Farah R.S., Davis M.D.P.  
AN: 2010330928  
Selecting the appropriate treatment for venous leg ulcerations is essential for optimal wound healing and patient quality of life. Compression therapy remains the mainstay of treatment for these wounds. Compression methods should be carefully selected and tailored for compatibility with patients' daily life. Pain management should not be neglected. When response to compression therapy is limited, adjuvant therapy such as medication, debridement, or surgical procedures should be considered on an individual basis.  
Institution  
(Farah, Davis) Medical School, University of Minnesota, 420 Delaware St SE, Minneapolis, MN 55455, United States  
Publisher  
Springer Healthcare

2. Juxta CURES: An innovative method of providing compression for leg ulcer management.  
Lawrence G.  
Wounds UK. 10 (1) (pp 64-70), 2014. Date of Publication: 2014.  
AN: 2014252158  
Many patients with leg ulcers require compression therapy to help heal the wound, but often, patients find their treatment challenging and difficult to tolerate. Since the 1990s, the mainstay of treatment in the UK has been compression bandaging of one sort or another, alternatively, ulcer kits comprising of compression hosiery are an added choice. This article describes three case studies in which a leg ulcer compression system called Juxta CURES (medi UK) has been
successfully used to provide therapeutic compression on patients for whom compression bandages or hosiery were found to be unsuitable, not tolerated, or did not fit in with their lifestyle.

Institution
(Lawrence) Wirral University Teaching Hospital NHS Foundation Trust, Wirral, United Kingdom
Publisher
Wounds UK

3.
New developments in wound healing.
Gibbs S.
Nederlands Tijdschrift voor Dermatologie en Venereologie. 23 (9) (pp 551-555), 2013. Date of Publication: October 2013.
AN: 2014155401
In this review we introduce the exciting new field of regenerative medicine and tissue engineering. We focus on new developments for skin wound healing. Two examples are given on how tissue engineered constructs are being custom designed for optimal healing of different types of wounds. A potent autologous full thickness skin substitute (reconstructed epidermis on fibroblast populated dermis) has been shown to be safe for healing a variety of therapy resistant ulcers ((arterio)venous, decubitus, diabetic foot, and ulcers resulting from trauma wounds (major accidents, burns) or major surgery (abdominal). Currently a Phase 2 randomized multi-centre study is underway to confirm efficacy. A very different construct which is notably less potent has been developed for treating open traumatic (including burn) wounds and surgical wounds. This construct has been designed not only to speed up wound closure but importantly to reduce granulation tissue and therefore improve the final scar quality. It consists only of cultured keratinocytes and melanocytes - no fibroblasts are present. A phase 1 study is underway. Introducing tissue-engineered constructs into clinical studies requires full compliance with the current European regulations for advanced therapy medicinal products (ATMP). We also explain what this means for the translational scientist aiming to start a phase 1 clinical study.

Institution
(Gibbs) Departments of Dermatology, VU University Medical Centre, De Boelelaan 1117, 1081 HV Amsterdam, Netherlands
Publisher
DCHG Partners in Mediscne Communicatie (Hendrik Figeeweg 3G - 20, BG Haarlem 2031, Netherlands)

4.
Health economics information in wound care: The elephant in the room.
Carter M.J.
Objective: To describe the role of health economics (HE) in wound care in relation to coverage and reimbursement. Approach: Narrative description of key concepts with supporting references.

Results: The process of approval or clearance of wound care products within the U.S. regulatory framework often causes lack of high level of evidence regarding clinical outcomes. There is also a paucity of HE information and great reluctance to use such information (when it is available) by insurers and Centers for Medicare and Medicaid, as well as other health-care agencies. Cost-effectiveness (CE) studies are the most common type of HE study in wound care, and the most common outcomes are incremental CE ratios (ICERs). Interpretation of ICERs requires considerable judgment when results are not obvious and is hampered by lack of contemporary and useful benchmarks. While many lessons have been learned in applying CE to coverage and reimbursement decisions in other western countries - including transparency of decision-making and involvement of patients - there is still a major aversion to using CE in the United States. Applying CE to basic wound care and advanced therapeutics has the potential to decrease the costs of wound healing considerably. Innovation and Conclusions: Many CE approaches, including modeling, provide sufficiently detailed information that decision-makers can make informed decisions about wound care products in regard to coverage and reimbursement. The reluctance to use CE information in the United States, however, is likely to contribute heavily to the ever-increasing costs in wound care. Copyright 2013, Mary Ann Liebert, Inc. 2013.

Emotional and financial costs associated with stress and pain in two chronic leg ulcer patients.

Upton D.


AN: 2013759110

This article presents case reports relating to two very different leg ulcer patients. They were both interviewed to explore the emotional and financial costs associated with their chronic wound conditions. Their experiences of living with a chronic wound were discussed, and pain and stress levels were measured. As pain can be perceived as a stressor, potentially leading to depressive disorders (Wales, 2006; Coutts et al, 2008), the patients were asked to recount the emotional and financial costs associated of living with their chronic wounds. The case studies indicate that the financial costs to the individual and the health service relate to more than just the direct costs of wound treatment and include the psychosocial consequences of such conditions.

Institution

(Upton) Department of Health Psychology, University of Worcester, Worcester, United Kingdom

Publisher

Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)
6. Nonhealing venous leg ulcers in primary care: Clinical significance of training, knowledge, treatment, and healing.
White R., Brown A., Whayman N.
AN: 2013759143
Institution
(White) Wounds UK, United Kingdom  (White) Department of Tissue Viability, University of Worcester, Worcester, United Kingdom
(Brown) East of England Strategic Health Authority, Cambridge, United Kingdom
(Whayman) Your Healthcare CIC, Tolworth Hospital, Tolworth, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

7. Audit of the use of compression hosiery in two NHS Trusts.
Stephen-Haynes J., Sykes R.
AN: 2013759134
Background: Compression therapy is integral in the treatment and prevention of venous and lymphovenous disorders. Methods: An audit of 42 nurses from Worcestershire Health and Care Trust and Worcestershire Acute Hospitals Trust was conducted to identify factors influencing decision making when selecting compression hosiery. Results: The most common reason given for using compression hosiery was to prevent ulcer recurrence, and the majority reported using British Standard off-the-shelf hosiery. Nurses were most likely to have their compression hosiery selection influenced by patient concordance. Conclusion: While there was evidence of sound practice, particularly in terms of the use of compression hosiery to prevent chronic venous disease progression, this study highlights a need for practice development and education for nurses in the use and selection of compression hosiery.
Institution
(Stephen-Haynes) Department of Tissue Viability, Birmingham City University, United Kingdom
(Stephen-Haynes, Sykes) Worcestershire Health and Care NHS Trust, Stourport-on-Severn, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)
8. Lindsay Leg Club Foundation update.
Young T.
Wounds UK. 9 (3) (pp 90), 2013. Date of Publication: 2013.
AN: 2013732546
Institution
(Young) Lindsay Leg Club Foundation, Cardiff, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

9. Pressure ulcer prevention in the seated patient: Adopting theatre practices to protect skin integrity.
Bateman S.D.
Wounds UK. 9 (3) (pp 71-75), 2013. Date of Publication: 2013.
AN: 2013732543
Skin integrity, its assessment, management and prevention of deterioration is the responsibility of all healthcare workers. Maintenance of good skin integrity is everyone's business and we need to regroup and refocus if harm to patients' skin integrity is to be avoided (Bateman, 2013). This article will focus on the prevention of pressure ulcers within the seated patient, specifically in the lower extremities, highlighting the need to explore innovative ways of managing this patient group, and asking if we can adopt theatre surfaces in the patient journey.
Institution
(Bateman) South Tees NHS Hospitals Foundation Trust, Middlesbrough, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

Risse A.
AN: 2013503786
Introduction: The word "compliance" describes the following of behavioural instructions from doctors. Most often these instructions apply to more or less intensive lifestyle changes for the patient. Discussion: Attempts to change the lifestyle of patients have been, on the whole, unsuccessful. Non-compliance results in poor treatment outcomes. This leads to various reactions on the part of the therapist from frustration to aggression. The expression "noncompliant" often has negative connotations and implies that the patient has such a thing as a free will or - assuming he has a free will - a lack of will to behave in a healthy way. This problem complex will be described with regard to the treatment of chronic wounds. Schattauer 2013.

Institution
(Risse) Diabeteszentrum, Medizinische Klinik Nord, Klinikum Dortmund GGMbH, Münsterstr. 240, 44145 Dortmund, Germany
Publisher
Schattauer GMBH (Hoelderlinstr 3 Stuttgart D-70174, Germany)

11.
Treatment process way of patients with chronic wounds in Germany. Results of a prospective study in 100 patients with chronic leg ulcers. <Versorgungswege von Patienten mit chronischen Wunden in Deutschland. Resultate einer prospektiven Studie bei 100 Patienten mit chronischem Ulcus cruris.>

Stoffels-Weindorf M., Von Der Stuck H., Klode J., Dissemond J.
Phlebologie. 42 (4) (pp 183-188), 2013. Date of Publication: 2013.
AN: 2013503782
Introduction: Chronic leg ulcers present a challenge to both patients and those treating them. Various specialists with particular areas of interest will be involved in the treatment of patients with chronic wounds at different times. Hardly any studies on the treatment pathways for patients with chronic leg ulcers in Germany are to be found in the current literature. Patients and Methods: We ascertained the treatment pathways of 100 patients who presented to our wound centre because of chronic leg ulcers. Data were collected prospectively by taking a history using a specially developed questionnaire and review of any available documentation. Results: On average, patients with chronic leg ulcers presented to our wound centre 17.5 months after the first appearance of the lesion. Patients with recurrent ulcers came significantly earlier (10.6 months) than patients with a primary lesion (22.6 months); patients with inflammatory disease presented after an average of 9.1 months. Patients with severe pain came after 16.5 months, while patients with less painful ulcers took 19.4 months. Overall, 47 % of the patients consulted their general practitioners in the first instance, 28 % a dermatologist, 10 % a general surgeon, 3 % an internal specialist and 2 % a vascular surgeon, while 10 % presented directly to our outpatient clinic. Discussion: Our data show that patients with chronic leg ulcers do not attend a tertiary care wound centre until, on average, they have undergone 1.5 years of usually unsuccessful treatment. Factors indicating an early presentation are an inflammatory aetiology, individual prior experience, and severe pain. To prevent wounds becoming chronic and to reduce the risk of refractory lesions, patients with delayed or impaired wound healing should be referred to a specialist or a dedicated wound centre within eight weeks at most. Schattauer 2013.

Institution
12.
Germany - Significance of complex decongestive therapy in wound bed preparation for leg ulcers: Practical implementation at the Foldi Clinic.
Oberlin M.
AN: 70959362
The whole patient must be taken into consideration when treating chronic wounds, rather than just the wound in the leg; i.e. the cause, and patient-centered concerns must also be addressed. Why and how do we treat chronic wound patients at the Foldi Clinic? The lymphatic system is a complex and important part of our immune-surveillance and plays a vital role in all complex wound healing processes. All three vascular systems are involved at every phase of wound healing. Peri-wound i.e. localized lymphedema in acute and chronic wounds is increasingly recognized as a major inhibiting factor in wound healing. Dye-injection studies in open wounds have demonstrated a significant reduction in lymphatic channel regeneration compared to arterial and venous angiogenesis. One of the most important inhibiting factors in wound healing is the lack of oxygen. Skin cells are living Brady trophic and can survive ischemia for two hours. Wound treatment means inducing a systemic and/or local improvement in oxygen delivery. One of the first questions that must be addressed is the quality of the systemic oxygen situation in the wound patient. Stopping smoking is the first step in improving healing. The pulmonary situation must be examined. After spirometry tests, we check oxygen saturation and exclude sleep apnea syndrome in close cooperation with a pulmonologist. Next we analyse the patient's cardiac situation. Echocardiography and ultrasound of the pleura and vena cava and measuring NT-proBNP provide an overview of right and left cardiac chamber sufficiency. Blood is tested for anemia; there is a delay in wound healing if hemoglobin levels are below 10 g% and healing is often not possible if hemoglobin levels fall below 7g%. Pressure is approximately 80 mmHg or more if the dorsalis pedis pulse is present. The brachial index of the ankle is measured with small Doppler ultrasound devices. In order for healing to occur, blood flow must have an ABI over 0.5. For patients with metabolic condition information on the vibration sense is established with a tuning fork test. Thyroid hormone levels, vitamin B12, blood sugar, HbA1c and sometimes autoantibodies are measured in order to exclude other systemic disturbing factors in wound healing. Nutrition is analysed by measuring protein and albumin levels. Serum albumin levels below 30gr/L delay healing. Iron and zinc levels are measured and a consultation with a dietician, or the initiation of
substitution therapy is initialized if necessary. In order to assess and support the management of patient-centered problems it is important to treat wound pain, if present. Unresolved pain can negatively affect wound healing and decreases quality of life. Pain activates the sympathetic branch of the autonomic nervous system and thus leads to tissue hypoxia and increased Cortisol levels. Pain has also negative effects on the lymphatic system with consecutive lymphangiospasms. Systemic treatment with opiates and a careful choice of local wound pads are sometimes required at the outset of wound treatment. With questionnaires on anxiety; depression and quality of life we detect serious psychological problems which may prohibit wound healing. An extended exudative, i.e. inflammation phase is one of the typical problems in chronic wound patients, with maceration of the skin around the wound. This is caused by necrosis and a high bacterial load, and frequently also by concomitant edema caused by venous hypertension, right heart insufficiency or lymphedema. Strong exudation with high levels of matrix-metalloproteinases demolishes the extracellular matrix. Maceration of the wound edge leads to disturbances in microcirculation with a lack of epithelisation, and is in turn aggressive to healthy skin. Removing excess chronic wound fluid is thought to remove inhibitory factors present in the fluids. Studies have shown that fluids removed from chronic wounds suppress the proliferation of keratinocytes, fibroblasts and vascular endothelial cells in vitro. Strong and extended exudation can be treated locally with highly absorbent wound pads, negative pressure therapy and by treating concomitant edema with manual lymph drainage and compression therapy. Manual lymph drainage improves tissue fluid absorption, i.e. lymph formation. This manual technique increases activity in the lymph collectors i.e. lymph transportation and decreases the pathologically high pressure in lymph vessels and interstitium. Complex decongestive therapy (CDT) improves diffusion and carbon dioxide evacuation. This therapy improves the venous and lymphatic transport capacity. Reducing the edema decreases local hypercapnia and leads to reduced tissue acidosis. With compression therapy a measurable reduction in elevated serum levels for VEGF and tumor necrosis factor alpha can be detected and it thus parallels the healing of venous leg ulcers. In patients undergoing compression therapy there is a measurable improvement in the tight junctions between endothelium cells and an associated reduction in perivascular edema. Individually adapted physiotherapy programs play an active role in the prevention of relapse through improvement of the muscle and joint pumps, the reduction of restricted dorsal extension in ankle motion and improvement of the patient’s general gait. Educating patients in measures for self-treatment increases compliance with the treatment plan. Patients receive instruction in skin care and disinfection measures, chiropody and nail care is explained, some manual lymph drainage techniques and the technique of bandaging are taught in small groups. The patient is informed about the importance of ankle mobility. If a leg ulcer is not completely closed we provide contact with a Home Care Service in order to continue treatment at home. Debridement is often required for local wound care because denatured matrix and cell debris impair healing. We use autolytic, enzymatic and mostly mechanical debridement until an intact extra-cellular matrix is viable in the wound base. Topical antiseptic solutions are reserved for wounds in which the local bacterial load is of greater concern than the stimulation of healing. The treatment of infection or inflammation is important in addition to debridement. Increased exudation or pain, fragile granulation tissue and strong odor are symptoms of infection. High bacterial concentrations cause increased inflammatory cytokines and proteases. This leads to a decrease in growth factor activity and impairs the healing environment. Anti-inflammatories, protease inhibitors or topical or even systemic antimicrobials are necessary in order to achieve a low bacterial concentration and reduce inflammation. Moisture balance is a central problem in inflammation and the exudative phase of wound healing. Desiccation slows epithelial cell migration, but excessive fluid causes maceration of the wound base and margin. Frequent
changing of wound pads facilitates local treatment but CDT is a wonderful method for reducing excessive fluid and maceration. Predicting the speed of healing is possible: A 20 - 40 % reduction of wound area in 2 to 4 weeks is a reliable predictive indicator of healing. A 50 % reduction in ulcer area at 12 weeks of treatment is a good predictor of complete wound healing. If the edge of the wound is non-advancing, is undermined or exudates strongly despite CDT, complementary methods such as negative pressure therapy are used in preparation for plastic surgery. Negative pressure therapy increases local blood flow and promotes neoangiogenesis and granulation tissue. Intermittent suction leads to wound conditioning. Close cooperation with the Plastic and Lymphological Surgery Department at the University Clinic Freiburg shortens the time to wound closure. The combination of the holistic view together with long experience in edema treatment and a close cooperation with specialized surgery leads to good results for chronic leg ulcers.

Institution
(Oberlin) Germany
Publisher
Service de Kinesitherapie

13. Introducing leg ulcer telemedicine into rural general practice.
Summerhayes C., McGee J.A., Cooper R.J., Ghauri A.S.K., Ranaboldo C.J.
Wounds UK. 8 (2) (pp 28-36), 2012. Date of Publication: June 2012.
AN: 2012471569
Background: Leg ulcers are a common problem and the cause of significant morbidity. Their treatment is estimated to cost 600m per year, placing an enormous burden on NHS resources. The introduction of a telemedicine system for the care of leg ulcers has the potential to reduce ulcer duration, total care episode cost and patient cost. Aims: To look at the impact of introducing a leg ulcer telemedicine (LUTM, SAASoft Ltd) system on conventional leg ulcer care in a rural general practice. Methods: A retrospective analysis was undertaken of all patients presenting with a non-healing wound on their lower leg (knee to malleolus) of at least one month's duration in one rural general practice between December 2006 and December 2007. Patient, primary care and secondary care costs were compiled. Following this baseline audit, a telemedicine system was introduced and the same data was collected prospectively for a further year. Results: After the introduction of LUTM, patient travel cost fell (from 68 to 49 per patient), primary care cost remained unchanged (from 357 to 353 per patient), secondary care cost increased (from 226 to 263 per patient) and procedure cost remained the same. GP input fell from 83% to 24% of patients and secondary care involvement rose from 45% to 60% of patients. The median time for the healing for leg ulcers was reduced from 105 to 70 days. Conclusion: The introduction of LUTM to this rural general practice improved leg ulcer care through improved communication, assessment and treatment, objective evidence of response to treatment and increased secondary care involvement. This has resulted in faster healing rates and is cost-effective. As a result of these findings, the authors intend to introduce LUTM to local general practices across the region.

Institution
Pritchett T., Little L.
AN: 2012391288
Institution
(Pritchett) BioPharmaceutical Emerging Best Practices Association (BEBPA), United States
Publisher
BioProcess International (Suite 400A, Westborough MA 01581, United States)

15. Assessing the use of simulated wounds in nurse education.
Stephens M., Jones D.
Wounds UK. 8 (1) (pp 74-80), 2012. Date of Publication: March 2012.
AN: 2012239261
In the past, nursing students only had access to classroom theory to develop their wound care knowledge. In the project detailed here, simulated wounds were developed to teach nursing students at the University of Salford about tissue viability management, as part of a Vice Chancellor’s funded project. The aim was to design a collection of simulated wounds that accurately replicated the features of actual wounds, including realistic wound beds, periwound areas and exudate. While being overseen by clinicians, nursing students were tasked with developing essential skills and competencies using these models. This project was evaluated through regular feedback from the perspective of both lecturers and students.
Institution
(Stephens) School of Nursing Midwifery and Social Work, University of Salford, Greater Manchester, United Kingdom  (Jones) MakeupSFX Workshop, Liverpool, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)
16. Modernising leg ulcer services through preventing recurrence.
Dowsett C.
AN: 2012239258
Leg ulcers are common and expensive to treat, with the quality of care varying widely across different areas. The introduction of nurse-led community-based clinics has shown increased ulcer healing rates and lowered rates of recurrence. The author assesses the benefits of following this model of care and explains how providers can set up a business case for service redesign.
Institution
(Dowsett) East London NHS Foundation Trust, London, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

17. Major ozonated autohaemotherapy in the treatment of limb ulcers not responding to conventional therapy.
De Monte A., Gori C.
AN: 2012088694
Chronic leg ulceration significantly impacts on the individual's health status. It is also a major financial burden on the national healthcare system. The maintenance of chronic ulcer is the result of an equilibrium imbalance between local tissue demand and systemic metabolic supply. The effect of this pathological condition leads to an increase in free radical production overwhelming the scavenging capacity of physiological antioxidant defence mechanisms. The reduction of oxygen free radicals concentration removes one of the major causes hindering the healing of chronic ulcer. Blood ozonation is recognised to induce a strong oxidative stress which causes an oxidative preconditioning that increases the efficacy of endogenous oxygen free radicals' scavenging properties. After a brief review of the pathophysiology of cicatrization and ozone properties, we document a significant number of patients who did not respond to conventional treatment, yet were successfully cured with major ozonated autohaemotherapy.
Institution
(De Monte) Anaesthesia and ICU Department, Azienda Ospedaliero-Universitaria, P.zzale S. Maria della Misericordia, 33100 Udine, Italy  (Gori) PASS Outpatients Clinic, Udine, Italy
Publisher
Centauro SRL (Via del Pratello, 8, Bologna 40122, Italy)
Weck M., Slesaczeck T., Rietzsch H., Munch D., Nanning T., Paetzold H., Florek H.-J., Barthel A., Weiss N., Bornstein S.
Therapeutic Advances in Endocrinology and Metabolism. 2 (6) (pp 247-255), 2011. Date of Publication: December 2011.
AN: 2011703998

Foot ulcers are a major complication in patients with diabetes mellitus and involve dramatic restrictions to quality of life and also lead to enormous socio-economical loss due to the high amputation rate. The poor and slow wound healing is often aggravated by the frequent comorbidity of foot ulcers with peripheral arterial disease, making the treatment of this condition even more complicated. While the local treatment of foot ulcers is mainly based on mechanical relief and prevention or treatment of infection, improving perfusion of the impaired tissue remains the major challenge in peripheral arterial disease. While focal arterial stenosis is the domain of interventional angioplasty or vascular surgery, patients with critical limb ischemia and lacking options for revascularization have a much worse prognosis, because current treatment options avoiding amputation are scarce. However, based on recent research efforts, there is rising hope for promising and more-effective therapeutic approaches for these patients. Here, we discuss the current improvements of established therapies aimed at an improvement of limb perfusion, as well as the development of novel cutting-edge therapies based on stem-cell technology. The experiences of a 'high-volume center' for treatment of diabetic foot syndrome with a current major amputation rate of 4% are discussed. SAGE Publications 2011.

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(Rietzsch, Barthel, Weiss, Bornstein) Medizinische Klinik und Poliklinik III, Technische Universität Dresden, Universitätsklinikum Carl Gustav Carus, Dresden, Germany
(Munch, Nanning) Medizinische Klinik II, Weiseritztal-Kliniken GmbH Freital/ Dippoldiswalde, Freital, Germany
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Publisher
SAGE Publications Ltd (55 City Road, London EC1Y 1SP, United Kingdom)

Gibson E.
Wounds UK. 7 (3) (pp 110), 2011. Date of Publication: September 2011.
20. Changes in the provision of effective wound care within the prison services.
Cook L.
Wounds UK. 7 (2) (pp 66-70), 2011. Date of Publication: June 2011.
AN: 2011425399
Nursing in the prison service is an emerging area of practice and the benefits nurses provide to patients/prisoners' mental health and physical well-being is widely recognised. This article highlights some of the common wounds seen in prisons and discusses the unique challenges of addressing tissue viability in this specific environment, where patients often have a range of complex health problems, including mental health issues and drug dependency.
Institution
(Cook) School of Human and Health Sciences, University of Huddersfield, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

21. Functioning and quality of life of patients with leg ulcers treated at dermatology wards.
Baczyk G., Talarska D., Zawirska A., Bryl A., Adamski Z.
AN: 2011370503
Introduction: Crural ulcers occur in 17-20% of adults and are directly related to age - they rarely occur before the age of 60. With duration exceeding 9 months in over 50% of cases and a high relapse rate (more than 2 in 3 cases) they pose a major therapeutic and social problem. The cause of this disease is not only venous insufficiency, but also disorders of arteries, diabetes or even rheumatoid arthritis. All these elements make the therapy more complicated, which pushes up its costs. Chronic crural ulcers are often a cause of psychological discomfort, which may lead to depression and further exacerbate social isolation of patients suffering from this disease. Aim: The aim of this study is to demonstrate the association between quality of life and severity of the
disease as well as patient self-care, mobility and social activity. The aforementioned aspects may be modified by properly planned patient care; hence the importance of validation of the influence of different factors on patients' quality of life. To assess the functioning of living and quality of life of patients with leg ulcers. Material and methods: The study group consisted of patients diagnosed with chronic leg ulcer, according to the CEAP (Clinical, Etiologic, Anatomic, Pathophysiologic) classification adopted by the American Venous and International Society of Vascular Surgery in 1994. The research was conducted in the Department of Dermatology of Poznan Regional Hospital (in- and outpatient clinics). The examined group consisted of 85 patients suffering from leg ulcers or varicose veins. The group consisted of 85 patients (51% women). The average age was 63.97 +/-12.76. Patients were given a questionnaire with questions divided into two sections. The demographic section contained questions regarding age, gender, education, place of living, marital status, offspring, and cohabitants. The second part included clinical data concerning patient's history, symptoms and diagnostics. Clinical information was used to assess the degree of venous insufficiency severity according to different classifications: clinical, aetiological, anatomical, and pathophysiological. Patients with crural ulcers also completed the CIVIQ questionnaire. Conclusions: Chronic Venous Insufficiency Questionnaire is a questionnaire for measuring quality of life. It consists of 20 questions in 4 areas: physical, psychological, social and pain. Research on the evaluation of the functioning and quality of life of patients with leg ulcers in patients treated at dermatology wards showed very poor functioning and poor quality of life of patients.

Institution

Publisher
Termedia Publishing House Ltd. (Kleeberqa St.2, Poznan 61-615, Poland)


In February 2011, a multidisciplinary group of clinicians and researchers met at the Wounds International conference in Cape Town, South Africa, ahead of a consensus meeting in Geneva in May 2011. The aim of the meeting was to explore patient wellbeing in relation to wound management. Several themes were discussed and are presented in this article. The key points raised will form the starting point of the consensus meeting which will aim to provide three key stake holders - clinicians, healthcare organisations and industry - with a framework to ensure that patient wellbeing is optimised when delivering effective wound management.
23. Regenerative medicine: A paradigm shift in healthcare.
Werner M., Ruffin M., West E.
AN: 2011224296
The regenerative medicine market offers phenomenal opportunities for growth in the next few decades. However, there are still major issues to be addressed to enable this nascent industry to truly flourish, especially with regard to investment and the attitudes of regulatory agencies and reimbursement bodies in an area which is relatively new to them.
Institution
(Werner) Holland and Knight LLP, United States   (Werner, Ruffin, West) Alliance for Regenerative Medicine, United States
(Ruffin) Adjuvant Global Advisors (AGA), United States
Publisher
RJ Communications and Media Ltd. (39 Vineyard Path, Mortlake London SW14 8ET, United Kingdom)

24. Wound healing and nutrition: Going beyond dressings with a balanced care plan.
Gruen D.
Journal of the American College of Certified Wound Specialists. 2 (3) (pp 46-49), 2010. Date of Publication: September 2010.
AN: 2011094619
As the largest organ of the body, the human skin protects all subcutaneous tissues. Despite its many attributes, the skin is vulnerable to pressure ulcers. The number of pressure ulcers and venous leg ulcers is on the rise, but healing rates have not improved over the past decade. The
reason may be a tendency to focus on one or two fundamentals of wound healing, but not on all 3 fundamentals equally. The 3 fundamentals of wound healing are (1) pressure relief and nursing care, (2) dressings, and (3) nutrition. Nutrition is the area that is most often overlooked, which commonly causes the care plan to be out of balance. In the United States, few clinicians would consider malnutrition to be an issue in the homecare and long-term care setting, yet nutritional status and risk for pressure ulcer formation are well documented and strongly correlated. Our aging population will continue to survive previously catastrophic events, only to present with pressure ulcers or the potential for developing pressure ulcers. Clinicians caring for residents with pressure ulcers must strike a balance between pressure relief, dressings, and nutrition. Functional gastrointestinal-tract impairments must be diagnosed and addressed. Wounds must be treated aggressively with high-protein calorically-balanced diets because wounds heal from the inside out. 2010 Elsevier Inc. All rights reserved.

Institution
(Gruen) Rx Nutritional Solutions, LLC, Indianapolis, IN 46250, United States
Publisher
Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)

25. Leg club update.
Lister A.
AN: 2011005640
Institution
(Lister) Aberlour Health Centre, Aberlour, Moray, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

MeReC Bulletin. 21 (1) (pp 1-7), 2010. Date of Publication: July 2010.
AN: 2010444814
Systematic reviews of advanced wound dressings have repeatedly highlighted the paucity of high-quality studies using clinically relevant endpoints. There is insufficient high-quality evidence to distinguish between any of the advanced wound dressings used in the management of chronic wounds. There is reasonable evidence that hydrocolloid dressings are more effective than conventional gauze dressings in healing pressure ulcers. However, there is no evidence that they are more effective than simple low-adherent dressings when used under compression for the treatment of venous leg ulcers. There is no robust clinical evidence that dressings containing
antimicrobials (e.g. silver, iodine or honey) are more effective than unmedicated dressings for the prevention or treatment of wound infection. Unless the use of a specific dressing can be adequately justified on clinical grounds, it would seem appropriate for NHS health professionals to routinely choose the least costly dressing of the type that meets the required characteristics (e.g. size, adhesion, conformability, fluid handling properties, etc.) and is appropriate for the type of wound and its stage of healing. Indiscriminate use of topical antimicrobial dressings should also be discouraged because of concerns over bacterial resistance and toxicity.

Publisher
National Prescribing Centre (70 Pemboke Place, Liverpool L69 3GF, United Kingdom)

| 27. The role of education in developing tissue viability to meet the Quality Agenda. Ousey K. Wounds UK. 6 (2) (pp 94-98), 2010. Date of Publication: June 2010. AN: 2010405227 It is essential that practitioners involved in tissue viability and wound care are kept informed of new developments and maintain their skills ensuring that care interventions are evidence-based and auditable. Education is a vehicle to transfer the knowledge and skills required by registered and unregistered practitioners to promote a healthcare service that has quality at the heart of everything done. Healthcare professionals are accountable to maintain their professional knowledge and competency. As healthcare priorities change, so must the content of education delivered to tissue viability practitioners. Institution (Ousey) Department of Nursing and Health Studies, Centre for Health and Social Care, University of Huddersfield, Huddersfield, United Kingdom Publisher Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom) <td colspan=""”>

| 28. A rare cause of ulcer. <Une cause rare d’ulcere.> Guyot-Caquelin P., Dupuy De Fonclare A.-L., Couderc A., Cinquetti G., Veran Y. Nouvelles Dermatologiques. 29 (4 PART 1) (pp 204-205), 2010. Date of Publication: April 2010. AN: 2010284558 We report the case of a woman who presented a severe ulceration on her leg after a cat's bite with a carriage of Pasteurella multocida. She had no history of veinous or arteritic disease. The case resolved with an adapted antibiotic therapy. Institution |
29.
Electrical stimulation therapy for treatment of chronic wounds: Principles and clinical results.
Larena-Avellaneda A., Diener H., Herberger K., Augustin M., Debus E.S.
Gefasschirurgie. 15 (4) (pp 256-261), 2010. Date of Publication: July 2010.
AN: 2010453321
Background: Electrical fields and currents can be detected in many (patho-)physiological processes. In wound healing, potentials and galvanic currents play an essential role. In chronic wounds, these events are disturbed. Electrical stimulation therapy (ES therapy) is based on the simulation of physiological effects. Material and methods: The theoretical backgrounds are described, and personal experiences and the preliminary results of a retrolective study are presented. Results: The effects of ES therapy both in vitro and in vivo have been shown and are varied and complex. On the genetic level, distinct signal transduction pathways have been described. ES therapy was evaluated in six centers, with 95 patients treated. Most of them (65.3%) suffered from leg ulcers or diabetic foot ulcers (14.7%). Successful treatment of these chronic wound was noted in 74% of the patients. Adverse effects (erythema, maceration) occurred in 15.8%. Conclusion: Clinically, ES therapy seems to be a valuable alternative for treating chronic wounds. Our results have encouraged us to initiate a prospective multicenter study. 2010 Springer-Verlag.
Institution
(Larena-Avellaneda, Diener, Debus) Klinik und Poliklinik für Gefamedizin, Universitäres Herzcentrum Hamburg (UHZ), Universitätsklinik Eppendorf, Martinistr. 52, Hamburg 20251, Germany
(Herberger, Augustin) Institut für Versorgungsforschung in der Dermatologie und bei Pflegeberufen, Comprehensive Wound Center (CWC), Universitätsklinik Eppendorf, Hamburg, Germany
Publisher
Springer Verlag (Tiergartenstrasse 17, Heidelberg D-69121, Germany)

30.
Who is the failure: The patient or the healthcare system?.
Juraja M.J.

Page 18
31.
Hyperbaric oxygen therapy.
Shah J.
AN: 2010500261
Hyperbaric oxygen is a treatment in which a patient breathes 100% oxygen intermittently while inside a treatment chamber at a pressure higher than at sea level pressure (ie, >1 atm). In certain circumstances, it represents the primary treatment modality, whereas in others it is an adjunct to surgical or pharmacologic interventions. After reviewing all the scientific evidence available to date, the Undersea and Hyperbaric Medical Society, in its latest publication, Hyperbaric Oxygen Therapy Indications (12th ed.), recommends 13 indications for hyperbaric oxygen therapy. Several of these indications are related to our practice of wound care. The article discusses these indications in detail. 2010 Elsevier Inc. All rights reserved.
Institution
(Shah) South Texas Wound Associates, PA, San Antonio, TX, United States
Publisher
Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)

32.
Medical partnership does not devalue specialty.
Sanderson H., Conway R., Edwards S., Salter M.
Wounds UK. 6 (1) (pp 156), 2010. Date of Publication: March 2010.
AN: 2010226175
Institution
(Sanderson, Conway, Edwards, Salter) Wound Management Team, Southend, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)
Farah R.S., Davis M.D.P. 
AN: 2010330928 
Selecting the appropriate treatment for venous leg ulcerations is essential for optimal wound healing and patient quality of life. Compression therapy remains the mainstay of treatment for these wounds. Compression methods should be carefully selected and tailored for compatibility with patients' daily life. Pain management should not be neglected. When response to compression therapy is limited, adjuvant therapy such as medication, debridement, or surgical procedures should be considered on an individual basis. Springer Science+Business Media, LLC 2010. 
Institution 
(Farah, Davis) Medical School, University of Minnesota, 420 Delaware St SE, Minneapolis, MN 55455, United States 
Publisher 
Current Science Ltd (34-42 Cleveland Street, London W1P 6LB, United Kingdom) 

34. Dermatological experience at the Moroccan mobile field hospital in Brazzaville, Congo. <Experience dermatologique de l'hôpital marocain de campagne à Brazzaville, Congo.> 
Boui M., Lemnaouer A. 
Medecine Tropicale. 69 (1) (pp 13-17), 2009. Date of Publication: February 2009. 
AN: 2011655315 
As part of a humanitarian relief mission, Morocco set up a mobile field hospital in Brazzaville Congo from February 22, 2006 to March 23, 2006. Analysis of data collected at a cost-free outpatient dermatology clinic demonstrated local characteristics in comparison with conventional dermatologic practice. A total of 1217 patients including 473 women, 451 men, and 293 children were examined. The five most frequent disorders affecting children were infectious disease, atopic eczema, keloids, toxidermias, and genodermatosis. In addition to these diseases, adults presented sexually transmitted infections, benign and malignant tumors, lichen, leg ulcers, elephantiasis of the external genitalia and lower extremities, and complications related to the use of skin lighteners. Historical pathology was found in 1% of the general population. 
Institution 
(Boui) Service de Dermatologie, Hopital Militaire d'Instruction Mohammed V, Rabat, Morocco 
(Lemnaouer) Laboratoire de Microbiologie, Hopital Militaire d'Instruction Mohammed V, Rabat, Morocco 
Publisher 
Institut de Medecine Tropicale (BP 46, Marseille - Armees 13998, France)
35. Embracing the palliative care aspects of peripheral artery disease (PAD): The vascular surgeon's perspective.
Ketteler E.R., Maxfield K.O.
Progress in Palliative Care. 17 (5) (pp 237-244), 2009. Date of Publication: October 2009.
AN: 2009550401
The words 'palliative care' do not immediately conjure images of a surgeon, especially not a vascular surgeon performing a complicated aorto-iliac or carotid revascularization. However, the relationship between vascular surgery care and palliative care is not foreign. In day-to-day vascular practice, patient care is not generally curative but rather palliative as the goals of many vascular interventions are symptom management. Here, we propose that peripheral artery disease should gain a rightful place among palliative care diseases. To achieve such a goal, palliative care practitioners need to recognize the palliative needs of patients with peripheral artery disease. Also, vascular disease care providers need to feel comfortable implementing the tenets of palliative care (enhancing quality of life with symptom management, optimizing patient-oriented decision-making, and encouraging realistic goal setting) as they care for patients with vascular disease. Embracing the palliative care aspects of vascular disease will thus require a multidisciplinary approach to best address all aspects of suffering in peripheral artery disease: the physical, the psychological, the spiritual, and the social. W.S. Maney & Son Ltd 2009.
Institution
(Ketteler) Department of Surgery, Raymond G. Murphy New Mexico Veterans Administration Medical Center, University of New Mexico, 1501 San Pedro SE (112), Albuquerque, NM 87108, United States (Ketteler, Maxfield) Department of Surgery, University of New Mexico, Albuquerque, NM, United States
Publisher
Maney Publishing (Suite 1C, Joseph's Well, Hanover Walk, Leeds LS3 1AB, United Kingdom)

36. Massage therapy: Implications for pharmaceutical care.
Smith W.D., Lal L.S.
AN: 2009535755
One in six American adults received massage therapy in 2006, with nearly 40% of the population having received at least one massage in their lifetime. The age group with the highest usage is between the ages of 21 and 34 years; suggesting that the popularity of massage therapy will only continue to grow. In 2007, there were over 240,000 trained massage therapists in the United States, which represents a 27% increase in 2 years. In 2004, the U.S. Department of Health and
Human Services reported that nearly one-half of all people take at least one prescription medication and one in six take three or more medications. Unlike those that receive massages, the largest consumer of prescription medications are those over the age of 65. A recent systematic review of ambulatory patients found the median incidence of adverse drug events (ADEs) to be 14.9 (range 4.0-91.3) per 1,000 person-months. One mechanism to reduce the likelihood for ADEs is for health care professionals to perform an adequate medication given orally, and massage does not affect the absorption of the drug. However, if the drug is given by injection, the area should not be massaged for at least 2 hours. Copyright 2000-2009 Jobson Medical Information LLC unless otherwise noted. All rights reserved.

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Jobson Publishing Corporation (100 Avenue of the Americas, New York NY 10013-1678, United States)

37.
An assessment of expectations of patients with stasis ulcers of lower extremities, remaining under the care of family physicians, according to their family members and/or caretakers and the realization of treatment goals. <Ocena oczekiwan podopiecznych praktyk lekarzy rodzinnych z owrzodzeniami goleni względem rodziny/opiekunow oraz ich realizacji.>
Drzastwa W., Lukas W., Mizgala E., Matuszewska-Zbronska H., Bujak-Rosenbeiger E., Tomczyk A., Adamik K.
Dermatologia Kliniczna. 11 (2) (pp 79-82), 2009. Date of Publication: June 2009.
AN: 2009372185
Introduction: Stasis ulcers of lower extremities represent a serious health problem in a daily practice of family physicians. In order to get a better understanding of the needs of patients’ with stasis ulcers of lower extremities, we designed a study focusing on recognition of the expectations of this patients’ population, according to their family members and/or caretakers perceptions. Simultaneously, this design allowed us to prepare a management strategy that was directed towards building mutual relationships and improving therapeutic effectiveness. The aim of study: To assess the recognition of expectations of patients with stasis ulcers of lower extremities, according to their family members and/or caretakers, particularly in the areas of daily home activities, psychological support, financial help, and practical access to health care facilities, according to gender, age, and treatment course. To compare the expectations of these patients with opinions of their caretakers, with regard to the realization of treatment goals in the studied population. To evaluate the relation between the level of fulfillment of expectations of patients with stasis ulcers of lower extremities and their treatment results. Material and methods: The study subjects were recruited from 4 Family Physician Practices. A total number of 59 patients with acutely symptomatic stasis ulcers of lower extremities, including 44 (74.6%) women and 15 (25.4%) men, were included into the study. A mean age of the study participants was 63.7 (27-82) years. In this study, the proprietary questionnaire forms, addressing two groups of respondents: the patients and their family members and/or caretakers were used. Results:
According to the patients, the majority of expectations related to family members and/or caretakers concerned help with getting to medical consultations 43 (72.9%), relief in daily duties 39 (66.1%), support during illness 31 (52.5%), and devoting more time to the suffering patients 29 (49.2%). Opinions voiced by the family members and caretakers were in general concordant with the perceptions of patients, remaining under their care. This study has revealed a statistically significant differentiation of needs perceived by women versus men. The women were expecting that the family members and/or caretakers would relieve them of their daily duties, more significantly than the men. Fulfillment of all the expectations by family members and/or caretakers was reported by 49 (83.1%) of the questioned study patients.

Conclusions:
1. Knowledge of patients’ expectations as well as support from family and physician represent important elements that can positively affect the treatment course of stasis ulcers of lower extremities.
2. Family members and/or caretakers of patients with stasis ulcers of lower extremities have their sense of expectations that is in general concordant with the perceptions of patients remaining under their care.
3. Patients with stasis ulcers of lower extremities, whose wounds were healed during the observation period, displayed a significantly higher level of the fulfillment of expectations by their caretakers.

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Publisher
Cornetis (ul. Dlugosza 2-6, Wroclaw 51-162, Poland)
How can be managed, at home, on a territory far from any specialized referent service, daily care to legs ulcers by the proximity medical team? Who are these patients? Are HAS recommendations and professional consensus known, applied and possibly implemented? The work initiated from 2006 by the Reseau Arras Sante, multidisciplinary team, sets out to support patients and professionals in a pragmatic approach which aims to identify restraints and to allow best reference practices; most of unsuccessful care approaches can only find better Issue in a global view of the situation including each care compartment and involving each actor without forgetting the patient himself. Nouv Dermatol 2009.

Institution
(Caron, Riboulet) Reseau Arras Sante, Groupe Plaies Chroniques et Difficiles, 4 rue Anatole France, 62217 Achicourt, France
Publisher
Les Nouvelles Dermatologiques (1, rue Eugene et Armand Peugot, Rueil Malmaison Cedex 92856, France)

40.
New drugs approved by the FDA: Agents pending FDA approval - Supplemental applications filed by manufacturer. Significant labeling changes.
Baker D.E.
Hospital Pharmacy. 43 (6) (pp 512-516), 2008. Date of Publication: June 2008.
AN: 2009398721
Institution
(Baker) Drug Information Center, College of Pharmacy, Washington State University Spokane, PO Box 1495, Spokane, WA 99210-1495, United States
Publisher
Facts and Comparisons (111 W. Port Plaza, Ste. 300, St. Louis MO 6314603098, United States)

41.
Using compression therapy in complex situations.
Moffatt C.
AN: 2009008747
Patients presenting with ulceration will often have other chronic illnesses such as diabetes mellitus and osteoarthritis. Compression therapy remains the mainstay of treatment for the majority of these patients, although in some it will be contraindicated. This article stresses the importance of assessment of ulcer aetiology and will discuss the treatment of patients with ulceration who have complex health needs, including those with diabetes, rheumatoid arthritis,
haematological problems such as sickle cell anaemia, cardiac problems, and wounds caused by trauma.

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(Moffatt) Centre for Research and Implementation of Clinical Practice (CRICP), London, United Kingdom
Publisher
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42.
Never mind the bankers - The credit crunch will have a deep impact on our patients.
Timmons J.
AN: 2009008739
Institution
(Timmons) Department of Tissue Viability, Aberdeen Royal Infirmary, Gramplan Health Services, Aberdeen, United Kingdom
Publisher
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43.
Steps of practical management. <Etapes pratiques de la prise en charge.>
Le Pillouer-Prost A.
Nouvelles Dermatologiques. 27 (7 PART 2) (pp 19-27), 2008. Date of Publication: September 2008.
AN: 2008481209
In a more practical than didactic purpose, we are going to describe the successive steps of the management of a leg ulcer. The purpose is to reproduce the stages of the first consultation. Firstly it will be necessary to push aside diagnostic traps (positive and differential diagnosis), then to place the wound in its context (etiologic diagnosis), to grade it (diagnosis of gravity) and finally to build up a plan of treatment according to the various general and local therapeutic means at disposal. Nouv. Dermatol. 2008.
Institution
(Le Pillouer-Prost) Hopital Prive Clairval, 317 bd Redon, 13009 Marseille, France
Publisher
Les Nouvelles Dermatologiques
44.
FDA fast facts.
AN: 2008467121
Publisher
Jobson Publishing Corporation

45.
Experience proves you can get by with really simple things. The DGP guideline for venous leg ulcer in daily practice of phlebologists. <Die erfahrung zeigt, dass man mit ganz einfachem recht gut klar kommt. Die ulcus-cruris-venosum-leitlinie der Deutschen gesellschaft fur phlebolgie (DGP) im alltag phlebologischer praxen.>
Wollny A., Rieger M., Wilm S.
AN: 2008115394
Aim: The S 3-guideline concerning diagnosis and therapy of venous leg ulcers of the German Society for Phlebology (DGP) was tested for its acceptance and practicability in outpatient care exerted by phlebologists. Barriers for the implementation of the guideline's recommendations in actual health care were identified. Methods: Qualitative research using focus groups and interviews by telephone. Systematic content analysis of records and transcripts by two independent researchers. Results: Phlebologists regard the guideline of the DGP as a theoretical gold standard, not being in line with their actual daily work. Restraining factors for applying the guideline were seen in insufficient reimbursement systems, patients' compliance, and in several structural conditions. Evidence-based performance seems to play a minor role in daily practice. Conclusions: Barriers of implementation as well as detailed suggestions by the users will help to revise the guideline. 2008 Schattauer GmbH.
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Publisher
Schattauer GmbH
The surgical therapy of leg ulcers. Own experiences and results with the subfascial endoscopic perforator surgery. <Die chirurgische therapie des ulcus cruris. Eigene erfahrungen und ergebnisse mit der endoskopisch subfaszialen perforansdissektion.>
Biedermann H., Klocker J., Weithaler C., Larcher P., Fraedrich G.
AN: 2008074963

Chronic venous disease causing leg ulceration is an important socio-economic burden in western societies due to considerable patient discomfort and disability, loss of working days and high costs for a long-term therapy. Adequate treatment of venous ulcers requires competence in Angiology plus Vascular Surgery. Therapy aims at reduction of venous hypertension and promotion of ulcer healing. Improved and durable results of treatment are shown, if vein surgery is performed in addition to conservative strategies. Ulcer healing rates after subfascial endoscopic perforator surgery (SEPS) differ between 83% and 100%. Ulcer recurrence after a median observation period between 19.5 months and 5 years is seen in 0% to 27%. Using "Shave therapy" plus vein surgery in several studies, after a period between 9.5 and 51.5 months ulcer healing rates were 77.5 to 88%. However, secondary procedures after shaving were necessary in 28% on average. Fasciectomy and valve reconstruction of insufficient deep veins may be considered for persisting ulcers. Our own recent analysis included 103 consecutively operated legs with active or recently healed venous ulcers. After SEPS procedure, which was frequently combined with superficial vein surgery, 93% of ulcers healed after a median observation period of 3 years. Recurrent ulcers developed in 8% of patients, and 85% of the operated patients remained free of ulceration. Quality of life (QOL) is improved after ulcer healing. In our own series, 72% of patients with healed ulcers improved their QOL, in contrast to 45% in the group with persistent or recurrent ulcers. Only one third of the patients without improved QOL despite ulcer healing had discomfort related to surgery and / or ulcer scars. High ulcer healing rates after vein surgery, associated high patients acceptance and improved QOL indicate, that vein surgery is clearly beneficial for the majority of patients with venous leg ulceration. 2008 Springer Medizin Verlag.

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Publisher
Springer Verlag
Introduction. The treatment with oral pentoxifylline is the most studied systemic treatment for the medical resolution of the venous ulcers. Moreover, when combined with compression, it has been proved to be more effective than the compression alone. Aim. To assess the efficiency of 1,200 mg/day of pentoxifylline plus a compressive bandage in the treatment of the venous ulcers.

Materials and methods. Economic assessment through a cost-effectivity analysis. The comparators were the combined treatment of 1,200 mg/day of pentoxifylline plus compression therapy and the compression therapy alone. The scope of this study was out-patient treatment in Spain and the patients were assessed after both 8 and 24 weeks of treatment. The perspective of the analysis was that of the National Health Service. Model probabilities were obtained from published clinical trials. Results. At 8 weeks, 33.33% of patients using combined treatment were cured, versus 22.22% of the patients treated 'only with compression'. The most cost-effective or efficient regimen was the combined treatment with an incremental cost-effectivity ratio (ICER) of 282.1. At 24 weeks, 63.31% of the patients using the combined treatment were cured, versus 45.39% of the patients treated 'only with compression'. Again the most cost-effective regimen was the combined treatment, this time with an ICER of 524.7. The sensitivity analyses performed show the robustness of the model and present conclusions are still valid for changes in the effectiveness of a minimum of 5 and a maximum of 10 percentual points. Also we can lower the cost of the cure material more than 9 euros without changing the most efficient regimen.

Conclusions. The combined regimen, compressive therapy plus a pharmacological treatment with 1,200 mg/day of pentoxifylline, in addition to being more effective, is more cost-effective than the 'compressive treatment alone' when treating venous ulcers. 2007, Angiologia.

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(Marinello-Roura) Servicio de Angiologia Y Cirugia Vascular, Hospital de Mataro, CSdM, Ctra. Cirera, s/n, E-08304 Mataro (Barcelona). Spain

Publisher
Viguera Editores S.L.

48.
How measuring leg ulcers can empower and motivate.
Cooper R.
AN: 2008011217
This paper will discuss the value of measuring wounds in order to assess the effectiveness of treatment for venous leg ulcers. It will discuss the use of an electronic Leg Ulcer TeleMedicine system (LUTM) which can predict healing times of venous leg ulcers from measurements made during their treatment. Using case studies, it is shown that patients can be empowered and encouraged to continue with treatments when they can see a graphic representation of the
healing process. The system also provides an early indicator that a treatment is not working as well as it should and is in need of modification.

Institution
(Cooper) Salisbury Foundation NHS Trust
Publisher
Wounds UK

49. Some Nigerian plants of dermatologic importance. <Plantes nigerianes importantes sur le plan dermatologique.>
Ajose O.A.F.
AN: 2007524093
Background: According to the World Health Organization (WHO), 80% of the world’s population uses medicinal plants in the treatment of diseases and, in African countries, this rate is much higher. In recent years, however, medicinal plants have represented a primary health source for the pharmaceutical industry. No less than 400 compounds derived from plants are currently used in the preparation of drugs, such as vincristine and vinblastine used in the treatment of cancer. Nigerians still depend largely on crude herbal remedies or traditional medicine. They also use wild plants for cosmetics and perfumery. Some of these herbal remedies have been observed to be effective in certain skin diseases. Methods: The data were obtained from history questionnaires completed by patients at the Dermatology Clinic, Lagos State University Teaching Hospital (Lasuth), Ikeja, Lagos, Nigeria, and from oral interviews with vendors and prescribers of herbal preparations at major markets at Lagos and Ijebu-Ode in south-west Nigeria, between July 2004 and July 2006. Photographs of plants were taken at private residences at Lagos, Ibadan, and Ijebu-Ode in south-west Nigeria. A literature search was conducted on 38 of the plants. The data are presented in tabular form. Results: Sixty-five per cent of patients had applied some form of herbal remedy before attending our clinic. The reasons for consultation included relapses, unsustained relief, incomplete resolution, and post inflammatory hyperpigmentation. Lesions for which herbs were successfully applied included infantile eczema and seborrhoiec dermatitis, atopic eczema, impetigo, impetiginized eczema, tinea capitis, scabies, erythema multiforme, leg ulcers, localized vitiligo, and sexually transmitted diseases. Partial relief was achieved in dermatophytoses, ichthyosis, leprosy, and systemic lupus erythematosus (SLE). Some forms of alopecia, onychomycosis, and vitiligo, as well as allergic dermatoses, were not improved by herbal medicines. The preparation of the remedies was mostly by heating and boiling, infusion, and maceration. In most cases, mixtures of plants or other substances were used. The preparations were applied as poultices, ointments, baths, soaks and soaps, and oral fluids. The plants used included Adansonia digitata, Aframomum melegueta, Aloe species, Azadirachta indica, Cassia alata, Alstonia boonei, Ficus asperifolia, Cocos nucifera, Jatropha gossypypfolia, Ocimum gratissimum, Ricinus communis. A literature search on 38 of the plants used by herbal prescribers revealed the presence of established antimicrobial agents, immune modulating agents, antioxidants, other vitamins and minerals, volatile oils and emollients, and anti-
inflammatory agents. Some of the plants may be contaminated by mycotoxins because of poor storage. Conclusion: There appears to be clinical, scientific, and pharmacologic basis for the use of herbal preparations. Nigeria needs to provide effective coordination of the practice of herbal medicine to ensure safety, standardization, and preservation of the flora. Nouv. Dermatol. 2007.

Institution
(Ajose) Hopital d'Enseignement, Universite d'Etat de Lagos, Ikeja, Lagos, Nigeria
Publisher
Les Nouvelles Dermatologiques

50.
Rosidal mobil and Suprasorb X - A promising combination for the treatment of venous leg ulcers.
<Rosidal mobil und Suprasorb X - Eine erfolgversprechende kombination.>
Spengler M.
AN: 2007493606
Institution
(Spengler) Medical and Regulatory Affairs, Lohmann and Rauscher GmbH and Co. KG
Publisher
Schattauer GmbH

51.
Intermittent pneumatic compression: Guideline of the German Society of Phlebology.
<Intermittierende pneumatische Kompression: (IPK oder AIK) Leitlinie der Deutschen Gesellschaft fur Phlebologie.>
Wienert V., Partsch H., Gallenkemper G., Gerlach H., Junger M., Marschall M., Rabe E.
AN: 2007338833
Publisher
Viavital Verlag

52.
Results of a standard wound care program in a maximum care hospital. Where does the benefit lie?. <Ergebnisse der implementierung eines wundbehandlungsstandards im haus der maximalversorgung. Wo liegt der benefit?>
Karl T., Storck M.
AN: 2007224678
In Germany, over four million patients with chronic wounds are treated annually, with annual medical costs amounting to over 4 billion euro. A substantial proportion of these costs involve the inpatient treatment for crural ulcer, the causes of diabetic foot syndrome and decubitus ulcer. Modern, stage-appropriate wound care can reduce the costs of wound therapy by reducing the changing intervals for wound dressing and faster healing of the wound. Despite these advantages, modern wound care with hydroactive dressings is not established throughout Germany, and, in particular, is still too rarely used in the outpatient sector of modern wound therapy. The introduction of interdisciplinary treatment standards in a maximum care hospital leads to a quality increase in wound therapy by the consistent application of modern, stage-appropriate treatment. Unfounded therapy changes, in particular after transfers into another department, can be avoided. Apart from the medical advantages, logistic and legal aspects also speak for the introduction of a wound treatment standard. 2007 Springer Medizin Verlag.

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Publisher
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53.
Timmons J.
AN: 2007166683
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Publisher
Wounds UK

54.
Baier P.-M., Daopulos A., Miszczak Z.T., Konig N. 
AN: 2007092390 
Aims and methods. From January to December 2004, all 237 patients treated by ESDP were ascertained and assessed with reference to a special ESDP questionnaire. We modified the ESDP procedure by insufflating gas, which enlarges the subfascial space, making it possible to dissect inadequate perforating veins. Such veins are diagnosed, the deep veins in the legs are assessed, and the points at which the epifascial veins are inadequate are marked exclusively by means of color duplex sonography. Re-examination of 201 patients, or 85 %, was possible after 6 weeks, 6 months and 1 year. Results. In 70% of cases the treatment was combined with an epifascial operation. In 6% there was dysaesthesia; sensory deficits of the saphenous nerve were obvious after 1 year in 1.5%; and calcaneal medial nerve lesions were observed in 1% of cases. Postoperative hematomas occurred in 17 patients (8.5 %); 1 patient needed an additional operation for a subfascial hematoma. Impaired wound healing was observed in 1.5% of cases, which was managed by conservative treatment except in 1 patient, in whom a subfascial abscess had to be incised. One high-risk patient (0.5%) developed a deep vein thrombosis in the postoperative period. After 12 months, 82% of the patients re-examined had fewer symptoms of congestion. Of the ulcer cases, 89% were discharged with a completely integrated meshgraft transplant; after a year we observed ulcer recurrence in 16% of them, and patients with postthrombotic syndrome were affected twice as often as those with primary valvular incompetence. After 1 year we discovered new or persisting incompetent perforating veins in 13% of these patients. In contrast, we found that in patients with valvular incompetence resulting from postthrombotic syndrome the recurrence rate was twice as high, at 26%. Overall, we found the tendency to improved venous haemodynamics and a better clinical condition was confirmed in three-quarters of our patients. Conclusion. Because of the good long-term results associated with a low rate of complications when a standardized in-patient treatment regimen is followed, ESDP has meant a welcome extension to the range of surgical operations available in established specialized phlebosurgical units. 2007 Springer Medizin Verlag. 
Institution 
(Baier, Daopulos, Miszczak, Konig) Chirurgische Abteilung, Venen-Clinic, Bad Neuenahr-Ahrweiler, Germany (Baier) Chirurgische Abteilung, Venen-Clinic, Hochstrasse 23, 53474 Bad Neuenahr-Ahrweiler, Germany 
Publisher 
Springer Verlag 
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55. 
Talking to older people in care homes: Perceptions of their pain and their preferred management strategies. Results of a pilot study. 
Schofield P.
This paper describes a qualitative study that was conducted within the care home setting to determine the pain experiences of residents, their preferred strategies, and the staff attitudes and understanding about pain. An exploratory cross sectional study within six care homes within one district was conducted using several methods of data collection. The residents and staff were interviewed and a questionnaire given to a random sample of staff. Several key themes were identified by residents, including a reluctance to report pain, acceptance that pain is normal and low expectations of help from medical interventions, fear of chemical or pharmacological interventions, age-related perceptions of pain, and lack of awareness of potential pain relieving strategies. Staff interviews highlighted that they wanted to know if the residents were in pain, wanting to do more, and an interest in using complementary therapies. Recommendations are made for further research in this area. Copyright Freund Publishing House Limited.

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Publisher
Freund Publishing House Ltd

56.
Hermanns H.J., Schwahn-Schreiber Ch., Waldemann F.
Phlebologie. 35 (4) (pp 199-203), 2006. Date of Publication: September 2006.
AN: 2007111951

Objective: Today scientifically well founded and successful methods for surgical treatment in venous leg ulcers are available. The study-group Surgical Treatment in Venous Leg Ulcers of the German Society of Phlebologie checked by current long-term results, the use by German vascular centers and the long experience of her members the importance of the different surgical methods. The results of the conferences Wien 2005 and Berlin 2006 are summarized as a consensus document. Methods: Three therapeutical concepts in the treatment of venous leg ulcers are available: varicose vein surgery or endovenous techniques; methods including the fascia cruris (fasciotomy and fasciectomy) and shave therapy or other local treatments. Results: Varicose vein surgery and endovenous techniques are suited to eliminate primary or secondary varicose veins. Currently, the indication for treatments of incompetent perforator veins changes. In Germany only 0.8% are managed by SEPS. Fasciotomy is declining too. Shave-therapy in treatment of non-healing leg ulcers shows good long-term results. Fasciectomy is reserved for special indications (deep transfascial necrosis, failure of shave therapy). Conclusion: The
repertoire of surgical treatments in the therapy of venous leg ulcers is sufficient. Importance and indication of the different methods are changing. 2006 Schattauer GmbH.

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(Hermanns) Praxis fur Gefasmedizin and Integrierte Versorgung Gefasmedizin Krefeld, Neue Linner Strase 86, 47799 Krefeld
Publisher
Schattauer GmbH

57.
Which technique do you use to heal leg ulcers?. <Quelle technique dans la cicatrisation des ulcères de jambe? La pressotherapie negative par Vacuum assisted closure.>
Debure C.
AN: 2006520122
Institution
(Debure) Service de Reeducation Vasculaire, HEGP-Broussais, 96 rue Didot, 75674 Paris Cedex 14, France
Publisher
John Libbey Eurotext

58.
Patients will pay for NHS' short-sighted penny-pinching.
Beldon P.
Wounds UK. 2 (2) (pp 8), 2006. Date of Publication: June 2006.
AN: 2006519398
Institution
(Beldon) Tissue Viability, Epsom Hospital, Epsom and St. Helier NHS Trust (Beldon) Tissue Viability Nurses Association
Publisher
Wounds UK
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<td>(Jackson) British Society of the History of Pharmacy, United Kingdom</td>
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<td>(Mealy, Bayes) Prous Science, P.O. Box 540, 08080 Barcelona, Spain</td>
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<td>Incidence and prevalence of venous leg ulcers in the general practice.</td>
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<td>AN: 2005441783</td>
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<td>Institution</td>
<td>(Wilm, Meidl) Abteilung fur Allgemeinmedizin, Universitatsklinikum, Heinrich-Heine-Universitat, Dusseldorf, Germany  (Wilm) Abteilung fur Allgemeinmedizin, Universitatsklinikum, Moorenstrase 5, 40225 Dusseldorf, Germany</td>
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62.
Oral and cutaneous myiases caused by Chrysomya bezziana.
Chan T.-L., Yan K.-L., Yien L.-C., Yuen W.-C.
AN: 2005300796
Human myiasis is the invasion or infestation of the human body and tissues by Diptera larvae or maggots. It is an uncommon condition in Hong Kong. The first reported cutaneous myiasis in Hong Kong was in September 2002. We report two more cases of myiasis, one involving the labial mucosa of a lower lip and another involving a venous ulcer on the ankle. Both were caused by the same obligatory parasite, Chrysomya bezziana.
Institution
(Chan, Yan, Yien, Yuen) Department of Surgery, Ruttonjee Hospital, Queen's Road East, Wanchai, Hong Kong SAR, Hong Kong
Publisher
Blackwell Publishing Ltd

63.
The curious therapies of leg ulcers: Historical reflections. <Die merkwürdigen therapien des ulcus cruris: Medizinhistorische betrachtungen über jahrhunderte hinweg.>
Hach W.
AN: 2005281238
People have always suffered from chronic leg ulcers, certainly also in former times. However, about that point no traditions are known. With the old Greeks the local therapy played a dominating role. In old Rome operations were already carried out which were based on the pathophysiological principles of our time. Then the Middle Ages brought in a lot of superstition and magic to the ulcer therapy: The components of the waters, ointments and impacts led to the extreme of the >>mud pharmacy<<. However, at last our representations of this time are based on single written compositions. The popular medicine with its rich experiences and good success was transmitted always only personally, by the mother on the daughter, from generation to generation. And about that point there is no literature. Unfortunately!
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The differential diagnosis of venous leg ulcers includes a broad spectrum of primary or secondary ulcerating skin diseases, which may be a clue for severe underlying illness. The spectrum includes different kinds of vaskulopathies, physical or chemical injuries, infectious, neuropathic, haematological, metabolic diseases, clotting disorders, ulcerating skin diseases and tumours. All leg ulcers which are not typically for a venous ulcer and which may show a protracted healing should undergo a dermatological consultation. The most important additional investigation will be a biopsy from the border of the ulcer.

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(Jurecka) Dermatologische Abteilung, Wilhelminenspital der Stadt Wien, Montleartstrasse 37, A-1160 Wien, Austria

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Pharmacist-led dermatology clinics can improve prisoners' quality of life.

Tucker R.


AN: 2004224491

Institution
(Tucker) PrimeCare FMS, HMP Moorland, Doncaster, United Kingdom

Publisher
67.
Advice for community pharmacists on how to order and dispose of maggots.
Thomas S.
AN: 2004137368
Institution
(Thomas) Biosurgical Research Unit, United Kingdom
Publisher
Pharmaceutical Press

68.
Leg ulcers between DRG's and budget. <Ulcus cruris zwischen DRG's und budget.>
Balschun U.
AN: 2004081317
Institution
(Balschun) GSG Consulting GmbH, Herne, Germany  (Balschun) Facharzt fur Allgemeinmedizin, Phlebologie Fa. GSG Consulting GmbH, Westring 303, 44629 Herne, Germany
Publisher
Viavital Verlag

69.
Simka M.
AN: 2004127759
Objective. The majority of studies focused on economic aspects of venous ulcers are cost-utility analyses, where costs are assessed in monetary value, and benefits are given in gained quality adjusted life years. Measurement of willingness to pay (WTP) for the treatment of venous ulcers is an alternative way to assess the value of the change in quality of life (QoL) related to the
healing of the ulceration. Adjuvant pharmacological therapy for venous leg ulcers has been demonstrated to reduce the economic impact of the disability by increasing the number of healed venous leg ulcers, and by reducing the healing time. The aim of the study was to assess the WTP for the adjuvant treatment of venous ulcer. Patients and method. Twenty-one patients with open venous ulceration managed in an outpatient angiological clinic. WTP for each patient was estimated using open-ended contingent valuation questions. Patient were asked how much they would be willing to pay for additional pharmacological treatment if the ulcer had healed: within 3 months, within 1 month, or if it had healed two times quicker. The following were also estimated: clinical severity of the ulceration, and economic status of the patient (monthly household income, monthly income per capita, and patient's expenses for other drugs). Results. It was found that patients' incomes were not only low (45% of average incomes in Poland), but additionally patients spend nearly one quarter of their incomes on the treatment of coexisting diseases. The WTP values ranged from 5 to 62.5 (median - 25), and these were 1.4 to 41.7% of monthly household post-tax income, and 2.4 to 41.7% of monthly post-tax income per capita. There were no zero values for WTP. An average patient was prepared to pay monthly 9.7% of household post-tax income to shorten the time of healing of the ulcer. Conclusions. WTP for the treatment of venous ulcers was relatively high. The high WTP values for the treatment of venous ulcers could be explained by extreme decrease in QoL related to the presence of the ulcer. However, the incomes of these patients were low, and were additionally reduced, as patients had to cover high expenses associated with the treatment of coexisting diseases. All these facts suggest that the financial support given to these patients by the government or the health care system should be mandatory.

Institution
(Simka) Department of Angiology, Pszczyna, Poland
Publisher
Editions ESKA

Peripheral arterial disease in diabetes: Time for a co-ordinated approach to management.
Krentz A.J., Mani R., Shearman C.P.
AN: 2003349002
Peripheral arterial disease (PAD) is a major manifestation of systemic atherosclerosis. A close association between PAD and diabetes mellitus has long been recognised. Substantial morbidity results from PAD-related intermittent claudication, ulceration and critical limb ischaemia, culminating for some patients in limb loss or death. While effective lifestyle and pharmacological treatments are available for intermittent claudication these approaches are widely underutilised. Surgical intervention is indicated in relatively few patients with stable intermittent claudication. However, the high risk of premature death from the consequences of generalised atherosclerosis, notably coronary heart disease, mandates identification and treatment of modifiable cardiovascular risk factors. Sub-optimal management of cardiovascular risk in patients with PAD may reflect disparate and poorly co-ordinated care. Among patients with diabetes, PAD poses
additional dangers, arterial insufficiency being a major, and possibly underestimated, component of diabetic foot disease. The combination of PAD and diabetic neuropathy is common, particularly in the elderly, resulting in impaired infection control and delayed healing of foot ulcers. PAD may also cause ischaemic ulcers. The contribution of PAD to duration of hospitalisation and longer-term clinical outcomes remains uncertain. There appears to be scope for improving the efficiency of clinical care for patients with PAD. A co-ordinated multi-disciplinary approach is required to deliver optimal care to these patients. Modifiable cardiovascular risk factors should be identified and treated. Deficiencies in podiatry and related services in the UK need to be addressed.

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(Krentz, Mani, Shearman) Southampton General Hospital, Tremona Road, Southampton SO16 6YD, United Kingdom
Publisher
MediNews (Diabetes) Ltd

71.
Herzig R., Florek H.J.
Phlebologie. 31 (3) (pp 69-72), 2002. Date of Publication: 2002.
AN: 2002326763

We are presenting our results and experiences with the therapy of 36 venous leg ulcers. In conclusion we are suggesting to use a simple flow diagram, which contents the procedures paratibial fasciotomy, ulcer shaving and fasciectomy depending on the local findings. The role of vacuum sealing will be discussed. With the demonstrated therapy regime we achieved a primary ulcer healing rate of 93% and a rate free of recurrence of 83%.

Institution
(Herzig, Florek) Klinik fur Gefachirurgie, Krankenhaus Dresden Friedrichstadt, Friedrichstrasse 41, 01069 Dresden, Germany
Publisher
Schattauer GmbH

72.
The effect of polarized light on wound healing (1999 EURAPS paper).
Vanscheidt W.
AN: 2002099005
Institution
73.
Setting up wound dressing guidelines: Avoiding the pitfalls.
Morgan D.
AN: 2004342793
Institution
(Morgan) Pharmaceutical Public Health, North Wales Health Authority, Preswylfa, Hendy Road, Mold, Flintshire CH7 1PZ, United Kingdom
Publisher
Surgical Materials Testing Laboratory

74.
Van Engeldorp Gastelaars J., Gottgens-Jansen W.
AN: 2000196541
Publisher
Kon. Ned. Mij. ter Bevordering der Pharmacie (KNMP)

75.
Chronic wounds: Strategies for prophylaxis and care. <CHRONISCHE WUNDEN: STRUKTURELLE STRATEGIEN FUR PROPHYLAXE UND VERSORGUNG.>
Mohr V.D., Panfil E.-M., Klein M., Zirngibl H.
AN: 1998209642
For Germany, estimates of the number of patients suffering from chronic wounds range from 1,9-3,1 million. In-patient treatment alone causes minimal costs of 1,9 billions Deutsch Marks. The German system of care for chronic wounds needs continuity between out-patient and in-patient care sectors, cooperation between the medical and the nursing professions as well as coordination between different medical specialties. Studies proved the clinical and economical benefit of co-sectoral and co-professional care structures. Following these examples, professionals of all health care sectors, insurance companies, educational and scientific institutions are required to install innovative co-sectoral, co-professional, evidence-based care structures in order to improve the quality of care for chronic wounds in Germany.

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Publisher
Karl Demeter Verlag GmbH (Rudigerstr. 14, Stuttgart D-70469, Germany)

AN: 1999233084
As physical-therapeutic measure the compression therapy is part of the basic therapy in the case of phlebologic diseases. Still there is disagreement about length of compression, use of the adequate means of compression as well as technique applied using different means of compression. A multiple-choice-survey was carried out among physicians in private practice in Saxony-Anhalt. The response rate being 20.2 %, significant data was collected regarding the sort of dressing technique of the different stages of CVI I-III, the application of external therapy in the case of ulcerus cruris venosum, the use of hydrocolloid dressings, the diagnosis of elastic stockings, the technique and length of compression after variosclerosation and variotomcy respectively, the question of compression during pregnancy and in the case of hypotonus.

Institution
(Cornely, Preusser, Kappelmeyer, Fischer, Enke, Marsch) Facharzt Haut-u. Geschlechtskrankh., Phlebologie, Lymphologie, Wagnerstrasse 15, 40212 Dusseldorf, Germany

Publisher
Viavital Verlag