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A REVIEW OF THE THEORETICAL AND PRACTICAL ELEMENTS OF FOUR ACADEMIC LEG ULCER MODULES ACROSS THE UNITED KINGDOM

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Aim: To review and compare four leg ulcer modules offered by higher education institutions (HEI's) across the United Kingdom (UK).

Method: Four United Kingdom Universities, Glasgow Caledonian (GCU), Queens Belfast (QUB), Hertfordshire (HU) and Cardiff (CU), were invited to participate. The main areas of interest were: agreement or differences in theoretical and practical module content between the universities and alignment to national leg ulcer guidelines.

Results: All courses were aligned to their respective national guidelines. With only slight variation, The theoretical content was similar for all 4. All included: epidemiology; anatomy and physiology; pathophysiology; surgical and dermatological aspects; patient assessment; vascular assessment Doppler and pulse oximetry; bandaging. Practical elements varied and included: workshop and reflective journal (CU); workshop and clinical competencies (GCU and HU); workshop and OSCE (QUB).

Discussion: Most UK patients with leg ulcers are treated in the community setting where nurses will carry out a detailed assessment including examining the patient's vascular status. They will also, diagnose and prescribe and initiate treatment or where appropriate, refer to specialist services. It is therefore essential that practitioners have a sound knowledge of the complex aetiology and epidemiology of leg ulceration and are highly skilled in leg ulcer assessment and treatment. It is therefore important that Universities deliver a programme which prepares the clinician for the workplace. In the leg ulcer courses reviewed here theoretical content was similar for all 4 universities. Practical elements varied. Further studies to review courses at other UK universities and determine how best to deliver the theoretical and practical aspects of leg ulcer care would be of value.

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VALUE OF LIPIDO-COLLOID CONTACT LAYER AND TOPICAL NEGATIVE PRESSURE IN MANAGEMENT OF ACUTE AND CHRONIC WOUNDS

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The treatment of the acute and chronic wounds which we encountered in our daily practice in plastic surgery requests sometimes less conventional methods than usually used in our healing conventional strategies (modern wound dressings).

The characters of certain wounds (extend, depth, fibrinous aspect, volume of exudates) or the absence of favourable evolution often lead us to treat locally these difficult wounds by the topical negative pressure (TNP) based on the use of a negative pressure on the wound area.

Used during limited time (in the range of a few days to several weeks) the TNP allows to obtain a tissue granulation of good quality by a drainage of exudates then making possible the relay by local therapeutics or even by a surgical gesture.

However, we are frequently confronted to a problem of adherence of the foam of this system to the wound bed then making a removal of this foam painful.

This problem is most probably related to the inclusion of granulation tissue of the wound bed in this foam.

Also, to avoid this traumatic removal and patient's pain, we associate in a systemic way a non adherent lipido-colloid dressing which covers the wound bed before the foam's application.

We will report after some observations of our experience, based on the large clinical evaluation (66 wounds: 42 acute and 24 chronic wounds), the very good results issued from this association TNP and lipido-colloid wound dressing