

## Tissue Viability Research Update June-July 2017

### **Development of deep tissue injury: inside out or outside in?**

**Author(s):** SWAN, JOANNA

**Source:** Wounds UK; Jul 2017; vol. 13 (no. 2); p. 18-22

Available in full text at [Wounds UK](#) - from EBSCOhost

**Abstract:** Pressure ulcers (PUs) have been described as painful, slow-healing wounds that can develop over bony prominences in individuals experiencing periods of prolonged immobility (Jagannathan and Tucker-Kellogg, 2016). However, new theories are emerging regarding how PUs develop. This article explores and reviews the evidence on the suggested mechanisms of deep tissue injury (DTI) development. DTI is caused by a number of mechanisms. Further research is required to clarify the key differences between mechanisms of injury between DTI and superficial PUs.

### **Deep Tissue Pressure Injury: A Clinical Review**

**Author(s):** Preston A.; Rao A.; Strauss R.; Stamm R.; Zalman D.

**Source:** The American journal of nursing; May 2017; vol. 117 (no. 5); p. 50-57

**Abstract:** A deep tissue pressure injury (DTPI) is a serious type of pressure injury that begins in the muscle closest to the bone and may not be visible in its early stages. Its hallmark is rapid deterioration despite the use of appropriate preventive interventions. In 2007, the National Pressure Ulcer Advisory Panel added suspected deep tissue injuries to the traditional classification system, and by 2010 DTPIs had accounted for about 9% of all pressure injuries and were for the first time more prevalent than stage 3 or 4 pressure injuries. On average, patients who develop these injuries are older and have a lower body mass index than patients who develop other pressure injuries. Most commonly, DTPIs appear on the skin over the coccyx or sacrum, the buttocks, and the heels. This article discusses the pathophysiology; risk factors; and assessment, prevention, and treatment of DTPIs, using a composite case to illustrate the progression of this serious type of pressure injury.

### **The use of prophylactic dressings in the prevention of pressure ulcers: a literature review.**

**Author(s):** Cornish, Lynn

**Source:** British journal of community nursing; Jun 2017; vol. 22 ; p. S26

**Abstract:** Pressure ulcers pose a significant burden to both patients and health care resources. There are an increasing number of studies that have examined the use of prophylactic dressings, and their ability to redistribute pressure and protect the skin from shear and friction damage. This literature review examines six studies conducted on this controversial subject. Brindle and Wegelin ( 2012 ; Chaiken, 2012 ; Cubit et

al, 2012 ; Santamaria et al, 2012) all examined the role of dressings to prevent pressure ulcers, and Call et al (2013a ; 2013b ), conducted in vitro research into the mode of dressings. Current research suggests that while further research is required, the use of prophylactic dressings have a place alongside standard measures, in helping to prevent pressure, shear and friction damage.

### **Leg ulcers: time to benchmark?**

**Author(s):** Collins, Fiona

**Source:** British Journal of Community Nursing; May 2017; vol. 22

**Abstract:**The article discusses the need for coordinated community-based efforts to prevent and treat leg ulcers despite improvements in healing rates 1989 - 2015 in Great Britain. Topics include the use of specialist clinics to manage patients with venous leg ulcers, the tendency for patients to not be aware of whether the service treating their leg ulcer is effective, and the need for the benchmarking of leg ulcers services.

### **Simplifying the management of venous leg ulcers: Choosing appropriate and acceptable compression therapy.**

**Author(s):** Nazarko, Linda

**Source:** British Journal of Community Nursing; May 2017; vol. 22

**Abstract:**The importance of selecting and providing appropriate and acceptable compression therapy to manage and treat venous leg ulcers. Topics include: assessment and treatment in a vascular service of individuals with primary or symptomatic recurrent varicose veins, the use of compression hosiery or bandages to improve quality of life, relieve symptoms and reduce the risk of complications, and the use of patient-centered care when selecting type of compression therapy.

### **Benefits of maggot debridement therapy on leg ulcers: a literature review.**

**Author(s):** Abela, Genevieve

**Source:** British Journal of Community Nursing; May 2017; vol. 22

**Abstract:**Maggot debridement therapy (MDT) is an effective method for debriding wounds such as leg ulcers, supporting the concept of wound bed preparation (Dumville et al, 2009; Soares et al, 2009; Mudge et al, 2014). New evidence is emerging to suggest that maggots might contribute to wound healing in other ways. For example, the reduction of biofilms and disinfection of wounds (Van Der Plas et al, 2008; Brown et al, 2012; Pritchard and Brown, 2015) plus regulation of protease levels (Chambers et al, 2003; Van Der Plas et al, 2009a; Van Der Plas et al, 2009b). This review will discuss research exploring new benefits of maggots in the management of individuals with chronic leg ulcers.

### **The use of prophylactic dressings in the prevention of pressure ulcers: a literature review.**

**Author(s):** Cornish, Lynn

**Source:** British Journal of Community Nursing; May 2017; vol. 22

**Abstract:**Pressure ulcers pose a significant burden to both patients and health care resources. There are an increasing number of studies that have examined the use of prophylactic dressings, and their ability to redistribute pressure and protect the skin from shear and friction damage. This literature review examines six studies conducted on this controversial subject. Brindle and Wegelin (2012; Chaiken, 2012; Cubit et al, 2012; Santamaria et al, 2012) all examined the role of dressings to prevent pressure ulcers, and Call et al (2013a; 2013b), conducted in vitro research into the mode of dressings. Current research suggests that while further research is required, the use of prophylactic dressings have a place alongside standard measures, in helping to prevent pressure, shear and friction damage.

### **Venous leg ulcers in the UK: The local burden of illness and the allocation of resources**

**Author(s):** Alexandra B.; Richard W.

**Source:** Wounds UK; May 2017; vol. 13 (no. 2); p. 8-13

**Abstract:**The precise UK prevalence of venous leg ulcers (VLU) is currently unclear. Prevalence data is essential in order to calculate the costs and, to measure the impact of any therapeutic intervention. A review of the literature was undertaken to assess the prevalence and costs of VLU in order to collate available data for baseline, or comparative purposes. Thereafter, information on compression bandaging products obtained from the QuintilesIMS database, prescribed for one large city was collected and calculations made to estimate known prevalence in that geographic locality. Results from the literature search showed the prevalence to vary from 0.1% to 1.1% in the studies identified. The prevalence of leg ulcers (LUs) in compression in the city reviewed was calculated to be 0.1% in 2015. There is a lack of reliable information on the prevalence and cost of LUs. The estimated prevalence reported is in keeping with those calculated by SIGN (2010) but less than those reported by Guest et al (2016). The annual cost of treating patients with LUs in the UK has recently been reported to be 1,938 million (Guest et al, 2016). Traditionally, regional clinical commissioning groups (CCGs) and local health authorities have not requested prevalence and outcome data on LUs and, therefore, there is a gap in understanding the extent of the problem. Consequently, the budgeting of services by CCGs is based more on estimates than on prevalence data. Without more accurate prevalence data it is impossible to truly understand the scale of the problem and develop a plan on how best to move forward with improving LU care.

### **Reducing avoidable pressure ulcers**

**Author(s):** Denis A.; Heather H.; Joanna H.

**Source:** Wounds UK; May 2017; vol. 13 (no. 2); p. 14-18

**Abstract:**Risk assessment scales for pressure ulcers have been in use for over 50 years but there is no evidence that such scales reduce pressure ulcer incidence. Pressure ulcer interventions have been shown to be effective, sometimes alongside risk assessment scales. Care bundles are an example of multifaceted approaches that have been successfully used in a variety of clinical areas including for pressure ulcers. Pressure ulcers were monitored before and after implementation of a new scheme

based on an existing care bundle. Avoidable pressure ulcers were significantly reduced following implementation of the scheme.

### **Managing patients with large, shallow, complex wounds: A case series**

**Author(s):** Atkin L.; Tickle J.; Fletcher J.

**Source:** Wounds UK; May 2017; vol. 13 (no. 2); p. 42-46

**Abstract:** Large wounds on the leg and abdomen can be particularly challenging to manage as dressings are often not big enough to cover the entire wound bed. Patchworked dressings are difficult to apply and there can be slippage, leading to gaps where the wound is exposed or to which retention products can adhere. The successful overlapping of dressings, however, is demanding and expensive. Superabsorbent dressings can be used on large wet wounds, however when saturated they can become heavy, cold and pull at the skin. This small case series examines the use of the new larger-sized Mepitel One dressings with secondary dressings in the management of eight patients' wounds.

### **Caring for patients with Malignant and end-of-life wounds**

**Author(s):** Trudie Y.

**Source:** Wounds UK; May 2017; vol. 13 (no. 2); p. 20-29

**Abstract:** Malignant wounds may be due to a primary cancer of the skin, metastases from a cancer elsewhere in the body or erosion of the skin from an underlying malignancy; chronic wounds also have the ability to develop malignant cells within the wound bed. Malignant wounds frequently have a low potential for healing and are associated with the accompanying symptoms of malodour, pain and elevated exudate levels - even death. The burden of suffering with and caring for an individual with a wound at the end of life is unrelenting, with the impact of the situation staying with carers for many years. Palliative wound care is often without the aim of complete healing; it is symptomatic care - not disease-focused - with the aim to improve quality of life. The individual and their carers require psychological, spiritual and emotional support along with the physical care delivery, and clinicians may have to utilise a slightly unorthodox approach to managing patients with these challenging wounds.

### **Skin care and barrier protection**

**Author(s):** Stephen-Haynes, J.

**Source:** Wound Essentials 2017; vol. 12 (no. 1); p. 75-79

**Abstract:** This article considers skin maintenance and the function of barrier protection which will be outlined and the use and mis-use explored. A conclusion is made that there is a need for the implementation of fundamental principles and the appropriate use of barrier protection, including barrier film and cream, which can contribute to skin protection and maintenance.

### **Innovations in heel protection**

**Author(s):** Stang, D.

**Source:** Wound Essentials 2017; vol. 12 (no. 1); p. 57-61

**Abstract:** Heels are the second most common site for pressure ulcers to develop. Yet nearly all of these injuries are preventable. Guidelines and recent campaigns have given healthcare professionals clear protocols to follow to ensure their patients do not develop preventable pressure damage. Avoidable pressure ulcers are a key indicator of the quality and experience of patient care. Despite progress in the management of pressure ulcers, they remain a significant healthcare problem and 700,000 people are affected each year (NHS Improvement, 2016). This article will focus mainly on the prevention and management of heel ulcers.

### **Could lateral tilt mattresses be the answer to pressure ulcer prevention and management?**

**Author(s):** Hampton S.

**Source:** British journal of community nursing; Mar 2017; vol. 22

**Abstract:** Pressure ulcers have been part of illness for thousands of years and are not reducing in number. Traditionally, since the Crimean War, patients have been ritually repositioned every 2 hours, regardless of the individual need. Pressure ulcers occur mainly on bony prominences, and so it makes sense to reposition into the 30 degree tilt, off of bony prominences. This still takes time in order to reposition on a regular basis. It is time to look at automatic repositioning, reducing nursing time, increasing patient comfort and releasing carers to provide more social support to the patients.

### **Benefits of maggot debridement therapy on leg ulcers: a literature review.**

**Author(s):** Abela, Genevieve

**Source:** British journal of community nursing; Jun 2017; vol. 22 ; p. S14

**Abstract:** Maggot debridement therapy (MDT) is an effective method for debriding wounds such as leg ulcers, supporting the concept of wound bed preparation ( Dumville et al, 2009 ; Soares et al, 2009 ; Mudge et al, 2014 ). New evidence is emerging to suggest that maggots might contribute to wound healing in other ways. For example, the reduction of biofilms and disinfection of wounds plus regulation of protease levels. This review will discuss research exploring new benefits of maggots in the management of individuals with chronic leg ulcers.

### **Exudates absorption and proteases trapping in venous leg ulcers.**

**Author(s):** Humbert, P; Courderot-Masuyer, C; Robin, S; Oster, D; Pegahi, R

**Source:** Journal of wound care; Jun 2017; vol. 26 (no. 6); p. 346-348

**Abstract:** OBJECTIVE: In venous leg ulcer (VLU), the impaired healing has been shown to be associated with excessive levels of protease activities such as matrix metalloproteinases (MMPs) and elastases found in exudates. The present study focused on exudates absorption and proteases trapping capacity of a new generation of polyacrylate superabsorbent, Tegaderm superabsorber (TS), compared with a traditional dressing such as Zetuvit. METHOD: We studied the proteases implicated in VLU (MMP-1, MMP-2, MMP-9 and PMN elastase). Absorption was tested using an artificial exudate like fluid, over 30 minutes. The protein trapping ability was

obtained using ELISA assays (enzyme-linked immunosorbent assay) to determine the amount retained by the dressings from spiked fluid samples. **RESULTSTS:** had a higher exudate absorption capacity ( $72.8\pm 1.7\%$ ) compared with the standard dressing ( $36.5\pm 1.6\%$ ), and was also able to trap and retain proteases while the standard dressing released them. The difference was shown to be much larger for MMP-2 and PMN elastase. **CONCLUSION:** In our knowledge, this is the first comparative in vitro study evaluating absorption capacity as well as protease trapping capacity of a polyacrylate dressing for the four most implicated proteases in VLU. TS could be an appropriate alternative to improve the management of VLU by trapping MMPs and PMN elastse with a particularly high affinity for MMP-2 and PMN elastase.

### **Efficacy of arginine-enriched enteral formulas for the healing of pressure ulcers: a systematic review.**

**Author(s):** Liu, P; Shen, W-Q; Chen, H-L

**Source:** Journal of wound care; Jun 2017; vol. 26 (no. 6); p. 319-323

**Abstract:** **OBJECTIVE:** Arginine improves healing and modulates inflammation and the immune response. This systematic review aimed to assess the effect of arginine-enriched enteral formulas in pressure ulcer (PU) ealing. Randomised controlled trials (RCTs) were included in this systematic review. We used the Jadad scale as a quality assessment tool. **RESULTS:** There were seven RCTs with 369 patients included in this systematic review; four RCTs assessed healing by PU area reduction. All of them reported arginine-enriched enteral nutrition led to a significant improved PU healing compared with standard hospital diet in 2-12 weeks follow-up. Among these four RCTs, one enrolled malnourished patients, one enrolled non-malnourished patients, and the other two studies did not restrict the nutritional status of the patients. Using the Pressure Ulcer Scale for Healing (PUSH) four RCTs assessed healing of PU, all reporting arginine-enriched enteral nutrition resulted in a significant PUSH score improvement compared with control at follow-up. Using the Pressure Sore Status Tool (PSST) one RCT assessed healing of PUs, finding patients receiving arginine had the lowest PSST scores compared with controls. An RCT compared healing with two doses of arginine (4.5g versus 9g), but no difference was found between the doses. **CONCLUSION:** Evidence showed that arginine-enriched enteral nutrition led to a significant improvement in PU healing. It was effective not only in malnourished patients, but also in non-malnourished patients.

### **Efficacy of a disease-specific nutritional support for pressure ulcer healing: A systematic review and meta-analysis**

**Author(s):** Cereda E. et al

**Source:** Journal of Nutrition, Health and Aging; Jun 2017; vol. 21 (no. 6); p. 655-661

**Abstract:** **Objectives:** The aim of this systematic review was to summarize the evidence on the efficacy of high-calorie, high-protein nutritional formula enriched with arginine, zinc, and antioxidants (disease-specific support) in patients with pressure ulcers (PUs). **Methods:** Randomized controlled trials in English published from January 1997 until October 2015 were searched for in electronic databases (EMBASE, Medline, PubMed, and CINAHL). Studies comparing a disease-specific nutritional support (oral supplements or tube feeding) to a control nutritional

intervention enabling the satisfaction of energy requirements regardless of the use of high-calorie formula or placebo or no support for at least 4 weeks were considered eligible. Study outcomes were the percentage of change in PU area, complete healing and reduction in the PU area  $\geq 40\%$  at 8 weeks, and the percentage of change in area at 4 weeks. Results: A total of 3 studies could be included in the metaanalysis.

Compared with control interventions, formulas enriched with arginine, zinc and antioxidants resulted in significantly higher reduction in ulcer area (-15.7% [95% CI, -29.9, -1.5];  $P=0.030$ ;  $I^2=58.6\%$ ) and a higher proportion of participants having a 40% or greater reduction in PU size (OR=1.72 [95% CI, 1.04, 2.84];  $P=0.033$ ;  $I^2=0.0\%$ ) at 8 weeks. A nearly significant difference in complete healing at 8 weeks (OR=1.72 [95% CI, 0.86, 3.45];  $P=0.127$ ;  $I^2=0.0\%$ ) and the percentage of change in the area at 4 weeks (-7.1% [95% CI, -17.4, 3.3];  $P=0.180$ ;  $I^2=0.0\%$ ) was also observed.

Conclusions: This systematic review shows that the use of formulas enriched with arginine, zinc and antioxidants as oral supplements and tube feeds for at least 8 weeks are associated with improved PU healing compared with standard formulas.

### **What is the existing evidence supporting the efficacy of compression bandage systems containing both elastic and inelastic components (mixed-component systems)? A systematic review**

**Author(s):** Welsh L.

**Source:** Journal of clinical nursing; May 2017; vol. 26 (no. 9); p. 1189-1203

**Abstract:**AIMS AND OBJECTIVES: To analyse current evidence on the efficacy of bandage systems containing both elastic and inelastic components (mixed-component systems).BACKGROUND: International consensus on the efficacy of types of

compression systems is difficult to achieve; however, mixed-component systems are being promoted as combining the best properties of both elastic and inelastic bandage systems and increasingly being used to treat venous leg ulcers in practice. DESIGN: A systematic literature review. CONCLUSIONS: Mixed-component systems were found to have comparable ulcer healing rates to alternative compression systems and be easy to apply; have similar abilities to maintain pressure as four-layer bandages and better abilities than short-stretch bandages; have less slippage than alternative systems; and to be significantly associated with several favourable quality of life outcomes. Clinician skill in bandage application was an uncontrolled variable in all eight papers included in the review, which may limit reliability of findings.

RELEVANCE TO CLINICAL PRACTICE: This review synthesises existing evidence on the efficacy of mixed-component systems and encourages clinicians to regard them as an effective alternative to purely elastic or inelastic compression systems. Additionally, it highlights the importance of clinician skill in bandage application as a crucial determinant of effective compression

### **Accelerated wound healing with combined NPWT and IPC: a case series**

**Author(s):** Arvesen K.; Nielsen C.B.; Fogh K.

**Source:** British journal of community nursing; Mar 2017; vol. 22

**Abstract:**Negative pressure wound therapy (NPWT) and intermittent pneumatic compression (IPC) have traditionally been used in patients with chronic complicated non-healing wounds. The aim of this study (retrospective case series) was to describe

the use of NPWT in combination with IPC in patients with a relatively short history (2-6 months) of ulcers. All wounds showed improved healing during the treatment period with marked or moderate reduction in ulcer size, and granulation tissue formation was markedly stimulated. Oedema was reduced due to IPC. Treatment was generally well tolerated. The results of this study indicate that combined NPWT and IPC can accelerate wound healing and reduce oedema, thus shortening the treatment period. Therefore, patients may have a shorter healing period and may avoid entering a chronic wound phase. However, controlled studies of longer duration are needed in order to show the long-term effect of a more accelerated treatment course.

**Evidence Summary: Wound Management Low Resource Communities - Aloe vera for wound healing.**

**Source:** Wound Practice & Research; Jun 2017; vol. 25 (no. 2); p. 115-117

Available in full text at [Wound Practice & Research](#) - from EBSCOhost

**Abstract:**The article reflects on evidences regarding role of aloe vera for promoting wound healing. It mentions that the leaves contain a gel substance that is harvested and then stabilized and sterilised with heat before application to a wound. It also mentions efficacy of aloe vera for healing partial thickness burns, diabetic ulcers, leg ulcers, surgical wounds, and biopsy sites.

**Importance of nutrition in preventing and treating pressure ulcers.**

**Author(s):** Taylor, Carolyn

**Source:** Nursing older people; Jun 2017; vol. 29 (no. 6); p. 33-39

**Abstract:**Pressure ulcers are painful, and affect patients' health, mobility and well-being. They also cost the NHS between £1.4-2.1 billion a year. Although a large proportion of pressure ulcers are avoidable, many still occur and, because pressure ulcer incidence is an indicator of care quality, it can put carers under scrutiny. The National Institute for Health and Care Excellence states that adequate risk assessment of pressure ulcer development, including the role of malnutrition, improves care. Adequate nutrition is vital for the prevention of pressure ulcers and malnutrition can hinder healing when pressure ulcers have developed. The risk of malnutrition should be assessed with a recognised tool, such as the Malnutrition Universal Screening Tool, and appropriate treatment plans should be drawn up for patients identified as being at risk of malnutrition to improve their nutritional state. For example, the dietary intake of people with poor appetite can be supplemented with nutritious snacks between meals. The aims of this article are to help readers understand risk factors for malnutrition and how dietary intake can be manipulated to improve patients' nutritional state. It also aims to highlight how improving nutritional intake helps to prevent pressure ulcers. On completing the article, readers will be able to consider and review their own practice.

**Clinical outcomes and cost-effectiveness of three different compression systems in newly-diagnosed venous leg ulcers in the UK**

**Author(s):** Guest J.F.; Fuller G.W.; Vowden P.

**Source:** Journal of wound care; May 2017; vol. 26 (no. 5); p. 244-254

**Abstract:** OBJECTIVE: To assess clinical outcomes and cost-effectiveness of using a two-layer cohesive compression bandage (TLCCB; Coban 2) compared with a two-layer compression system (TLCS; KTwo) and a four-layer compression system (FLCS; Profore) in treating newly-diagnosed venous leg ulcers (VLUs) in clinical practice in the UK, from the perspective of the NHS. METHOD: This was a retrospective cohort analysis of the case records of patients with newly-diagnosed VLUs randomly extracted from The Health Improvement Network (THIN) database (a nationally representative database of clinical practice among patients registered with general practitioners in the UK) who were treated with either TLCCB (n=200), TLCS (n=200) or FLCS (n=200). The clinical outcomes and cost-effectiveness of the alternative compression systems were estimated over six months after starting treatment. RESULTS: Patients' mean age was 72 years and 58% were female. Time from wound onset to the start of compression was a mean of two months, and when starting compression the wound size was a mean of 45 cm<sup>2</sup>. The distribution of healing was significantly different between the three groups; 76% of wounds in the TLCCB group healed by six months compared with 70% and 64% in the TLCS and FLCS groups, respectively (p=0.006). Time to healing was significantly less in the TLCCB group compared with the two other groups (p=0.003). Patients in the TLCCB group experienced better health-related quality of life over six months (0.413 quality-adjusted life years (QALYs) per patient), compared with the TLCS and FLCS groups (0.404 and 0.396 QALYs per patient, respectively). The mean six-month NHS management cost was 3045, 3842 and 4480 per patient in the TLCCB, TLCS and FLCS groups, respectively. CONCLUSION: Real-world evidence demonstrates that treating newly-diagnosed VLUs with TLCCB, compared with the other two compression systems, affords a more cost-effective use of NHS-funded resources in clinical practice since it resulted in an increased healing rate, better health-related quality of life and a reduction in NHS management cost.

### **Pressure ulcers prevention efficacy of an alternating pressure air mattress in elderly patients: E<sup>2</sup>MAO a randomised study.**

**Author(s):** Sauvage, P et al

**Source:** Journal of wound care; Jun 2017; vol. 26 (no. 6); p. 304-312

**Abstract:** OBJECTIVE: Our aim was to compare Axtair One, an alternating pressure air mattress (APAM), with a viscoelastic foam mattress (VFM) in elderly patients at moderate to high risk of developing pressure ulcers (PUs). METHOD: A randomised, controlled, superiority, parallel-group, open-label, multicentre study, was conducted, between February 2012 and March 2015, in nine French, medium- and long-term stay facilities. Eligible patients were aged 70 and over, had no PUs on enrolment, were bedridden for at least 15 hours per day, had reduced mobility, an absent or minimal positioning capability, a Braden score 12 and a Karnofsky score <40%. The primary endpoint was the appearance of PUs over a 30-day monitoring period. The primary objective was to demonstrate a 50% reduction in instantaneous risk of PUs in the APAM versus the VFM group. Secondary objectives were to determine if preventive care was less frequent in the APAM group, the instantaneous relative risk of PUs (hazard ratio) was constant over time and the comfort experienced was higher in the APAM group and to verify the uniformity of the preventive benefit of an APAM, regardless of the level of exposure to major risk factors for PUs. RESULTS We randomised 76 patients (39 in the APAM group and 37 in the VFM group). The groups were comparable on enrolment and throughout the study. The cumulative risk

of PUs was estimated at 6.46% [95% confidence interval (CI): 1.64; 23.66] in the APAM group and at 38.91% [95% CI: 24.66; 57.59] in the VFM group,  $p=0.001$  (log-rank test). The adjusted hazard ratio according to the Cox model with four prognostic factors for the appearance of PUs was 7.57 [95% CI: 1.67; 34.38,  $p=0.009$ ]. Preventive care proved to be equivalent in both groups. The only risk factor significantly associated with an increased risk of PUs was the type of mattress (VFM). The comfort and tolerance perceived by the patients were both high and similar in the two groups. The constancy over time of the preventive benefit of an APAM could not be verified because of the lack of a sufficient number of events (appearance of PUs) in the APAM group. **CONCLUSION:** The APAM was superior to a VFM for preventing PUs in elderly patients, bedridden for more than 15 hours per day, severely dependent, at moderate-to high-risk of PUs, with an instantaneous risk for the appearance of PUs 7.57 times greater in the VFM group than in the APAM group. This study provides descriptive information and evidence for practice.

#### Wounds UK Webinars:

[WEBINAR — Dispelling the Myths: Part One:](#) On 12th September 2017, the first Wounds UK webinar of 2017 focuses on the recently launched best practice statement on holistic management of venous leg ulceration. In Part One, Lecturer Practitioner Leanne Atkin:

- Introduces the new best practice statement
- Discusses accurate diagnosis — what's expected?
- Demonstrates a comprehensive wound and skin assessment using 'TIME' model

[WEBINAR — Dispelling the Myths: Part Two:](#) On 19th September 2017, Leanne Atkin lectures on a new pathway for compression therapy. She will look at:

- Selecting effective compression — using the pathway in practice
- Promoting self-care to improve outcomes in the NHS

Holistic management and prevention of recurrence

You can access any of the above articles which have blue links beneath them with your NHS Athens account – if you would like assistance with this or to request any of the other articles in full, please contact me at:

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