectiveness will be discussed.

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