

# Post-Symposium Digest

## Advanced Wound Healing



# LINK

Learn. Inform. Network. Knowledge.



In association with the *Journal of Wound Care (JWC)*, the HARTMANN LINK for Wound Healing Congress was held in Belfast on 19 September 2017

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**Professor  
Karen Ousey**  
Director of the Institute  
of Skin Integrity and  
Infection Prevention,  
University of  
Huddersfield, UK

Wound bed preparation is a key component of modern wound care.<sup>1</sup> It consists of a systematic approach to removing the barriers to natural healing and enhancing the effects of advanced therapies,<sup>2</sup> and is considered an important strategy for the treatment of hard-to-heal wounds.<sup>1</sup>

Sibbald et al<sup>3</sup> defined wound bed preparation as: A changing paradigm that links treatment to the cause and focuses on three components of local wound care: debridement, wound-friendly moist interactive dressings and bacterial balance. Therefore, the practice of wound bed preparation requires an in-depth knowledge base and skills, set to ensure that interventions are safe and quality of care is maintained.<sup>1</sup>

The 'TIME' framework was developed to assist the health professional when considering the main components of wound bed preparation. The acronym TIME refers to: T (tissue management), I (control of infection and inflammation), M (moisture balance), and E (advancement of the epithelial edge of the wound).

Given the importance of this concept, HARTMANN held its LINK for Wound Healing Congress in Belfast, Northern Ireland, to highlight the latest advances in wound bed preparation and epithelialisation. The event, organised in collaboration with the *Journal of Wound Care (JWC)*, was attended by almost 300 delegates from around the world. After two interesting keynote talks describing the clinical challenges to wound bed preparation (Professor Sabine Eming) and explaining how the epithelialisation process works (Professor Marjana Tomic-Canic), the congress split into two streams: advanced wound healing and negative pressure wound therapy (NPWT). The morning session on advanced wound healing, 'Breaking the barriers to wound healing,' focused on the mechanisms of HydroClean, which were detailed in a talk delivered by Professor Sabine Eming. It also included presentations on the effect of Hydro-Responsive Wound Dressings (HRWDs) on mature biofilms *in vitro* (Matthew Malone), surgical debridement (Chloe Cara) and long-term failures of chronic wounds (Michaela Kaiser).

The second session, 'Obtaining epithelialisation,' described the mechanisms of HydroTac. It also presented evidence on the management of superficial second-degree burns in children (Professor Franck Duteille) and the treatment of ulcers with various aetiologies. These presentations were followed by a third session, 'HydroTherapy,' a simplified therapy approach employing two dressings: HydroClean, for wound bed preparation, and HydroTac, for epithelialisation. The principles of wound management (Dr Emmanuelle Candas) and the approaches to treating foot ulcers in the UK (Dr Paul Chadwick) were detailed.

The final session of the advanced wound healing stream, 'HydroTherapy clinical approach,' evaluated the clinical challenges in different therapies (Dr Tomas Kopal) and presented clinical evidence on how HRWDs are used in the treatment of hard-to heal wounds (Frans Meuleneire).

HARTMANN's acronym, LINK, stands for the values of Learning, Informing, Networking and Knowledge-building in the wound-care community. The LINK for Wound Healing Congress was a unique opportunity for professionals working in wound care across the globe to hear about the latest developments in advanced wound healing and to network with international colleagues.

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# Session summaries: Opening session

The opening session of the LINK for Wound Healing Congress set the scene for the day. Professor Sabine Eming and Professor Marjana Tomic-Canic introduced the latest advances in wound bed preparation and epithelialisation, focusing on the challenges that clinicians commonly face when treating chronic wounds in their daily practice.

## Professor Sabine Eming

Professor of Dermatology, Department of Dermatology, University of Cologne, Germany



### Clinical challenges in wound bed preparation

The first talk of the day was delivered by one of Germany's most respected key opinion leaders in wound care, Professor Sabine Eming. She discussed the clinical challenges seen in wound bed preparation and the issues around perturbed inflammation. She then explained why the phenotype of macrophages at the early and late stages of the inflammatory response are important regulators of granulation tissue formation, and highlighted that a clear understanding of these topics will help clinicians effectively treat patients with chronic wounds, particularly at the stage of wound bed preparation.

## Professor Marjana Tomic-Canic

PhD, Professor of Dermatology, Department of Dermatology and Cutaneous Surgery, University of Miami, Miller School of Medicine, US



### How does epithelialisation work?

The next talk, presented by Professor Marjana Tomic-Canic, focused on the pivotal role of keratinocytes in epithelialisation, including cellular processes and mechanisms of their regulation during re-epithelialisation. Cross-talk with other cell types in the granulation tissue were reviewed and the underlying pathology of impaired epithelialisation in chronic wounds explained. Recent discoveries in the field, as well as open issues in current therapeutic approaches, were highlighted. This presentation aimed to achieve a comprehensive understanding of the epithelialisation process, which could help clinicians approach epithelial wound closure in their daily routines with new perspectives.

# Session summaries: Breaking the barriers to wound healing

The second session addressed the issues of dealing with hard-to-heal wounds and suggested different ways to overcome these. The importance of achieving a moist wound environment was highlighted. Several studies on the effectiveness of Hydro-Responsive Wound Dressings (HRWDs) were also presented.

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## Professor Sabine Eming

Professor of Dermatology, Department of Dermatology, University of Cologne, Germany

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### Mechanisms of HydroClean



Professor Sabine Eming opened the 'Breaking the barriers to wound healing' session with a talk on the impact of inflammation in wound healing. When wound healing stalls, she said, robust granulation tissue does not form. Surgical debridement is recommended;

however, alternatives are needed that can be used by experts and non-specialists. Prof Eming analysed whether polymers in wound dressings can reduce protease activities to normal levels and encourage the emergence of granulation tissue. She then presented a randomised controlled trial, which showed that a dressing containing polyacrylates (HydroClean) induced significantly more granulation tissue in venous leg ulcers compared with the control group receiving an amorphous hydrogel.

wound) framework, help create a moist wound environment and optimise hydration. These outcomes were supported by a series of case studies and clinical papers.

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## Matthew Malone

Head of Department, High Risk Foot Service, Liverpool Hospital, Australia

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### The effect of a Hydro-Responsive Wound Dressing (HydroClean) on mature biofilms *in vitro*

Matthew Malone's presentation introduced an *in vitro* study set out to evaluate the effect of a Hydro-Responsive Wound Dressing (HRWD) (HydroClean) on

mature wound biofilms. *Pseudomonas aeruginosa* and *Staphylococcus aureus* biofilms were

grown and incubated in Ringer's solutions extracted from the HRWD. The biofilm strains were then exposed to dressing samples for 24 hours. The results showed that a 0.7 log 10 and 1.1 log 10 reductions (representing average CFU/ml counts) were achieved against *S. aureus* and *P. aeruginosa*, respectively. Staining showed that 93% of the *S. aureus* cells were still viable 24 hours later, compared with 28% of the *P. aeruginosa* ones. Malone concluded that HydroClean could be safely used in wounds with possible biofilm infection. He suggested the dressing's intense rinsing effect might physically disrupt the outer layers of biofilm, and that its superabsorbent polyacrylate component might absorb or bind planktonic bacteria.

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## Professor Karen Ousey

Director of the Institute of Skin Integrity and Infection Prevention, University of Huddersfield, UK

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### HydroTherapy: the importance of hydration in wound healing

Next came Professor Karen Ousey, who discussed the main challenges of managing hydration in a wound. The benefits of achieving a moist environment in chronic wounds, as well as the key aspects

of wound bed preparation, were identified. Prof Ousey also explained how advanced wound care products, such as HydroClean plus and HydroTac, can relate to the TIME (tissue management, infection control, moisture balance, and edge of

# Session summaries: Breaking the barriers to wound healing

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## Hatice Küçüker

Tepecik Education and Research Hospital, İZMİR, Wound Care Nursing Manchester

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### Autolytic debridement with HydroClean

The next speaker, Hatice Küçüker, presented the case of a 28-year-old patient whose wound was dressed with HydroClean for autolytic debridement, flushing and absorption purposes. The patient did not complain of any pain during dressing changes. At day 7, the cavity area in the wound was filled in and the wound diameter receded to 10 x 6 cm. The exudate reduced, the necrotic tissues disappeared, granulation increased and epithelisation started. Küçüker pointed out that the use of a product that accelerates wound healing with effective wound cleaning and debridement features, fights bacteria, is absorbent, increases granulation and stimulates epithelialisation is an important and effective approach in wound treatment. The time and costs savings are also key, he concluded.

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## Marguerite Nicodeme

Institut Curie, Paris, France

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### Observing the performance of a Hydro-Responsive Wound Dressing (HydroClean) on adipose tissues on post-surgical wounds

The fifth talk in this session was presented by Marguerite Nicodeme. She discussed why breast reconstruction, mastectomy and hip disarticulation patients may present with non-healing wounds and necrosis, and explained that the wound bed is often made of partially adipose tissues, which can inhibit granulation. She then presented six post-surgical wounds treated with HydroClean and compared them with six similar wounds treated with non-standardised care. Granulation tissue was achieved in 10 days, on average, with HydroClean, and in 17 days in the other group. The positive results of this study, she said, warrant further research to provide more supporting evidence for HydroClean.

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## Chloe Cara

Nurse Practitioner, Melbourne, Australia

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### Avoiding surgical debridement and maintaining patient wellbeing, all in one product

Next came Chloe Cara, who presented the case of an 88-year-old patient on warfarin who scratched her leg putting on her compression hosiery. After 4 days, the scratch was getting bigger and a punch biopsy was recommended. This revealed atypical carcinoma with malignancy. The patient was admitted for a surgical skin graft, which was left post-operatively for 10 days, resulting in necrosis and failure of the skin graft. Being unable to conservatively sharp debride due to pain, autolytic debridement using HydroClean plus was carried out. Within 10 days the patient was independent and pain-free in her own home, with 2–3 daily dressing changes. Cara highlighted that this treatment avoided another hospital admission for surgical debridement.

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## Michaela Kaiser

Wound Expert, Surgical Departement, Spital Limmattal, Switzerland

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### Hydro-Responsive dressings—a good option to manage long-term failures of chronic wounds

The last talk in this session was delivered by Michaela Kaiser. She explained how long-term failure of wound healing can lead to patient anxiety, painful dressing changes and frustration for both the patient and health professional. She then introduced five cases of successful wound healing in chronic wounds with the use of Hydro-Responsive Wound Dressings (HRWDs). Wound location and type, systemic factors inhibiting wound healing, type of prior wound dressings and time to heal under a HRWD were observed. In two cases, treatment was followed up with HydroTac until wound closure was observed. In all cases, no debridement was undertaken due to aetiology or pain. The average healing time was 1–3.5 months. Kaiser concluded her talk by emphasising that modern HRWDs can be an option for effective treatment of chronic and non-healing wounds, even when debridement is not possible.

# Session summaries: Obtaining epithelialisation

The next session focused on the challenges of achieving epithelialisation. Case studies on the treatment of an exposed tendon and the treatment of ulcers with various aetiologies, as well as a study on the management of superficial second-degree burns in children, were among the evidence presented to suggest alternative solutions for obtaining epithelialisation.

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## Dr Hans Smola

Professor of Dermatology,  
Department of Dermatology,  
University of Cologne, Germany

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### Mechanisms of HydroTac

Dr Hans Smola opened the 'Obtaining epithelialisation' session with a talk on the mechanisms of HydroTac. He explained that, in many patients, epithelialisation is the limiting step in the healing process, and that there is

little clinicians can do to speed this up. To combat this, boosting growth factors that are endogenously produced should be considered. With this in mind, Dr Smola investigated hydrated polyurethanes, which absorb, preferentially, water and low molecular weight substances from complex fluids. Proteins enter the polymers more slowly, so their concentration increases relatively in the outside fluid compartment, he explained. He then looked at the hepatocyte growth factor and found a threefold increase in relative concentration, which favoured faster epithelialisation in scratch assays. In a pig study, split-thickness donor sites had faster epithelial tongue migration with these hydrated polyurethanes compared with silicone interface dressings.

prevention, while maintaining optimum moisture balance to enable wound bed preparation. After 3 days of treatment with HydroTac, the wound showed an improvement in the appearance of the tendons and wound bed. Subsequent dressing changes demonstrated an improvement in the tendons and, importantly, a significant amount of granulation tissue was formed. Eventually, the tendons were completely covered in healthy wound tissue. Cole highlighted that HydroTac provided a combination of absorption and moisture donation, thus desiccation and necrosis damage to tendons was prevented and the wound bed was kept in a balanced, moist environment, enabling optimisation of healing.

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## Professor Franck Duteille

University of Nantes. Burn Center  
Adults and Children, CHU Nantes,  
France

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### An easy way to manage superficial second-degree burns in children

Next came Professor Franck Duteille, who discussed the management of second-degree burns in children. Normally, second-degree superficial burns progress to complete healing within a maximum of 2 weeks, he said. He then presented a study that evaluated the role HydroTac can play in the management of second-degree burns. The dressing was applied and changed twice a week until healing was achieved. Twenty children were recruited with a mean age of 6–8 years old; all healed between days 8 and 12. Those old enough to evaluate reported pain reduction straight after HydroTac was applied. The dressing change was evaluated as pain-free in all cases.

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## Sharron Cole

Vascular Clinical Nurse Specialist,  
Black Country Vascular Centre,  
Russells Hall Hospital, The Dudley Group  
NHS Foundation Trust, UK

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### Treatment of an exposed tendon with HydroTac

The next talk, by Sharron Cole, presented a case study that showed the main issues of treating an exposed tendon to the forefoot. In spite of exudate levels being moderate-to-high, the primary clinical challenge was desiccation

# Session summaries: Obtaining epithelialisation

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## Dr Jacek Mikosiński

Mikomed, Łódź, Poland

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### Treatment of ulcers with various aetiologies

The last talk in this session was delivered by Dr Jacek Mikosinski, who described the case of an 86-year old female. In August 2016, an ulcer of 6.2 x 3.5 cm occurred on her right ankle. She



had atrial fibrillation, diabetes, hypercholesterolemia and full-length venous insufficiency.

Initially, the patient was treated with Bactigras and HydroClean plus. Once the ulcer achieved 70% granular ulceration and 30% fibrosis, the patient qualified for

HydroTac. On day 28, bleeding was observed during dressing change. The wound required stitches and an alginate dressing was applied. Anti-coagulation dressings were applied and anticoagulants prescribed, and compression knee socks were applied. The wound was checked after 2 days and HydroTac was applied again. After 114 days of treatment, the ulcer was almost healed. Mikosinski highlighted that HydroTac proved to be a good dressing for the treatment of moderate granulomatous ulcers in combination with pharmacological treatment and proper compression therapy.

# Session summaries: HydroTherapy

This session discussed wound management in older patients, highlighting the challenges of managing the intrinsic factors that can affect the natural healing process. It also presented a study on treating foot ulcers with Hydro-Responsive Wound Dressings.

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## Dr Emanuelle Candas

Geriatric Physician, Hôpital Sainte Périne, Paris, France

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### Wound management is everyone's concern

Dr Emmanuelle Candas opened the 'HydroTherapy' session with a talk on wound management. She explained that, in older patients, multiple intrinsic factors can affect and delay the natural healing process, making management complex and challenging. To remove slough and necrotic tissue in the cleansing phase, she said, HydroClean can provide a rapid autolytic action that could help avoid mechanical debridement, which is often complex in older patients. Candas highlighted that, at the expected stage of granulation and epithelialisation, HydroTac encourages healing by maintaining a balanced state of hydration; a factor that promotes keratinocyte migration. The patient's comfort is preserved at each healing stage through rapid and painless treatments, which contribute to the quality of secondary intention healing.

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## Dr Paul Chadwick

National Clinical Director at the College of Podiatry, UK

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### HydroTherapy: a unique approach to treating foot ulcers in the UK

The next speaker, Dr Paul Chadwick, discussed the impact of Hydro-Responsive Wound Dressings (HRWDs) (HydroClean plus and HydroTac) in wound bed preparation and promotion of healing in patients with diabetes. He presented a study in which patients in need of removal of devitalised tissue were selected. HydroClean plus was used to remove devitalised tissue and prepare the wound bed for the second phase; re-epithelialisation and healing. In some patients, HydroTac was then used to enable healing progression. HydroClean plus removed the majority of the devitalised tissue in all of the patients, enabling good wound bed preparation in terms of the presence of granulation tissue and supporting healing. In one patient with dehisced surgical wounds, subsequent treatment with HydroTac enabled rapid re-epithelialisation and healing. Chadwick concluded by highlighting the role of HRWDs in the treatment of diabetic foot ulcers, which are usually difficult to heal and generally require debridement to remove devitalised tissue.

# Session summaries:

## HydroTherapy clinical approach

The last session of the day included a wide variety of clinical evidence from Slovakia, Poland, Romania, Belgium and Australia. The speakers discussed the challenges in moist therapy, the management of diabetic postoperative wounds, and the treatment of pressure ulcers in a patient with multiple sclerosis, among other subjects.

### Dr Tomas Kopal

MD, Department of Dermatology, City Hospital of Povazska Bystrica, Slovakia

#### Evaluating unexpected clinical changes in moist therapy

Dr Tomas Kopal opened the last session of the day, 'HydroTherapy clinical approach,' by stating that about 30–60% of all patients with a chronic wound are allergic to topical medication. He pointed out that moist therapy represents a lower occurrence of contact allergy to certain products; however, some sensitisation still exists and can cause some confusion when evaluating wounds, for example, the difference between microbial eczema and contact eczema is sometimes unclear. Moist therapy usually does not cause maceration, but recognising another similar condition, hyper-hydration, may cause problems. He emphasised that an accurate evaluation of wound edges is crucial, as it implicates necessary changes in therapy. He concluded his talk by pointing out that, when compared with laboratory findings, clinical examination is an accurate method to evaluate a chronic wound; therefore, the ability to recognise adverse or other unexpected events in healing should be considered an important skill.

### Dr Eduard Catrina

General Surgeon, Cantacuzino Hospital, Senior Lecturer, University of Medicine and Pharmacy, Bucharest, Romania

#### HydroTherapy in the management of postoperative diabetic foot wounds

The next speaker, Dr Eduard Catrina, explained why patients with diabetes are at high risk of developing an infection which, in most cases, may require surgery. This can demand several resources, both human and material. He then described his experience using HydroClean and HydroTac dressings in the management of diabetic postoperative wounds, from the very beginning until full granulation, to promote simple epithelisation. The results, he pointed out, will depend on vascularisation, but will also be influenced by the bacteria involved in the suppurative process.

### Dr Marcin Malka

MD, Angiologist, General Surgeon, PODOS Wound Care Centre, Warsaw, Poland



#### Extensive multifocal pressure ulcers in a young female patient, bedridden due to multiple sclerosis: a case study

Next came Dr Marcin Malka, who described the case of a 29-year old multiple sclerosis patient. The patient presented with expanding sacral-ischial pressure ulcers (PUs), PUs on the left calf and left-knee joint with leakage of synovial fluid, and PUs on the right-elbow joint and right foot. The main causes for the development and exacerbation of the PUs were identified as lack of appropriate prophylaxis, malnutrition, and inadequate removal of the necrotic tissue from the wounds. The patient's diet was modified, necrotic tissue was removed from the ulcers located on the buttocks, and autolytic dressings (HydroClean plus cavity and HydroClean plus) were applied to the wounds. The same procedure was followed during subsequent visits until the necrotic tissue was entirely eliminated. Negative pressure wound therapy (NPWT) was introduced in order to connect the multifocal ulcers of the buttocks. This part of the treatment was considered successful when granulation tissue developed. HydroTac was then introduced with the intention of using it until the wounds had completely healed.

# Session summaries: HydroTherapy clinical approach

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## Frans Meuleneire

Wound Expert, Wondzorg Hillegem, Belgium

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### Clinical experience in a case series on how Hydro-Responsive Wound Dressings are used in the treatment of hard-to-heal wounds



Frans Meuleneire's talk described 10 case studies of patients with sloughy, necrotic wounds. The wounds were treated with

HydroTherapy (HydroClean plus followed by HydroTac) and

the outcomes were considered positive in every phase of the wound-healing process. In necrotic wounds, autolytic debridement was accelerated. As soon as granulation was achieved, the wound cavity decreased significantly. The dressings were used in critical colonised and moderate infected wounds, where a return to the bacterial balance was observed. In the end phase of the wound healing, epithelialisation was not disturbed; the dressings created an ideal moist environment without negative effects on the surrounding skin. Meuleneire highlighted that HydroTherapy can provide an optimal moist wound environment that is essential for advanced wound healing.

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## Tabatha Rando

Nurse Practitioner, Wound Management Innovation CRC, Australia

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### Simplifying wound dressing selection for residential aged care nurses

The last speaker of the day, Tabatha Rando, started her talk by discussing the effectiveness of a simplified dressing selection protocol for nurses in residential

aged care facilities. This study, she said, is being conducted in four

phases: identifying current practice through baseline measurement, cost analysis of existing wound dressing products and feedback from staff focus groups; providing wound management and the simplified wound management

protocol staff education; evaluating the new wound care products and protocol with residents and staff; and undertaking post-intervention data analysis and reporting. At the time of her presentation, more than 60 residents with wounds were being assessed through prospective data collection and 40 staff were involved in baseline focus group data collection.

Rando highlighted the results of the study which, so far, showed a gap between wound care needs, best practice management, staff capacity and competency in aged care. She concluded by emphasising the need of a simplified wound dressing protocol where the majority of basic wound management needs are met.



# Delegate feedback

During the Congress we spoke to delegates about their experience with HydroTherapy and how this approach could help them achieve better results in their day-to-day practice. Below are extracts from interviews taken from these conversations.

The delegates also shared the problems they usually face at their wound care practices. Improving quality of life, offering more and better education to their staff, and dealing with patients' comorbidities were among their biggest concerns, as well as managing pain.

There were 20 talks on advanced wound healing (see session summaries on pages 6–13). These included key topics such as wound cleansing, which the delegates found useful for their own practices. The benefits of the Congress were also highlighted.

## “ Where do you see the benefits of HydroTherapy as a novel wound therapeutic approach in your practice? ”



**Emmanuelle Candas**  
Geriatric Physician,  
Hôpital Sainte-Périne,  
Paris, France

As with any love story, there is always a first time you use a dressing and you remember it. For me, it was a chronic wound on a female tetraplegic patient who had a malodorous sacral pressure ulcer. It was very difficult to debride: we tried many different dressings with no results. And when we tried HydroClean, it was magical! Three weeks later, the wound was totally debrided. And after two days, the malodour was gone, which was a great effect for us.



**Marcin Malka**  
MD, Angiologist, General  
Surgeon, PODOS Wound  
Care Centre, Warsaw, Poland

We already knew about the benefits of a wet wound healing environment. Two or three years ago, we needed to change dressings every 12 hours, but now, with HydroTherapy, we can wait for as long as three days.



**Matthew Malone**  
Head of Department, High  
Risk Foot Service, Liverpool  
Hospital, Australia

I see those benefits in chronic wounds. Many wounds now present with aetiologies, such as ischaemia, or patients still have protective sensation. Therefore, debriding with a scalpel would be too painful. So, we are now considering different methods of achieving this, one of which is HydroClean, as it's highly effective in facilitating autolytic debridement.

# Delegate feedback

## “ “ What is your biggest challenge in your daily practice? ” ”

### **Emmanuelle Candas**

I'm a geriatrician, so when patients present with a wound, it's important for us to maintain healing for their quality of life. Wounds involve both physical and mental pain, and for me it's important to obtain rapid wound healing to improve the patient's quality of life.

### **Marcin Malka**

Education in wound healing is a huge challenge in Poland. On one hand, there is a small number of wound care centres and a large number of patients (over 500,000); on the other hand, if we do not organise training, nothing will change in the treatment of wounds in the coming years. In our clinic, we try to combine both. We completed more than 10,000 visits of patients with chronic wounds this year and hundreds of workshops. But it is a challenge, because my team has only 40 people.

### **Matthew Malone**

It's probably patients' comorbidities. At Liverpool Hospital, Sydney, Australia, we only take the most complex patients. They are quite risky to treat; they may have diabetes, peripheral vascular disease, be obese or overweight, all adding to the complexity of treating patients. With those wounds, and when there is a lot of pain, being able to have something to aid debridement, such as HydroClean, can be very advantageous.

## “ “ Do you believe that international exchange, such as the LINK Congress, can address critical challenges in wound practice? ” ”

### **Emmanuelle Candas**

I do. Attending international congresses makes it possible for us to share practice today, and identify different methods and techniques to improve our practice tomorrow.

### **Marcin Malka**

Every exchange in knowledge with other colleagues from all over the world is interesting. I want to see how wound care practice works in Australia, Hungary or the Czech Republic, and what their techniques are. It is very beneficial for me and my patients.

### **Matthew Malone**

The aim is to bring people together and see what practice is like around the world. Maybe countries where they might not receive too much education postgraduate-wise can come and see things that are a bit more advanced and dynamic, and perhaps take ideas back home with them.

## “ “ What do you think is the most beneficial outcome of the LINK Congress? ” ”

### **Emmanuelle Candas**

It is such a pleasant surprise to tell you that all the people here are a plus value for our practice, for our taking care of wounds. So, we are very happy to be here. We have always something to learn from the others.

### **Marcin Malka**

Each meeting with colleagues from all over the world who experience the same problems that I do is valuable. When we get back home, we can resolve problems better and can implement changes in our daily practice.

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