O'Donnell TF Jr; Passman MA; Marston WA; Ennis WJ; Dalsing M; Kistner RL; Lurie F; Henke PK; Gloviczki ML; Eklof BG; Stoughton J; Raju S; Shortell CK; Raffetto JD; Partsch H; Pounds LC; Cummings ME; Gillespie DL; McLafferty RB; Murad MH; Wakefield TW; Gloviczki P; Society for Vascular Surgery; American Venous Forum.
UI: 24974070
Status
MEDLINE
Authors Full Name
O'Donnell, Thomas F Jr; Passman, Marc A; Marston, William A; Ennis, William J; Dalsing, Michael; Kistner, Robert L; Lurie, Fedor; Henke, Peter K; Gloviczki, Monika L; Eklof, Bo G; Stoughton, Julianne; Raju, Sesadri; Shortell, Cynthia K; Raffetto, Joseph D; Partsch, Hugo; Pounds, Lori C; Cummings, Mary E; Gillespie, David L; McLafferty, Robert B; Murad, Mohammad Hassan; Wakefield, Thomas W; Gloviczki, Peter; Society for Vascular Surgery; American Venous Forum.
Date Created
20140728
Year of Publication
2014
Success after treatment of periprosthetic joint infection: a Delphi-based international multidisciplinary consensus.

Diaz-Ledezma C; Higuera CA; Parvizi J.
[Journal Article. Practice Guideline]
UI: 23440616

BACKGROUND: The lack of agreement regarding what constitutes successful treatment for periprosthetic joint infections (PJI) makes it difficult to compare the different strategies of management that are used in clinical practice and in research studies.

QUESTIONS/PURPOSES: The aims of this study were to create a consensus definition for success after PJI treatment, and to provide a universal, multidimensional framework for reporting of studies regarding PJI treatment.

METHODS: A two-round basic Delphi method was used to reach a consensus definition. We invited 159 international experts (orthopaedic surgeons, infectious disease specialists, and clinical researchers) from 17 countries to participate; 59 participated in the first round, and 42 participated in the second round. The final definition consisted of all statements that achieved strong agreement (80% or greater of participants considering a criterion relevant for defining success).

RESULTS: The consensus definition of a successfully treated PJI is: (1) infection eradication, characterized by a healed wound without fistula, drainage, or pain, and no infection recurrence caused by the same organism strain; (2) no subsequent surgical intervention for infection after reimplantation surgery; and (3) no occurrence of PJI-related mortality (by causes such as sepsis, necrotizing fasciitis). The Delphi panel agreed to defining midterm results as those reported 5 or more years after the definitive PJI surgery, and long-term results as those reported 10 or more years after surgery. Although no consensus was reached on the definition of short-term results, 71% of the participants agreed that 2 years after the definitive PJI surgery is acceptable to define it.

CONCLUSIONS: This multidimensional definition of success after PJI treatment may be used to report and compare results of treatment of this catastrophic complication.

LEVEL OF EVIDENCE: Level V, therapeutic study. See Guidelines for Authors for a complete description of levels of evidence.

Crawford PE; Fields-Varnado M; WOCN Society.
[Journal Article. Practice Guideline]
UI: 23222969
This article summarizes the WOCN Evidence-Based Clinical Practice Guideline for Management of Wounds in Patients with Lower Extremity Neuropathic Disease. It is intended for use by physicians, nurses, therapists, and other health care professionals who work with adults who have or are at risk for, lower-extremity neuropathic disease (LEND), and includes updated scientific literature available from January 2003 through February 2012. The full guideline contains definitions of lower extremity neuropathic disorders and disease, prevalence of the problem, relevance and significance of the disorders, as well as comprehensive information about etiology, the nervous system, pathogenesis, and the overall management goals for patients at risk for developing neuropathic foot ulcers. A detailed assessment section describes how to conduct a full clinical history and physical examination. The guideline also provides two approaches to interventions. The first focuses on prevention strategies to reduce the risk of developing LEND wounds or recurrence, including life-long foot offloading, routine dermal temperature surveillance, use of adjunctive therapies, medication management, and implementing lower extremity amputation prevention measures and patient self-care education. The second approach summarized LEND wound management strategies including wound cleansing, debridement, infection management, maintenance of intact peri-wound skin, nutrition considerations, pain and paresthesia management, edema management, offloading and management of gait and foot deformity, medication management, surgical options, adjunctive therapies, patient education, and health care provider follow-up. A comprehensive reference list, glossary of terms, and several appendices regarding an algorithm to determine wound etiology, pharmacology, Lower Extremity Amputation (LEAP) Program, diabetes foot screening and other information is available at the end of the guideline.

Status
MEDLINE
Authors Full Name
Fields-Varnado, Myra; WOCN Society.
Institution
Crawford,Penny Ellen. Atlantic Shores Wellness Clinic, Virginia Beach, VA, USA.
Date Created
20130103
Year of Publication
2013

6.
Kelechi TJ; Johnson JJ; WOCN Society.
[Journal Article. Practice Guideline]
UI: 23138493
This article provides an executive summary of the lower extremity venous disease (LEVD) evidence-based guideline produced by the WOCN Wound Guidelines Task Force. The target audience for this guideline is health care professionals who specialize in, direct, or provide wound care for patients at risk for or with lower-extremity venous disease. The full guideline opens with an overview of definitions of LEVD, its prevalence, clinical relevance, etiology, related physiology and pathophysiology, and overall management goals for patients at risk for developing venous leg ulcers. A detailed assessment section describes how to conduct a full clinical history and physical examination. Two approaches to interventions are provided: one addresses prevention strategies to reduce the risk of developing LEVD with ulcers. Methods to prevent ulcer recurrence are summarized including compression therapy, adjunctive therapies, medications, and patient education. A second approach presents treatment interventions including wound cleansing, debridement, infection control, antibiotic use, along with management of the periwound skin, nutrition, pain, and edema. This section also discusses limb elevation, surgical options, adjunctive therapies, patient education, and health care provider follow-up. A comprehensive reference list, glossary of terms, and appendices on cellulitis and venous eczema, types of edema, and compression therapy are available at the end of the guideline. This article provides an executive summary of the essential features of the guideline.
Status
MEDLINE
Authors Full Name
Johnson, Jan J; WOCN Society.
Institution
Kelechi, Teresa J. Medical University of South Carolina College of Nursing Charleston, SC, USA.
Date Created
20121109
Year of Publication
2012

7. Specific guidelines on wound and wound-bed management 2011.
Game FL; Hinchliffe RJ; Apelqvist J; Armstrong DG; Bakker K; Hartemann A; Londahl M;
Price PE; Jeffcoate WJ; International Working Group on Diabetic Foot.
[Journal Article. Practice Guideline]
UI: 22271743
Status
MEDLINE
Sanchez Alvarez C; Zabarte Martinez de Aguirre M; Bordeje Laguna L; Spanish Society of Intensive Care Medicine and Coronary Units-Spanish Society of Parenteral and Enteral Nutrition (SEMICYUC-SENPE).
Medicina Intensiva. 35 Suppl 1:42-7, 2011 Nov.
Gastrointestinal surgery and critical illness place tremendous stress on the body, resulting in a series of metabolic changes that may lead to severe malnutrition, which in turn can increase postsurgical complications and morbidity and mortality and prolong the hospital length of stay. In these patients, parenteral nutrition is the most widely used form of nutritional support, but administration of enteral nutrition early in the postoperative period is effective and well tolerated, reducing infectious complications, improving wound healing and reducing length of hospital stay. Calorie-protein requirements do not differ from those in other critically-ill patients and depend on the patient's underlying process and degree of metabolic stress. In patients intolerant to enteral nutrition, especially if the intolerance is due to increased gastric residual volume, prokinetic agents can be used to optimize calorie intake. When proximal sutures are used, tubes allowing early jejunal feeding should be used. Pharmaconutrition is indicated in these patients, who benefit from enteral administration of arginine, omega 3 and RNA, as well as parenteral glutamine supplementation. Parenteral nutrition should be started in patients with absolute contraindication for use of the gastrointestinal tract or as complementary nutrition if adequate energy intake is not achieved through the enteral route. Copyright 2011 Sociedad Espanola de Medicina Intensiva, Critica y Unidades Coronarias (SEMICYUC) and Elsevier Espana, S.L. All rights reserved.
Status
MEDLINE
Authors Full Name
Zabarte Martinez de Aguirre, M; Bordeje Laguna, L; Spanish Society of Intensive Care Medicine and Coronary Units-Spanish Society of Parenteral and Enteral Nutrition (SEMICYUC-SENPE).
9.
Skin tear prevention and management among patients in the acute aged care and rehabilitation units in the Australian Capital Territory: a best practice implementation project. [Review]
Lopez V; Dunk AM; Cubit K; Parke J; Larkin D; Trudinger M; Stuart M; Joanna Briggs Institute.
UI: 22093391
BACKGROUND: A skin tear is a traumatic wound that results from the separation of the skin layers due to shearing forces, friction or blunt trauma that affects all people. Numerous preventative measures aim to reduce the skin tears and minimise conditions that predispose the epidermis to injury. With the increasing elderly population in acute aged care, implementation of an evidence-based guideline is critical as changes to ageing skin integrity make this population more susceptible to skin tear.
AIMS/OBJECTIVES: The aim of this project was to ensure the practice of skin tear assessment, prevention and management among acute aged care causes and rehabilitation patients was performed according to best available evidence.
METHODS: This project utilised a pre- and post-implementation audit design using the Joanna Briggs Institute Practical Application of Clinical Evidence System and Getting Research into Practice programs. The project was conducted from June to November 2010 with the audits conducted in the acute aged care and rehabilitation units of two public hospitals in the Australian Capital Territory involving a sample size of 96 patients at pre-audit and 95 patient at post-audit admitted during the audit period. A convenience sample of 20 nurses also consented to be observed. The audits were conducted after obtaining ethics approval and consent from patients and nurses.
RESULTS: The results showed a significant change in compliance to the skin tear guidelines at post-implementation audit. Staff education in particular had a dramatic increase from 20% to 98% and the point prevalence rate of hospital-acquired skin tear decreased from 10% to 0.15%.
DISCUSSION/CONCLUSION: This project emphasised the importance of education of all personnel involved in patient care and that a simple assessment of skin integrity is critical in preventing and managing skin tear especially among the susceptible elderly population.
Status
MEDLINE
10.
Miles D; Bridgewater J; Ellis P; Harrison M; Nathan P; Nicolson M; Raouf S; Wheatley D; Plummer C.
UI: 21135762
Concise guidance is lacking for the use of bevacizumab by practicing oncologists. Eight oncologists with experience of bevacizumab were joined by a cardiologist interested in treating hypertension to develop practical guidelines for managing patients receiving bevacizumab, using available clinical data.
Status
MEDLINE
Authors Full Name
Bridgewater, J; Ellis, P; Harrison, M; Nathan, P; Nicolson, M; Raouf, S; Wheatley, D; Plummer, C.
Institution
Miles,D. Mount Vernon Cancer Centre, London.
Date Created
20101207
Year of Publication
2010
<td colspan=""/>
Transcutaneous oximetry in clinical practice: consensus statements from an expert panel based on evidence. [94 refs]
Fife CE; Smart DR; Sheffield PJ; Hopf HW; Hawkins G; Clarke D.
[Consensus Development Conference. Journal Article. Practice Guideline]

UI: 19341127

Transcutaneous oximetry (PtcO2) is finding increasing application as a diagnostic tool to assess the peri-wound oxygen tension of wounds, ulcers, and skin flaps. It must be remembered that PtcO2 measures the oxygen partial pressure in adjacent areas of a wound and does not represent the actual partial pressure of oxygen within the wound, which is extremely difficult to perform. To provide clinical practice guidelines, an expert panel was convened with participants drawn from the transcutaneous oximetry workshop held on June 13, 2007, in Maui, Hawaii.

Important consensus statements were (a) tissue hypoxia is defined as a PtcO2 <40 mm Hg; (b) in patients without vascular disease, PtcO2 values on the extremity increase to a value >100 mm Hg when breathing 100% oxygen under normobaric pressures; (c) patients with critical limb ischemia (ankle systolic pressure of < or =50 mm Hg or toe systolic pressure of < or =30 mm Hg) breathing air will usually have a PtcO2 <30 mm Hg; (d) low PtcO2 values obtained while breathing normobaric air can be caused by a diffusion barrier; (e) a PtcO2 <40 mm Hg obtained while breathing normobaric air is associated with a reduced likelihood of amputation healing; (f) if the baseline PtcO2 increases <10 mm Hg while breathing 100% normobaric oxygen, this is at least 68% accurate in predicting failure of healing post-amputation; (g) an increase in PtcO2 to >40 mm Hg during normobaric air breathing after revascularization is usually associated with subsequent healing, although the increase in PtcO2 may be delayed; (h) PtcO2 obtained while breathing normobaric air can assist in identifying which patients will not heal spontaneously.

[References: 94]

Status
MEDLINE

Authors Full Name
Smart, D R; Sheffield, P J; Hopf, H W; Hawkins, G; Clarke, D.

Institution
Fife, C E. Department of Medicine, Division of Cardiology, University of Texas Health Science Center Houston, TX 77030, USA.

Date Created
20090403

Year of Publication
2009

Guidelines to aid healing of acute wounds by decreasing impediments of healing.
Franz MG; Robson MC; Steed DL; Barbul A; Brem H; Cooper DM; Leaper D; Milner SM; Payne WG; Wachtel TL; Wiersema-Bryant L; Wound Healing Society.
[Journal Article. Practice Guideline]
Expert Working Group.
[Consensus Development Conference. Journal Article. Practice Guideline]
UI: 18713128
Status
MEDLINE
Authors Full Name
Expert Working Group.
Date Created
20080820
Year of Publication
2008
<td colspan=""">

14. Duplex ultrasound and efficacy criteria in foam sclerotherapy from the 2nd European Consensus Meeting on Foam Sclerotherapy 2006, Tegernsee, Germany. [9 refs]
Breu FX; Guggenbichler S; Wollmann JC; Second European Consensus Meeting on Foam Sclerotherapy.
[Consensus Development Conference. Journal Article. Practice Guideline]
UI: 18512547
RATIONALE: The spread of foam sclerotherapy has resulted in the renaissance of sclerotherapy as a non-invasive treatment method for varicosis. An expanded European expert committee meeting in Tegernsee in April 2006 was prompted by new findings and continuous further development of the method and worked especially on the topics "The role of (duplex) ultrasound in Foam sclerotherapy" and "Evaluation of therapeutic effects of foam Sclerotherapy". It was felt that these criteria are "non-specific" to foam sclerotherapy and would possibly also be suitable for other endovenous ablative procedures. The organisers of the 2nd European Consensus Meeting on foam sclerotherapy (2nd ECMFS) were then asked to publish these recommendations in this separate publication. The entire recommendations of the 2nd ECMFS are published in an extensive overview in this journal (VASA 2008; 37; Supplement 71: 1-32).

METHODOLOGY: The 29 participants were sent a comprehensive questionnaire in advance covering all the relevant aspects of foam sclerotherapy. The organisers drew up various preliminary statements on the basis of the results. During the meeting itself the participants revised and/or approved and/or rejected these statements. For the "non-specific" topics, two working groups were given the task of conducting the concluding assessment of these items. Their final results were presented in March and April 2007.

RESULTS: For foam sclerotherapy, duplex ultrasound is important in pre-treatment diagnosis, treatment monitoring/guidance, post-treatment efficacy evaluation and surveillance. In the pre-treatment diagnosis of varicose veins, the exact localisation of the insufficient saphenous, communicating and perforating veins is important. Duplex ultrasound is the accepted gold standard for this purpose. The application of ultrasound imaging during foam sclerotherapy increases the safety of accessing the vein in certain indications, and it can help when making a decision concerning the foam volumes to be injected, the patients' position or specific movements the patients should perform. Following treatment, the findings of duplex ultrasound, the clinical findings and the patients' symptoms can be arranged according to the recommended definitions. This allows grading of the therapeutic outcome and enables a better comparability between different treatment protocols or different treatments. Besides the evaluation of treatment success, duplex ultrasound is the method of choice to exclude or confirm complications such as deep venous thrombosis or disease progression. [References: 9]

Status
MEDLINE
Authors Full Name
Guggenbichler, S; Wollmann, J C; Second European Consensus Meeting on Foam Sclerotherapy.
Institution
Breu,F X. Praxis fur Gefassmedizin am Tegernsee, Rottach-Egern, Germany. f.x.breu@t-online.de
Date Created
20080602
Year of Publication
2008
<td colspan=""
Wienert V; Gerlach H; Gallenkemper G; Kahle B; Marshall M; Rabe E; Stenger D; Stucker M; Waldermann F; Zabel M.
[Journal Article. Practice Guideline]
UI: 18093215
Status MEDLINE
Authors Full Name Gerlach, Horst; Gallenkemper, Georg; Kahle, Birgit; Marshall, Markward; Rabe, Eberhard; Stenger, Dietmar; Stucker, Markus; Waldermann, Franz; Zabel, Maria.
Institution Wienert, Volker. Department of Dermatology of the Medical Faculty, University of Aachen (RWTH), Pauwelsstrasse 30D-52074 Aachen, Germany. avwienert@web.de
Date Created 20080430
Year of Publication 2008

17. Guidelines for the prevention of lower extremity arterial ulcers.
Hopf HW; Ueno C; Aslam R; Dardik A; Fife C; Grant L; Holloway A; Iafrati MD; Misare B; Rosen N; Shapshak D; Slade JB Jr; West J; Barbul A.
18. Guidelines for the prevention of venous ulcers.
Robson MC; Cooper DM; Aslam R; Gould LJ; Harding KG; Margolis DJ; Ochs DE; Serena TE; Snyder RJ; Steed DL; Thomas DR; Wiersema-Bryant L.
[Journal Article. Practice Guideline]
UI: 18318800
Status
MEDLINE
Authors Full Name
Cooper, Diane M; Aslam, Rummana; Gould, Lisa J; Harding, Keith G; Margolis, David J; Ochs, Diane E; Serena, Thomas E; Snyder, Robert J; Steed, David L; Thomas, David R; Wiersema-Bryant, Laurel.
Institution
Robson, Martin C. University of South Florida, Tampa, Florida, USA.
Date Created
20080305
Year of Publication
2008
<td colspan=""">
Management of chronic venous disorders of the lower limbs: guidelines according to scientific
evidence. [823 refs]
Nicolaides AN; Allegra C; Bergan J; Bradbury A; Cairols M; Carpentier P; Comerota A; Delis
C; Eklof B; Fassiadis N; Georgiou N; Geroulakos G; Hoffmann U; Jantet G; Jawien A;
Kakkos S; Kalodiki E; Labropoulos N; Neglen P; Pappas P; Partsch H; Perrin M; Rabe E;
Ramelet AA; Vayssaira M; Ioannidou E; Taft A.
Status MEDLINE
Authors Full Name Allegra, C; Bergan, J; Bradbury, A; Cairols, M; Carpentier, P; Comerota, A; Delis, C; Eklof, B;
Fassiadis, N; Georgiou, N; Geroulakos, G; Hoffmann, U; Jantet, G; Jawien, A; Kakkos, S;
Kalodiki, E; Labropoulos, N; Neglen, P; Pappas, P; Partsch, H; Perrin, M; Rabe, E; Ramelet,
A A; Vayssaira, M; Ioannidou, E; Taft, A.
Institution Nicolaides, A N. American Venous Forum
Date Created 20080215
Year of Publication 2008
20.
[Management of leg ulcers of predominantly venous origin (dressing excluded)]. [French]
Haute Autorite de Sante.
Status MEDLINE
Authors Full Name Haute Autorite de Sante.
Date Created 20070710
Year of Publication 2007

21. Recommendations for the use of everolimus (Certican) in heart transplantation: results from the second German-Austrian Certican Consensus Conference.
Rothenburger M; Zuckermann A; Bara C; Hummel M; Struber M; Hirt S; Lehmkuhl H; Certican Consensus Study Group.
[Journal Article. Practice Guideline]
UI: 17403469
Everolimus (Certican; Novartis Pharma AG, Basel, Switzerland) represents the latest generation of proliferation signal inhibitors (PSIs). Everolimus is indicated for use as an immunosuppressive drug in renal and heart transplantation. This report reflects the recommendations of the second German-Austrian Certican Consensus Conference, held in January 2006, for the clinical use of everolimus.
Status
MEDLINE
Authors Full Name
Zuckermann, Andreas; Bara, Christoph; Hummel, Manfred; Struber, Martin; Hirt, Stephan; Lehmkuhl, Hans; Certican Consensus Study Group.
Institution
Rothenburger, Markus. Department of Thoracic and Cardiovascular Surgery, University Hospital Muenster, Muenster, Germany. markus.rothenburger@novartis.com
Date Created
20070403
Year of Publication
2007

22. Guidelines for the management of partial-thickness burns in a general hospital or community setting—recommendations of a European working party.
Alsbjorn B; Gilbert P; Hartmann B; Kazmierski M; Monstrey S; Palao R; Roberto MA; Van Trier A; Voinchet V.
[Journal Article. Practice Guideline]
UI: 17280913
Most partial-thickness burns in Europe and the United States are managed by non-burns specialists who do not treat burns on a regular basis. To achieve better patient outcomes, partial-thickness burns should be properly managed in non-specialist centres and referred to burn units when appropriate. Although some guidelines have been published to assist non-specialists, few have attempted to provide a comprehensive step-by-step guidance emphasising wound-healing principles. A working party of European burn specialists devised a new treatment algorithm to provide clear and current guidance on the management of partial-thickness burns in the general hospital and community setting. Four areas were identified for improvement: diagnosis and referral, wound preparation, wound covering and post-wound care. The guidelines take into
account the role of wound dressings, infection and general patient well-being, bearing in mind the different working environments that occur across Europe. They are aimed at improving the overall outcome for community-treated patients within the expanding European Union and reducing the number of preventable late referrals to specialists.

Status
MEDLINE
Authors Full Name
Gilbert, Philip; Hartmann, Bernd; Kazmierski, Marcin; Monstrey, Stan; Palao, Ricard; Roberto, Maria Angelica; Van Trier, Antoine; Voinchet, Veronique.
Institution
Alsbojern, Bjarne. Rigshospitalet, University of Copenhagen, Copenhagen, Denmark. bjarne.alsbojern@rh.hosp.dk
Date Created
20070206
Year of Publication
2007

23.
Guidelines for the treatment of arterial insufficiency ulcers.
Hopf HW; Ueno C; Aslam R; Burnand K; Fife C; Grant L; Holloway A; Iafrati MD; Mani R; Misare B; Rosen N; Shapshak D; Benjamin Slade J Jr; West J; Barbul A.
Status
MEDLINE
Authors Full Name
Ueno, Cristiane; Aslam, Rummana; Burnand, Kevin; Fife, Caroline; Grant, Lynne; Holloway, Allen; Iafrati, Mark D; Mani, Raj; Misare, Bruce; Rosen, Noah; Shapshak, Dag; Benjamin Slade, J Jr; West, Judith; Barbul, Adrian.
Institution
Hopf, Harriet W. University of Utah, Salt Lake City, UT, USA.
Date Created
20070103
Year of Publication
2006

24.
Guidelines for the treatment of diabetic ulcers.
Steed DL; Attinger C; Colaizzi T; Crossland M; Franz M; Harkless L; Johnson A; Moosa H; Robson M; Serena T; Sheehan P; Veves A; Wiersma-Bryant L.
[Journal Article. Practice Guideline. Research Support, Non-U.S. Gov't]
UI: 17199833
Status
MEDLINE
Authors Full Name
Attinger, Christopher; Colaizzi, Theodore; Crossland, Mary; Franz, Michael; Harkless, Lawrence; Johnson, Andrew; Moosa, Hans; Robson, Martin; Serena, Thomas; Sheehan, Peter; Veves, Aristidis; Wiersma-Bryant, Laurel.
Institution
Steed, David L. University of Pittsburgh/UPMC, Pittsburgh, PA, USA.
Date Created
20070103
Year of Publication
2006

25.
Guidelines for the treatment of pressure ulcers.
Whitney J; Phillips L; Aslam R; Barbul A; Gottrup F; Gould L; Robson MC; Rodeheaver G; Thomas D; Stotts N.
[Journal Article. Practice Guideline. Research Support, Non-U.S. Gov't]
UI: 17199832
Status
MEDLINE
Authors Full Name
Phillips, Linda; Aslam, Rummana; Barbul, Adrian; Gottrup, Finn; Gould, Lisa; Robson, Martin C; Rodeheaver, George; Thomas, David; Stotts, Nancy.
Institution
Whitney, JoAnne. University of Washington, Seattle, WA, USA.
Date Created
20070103
Year of Publication
2006
Robson MC; Cooper DM; Aslam R; Gould LJ; Harding KG; Margolis DJ; Ochs DE; Serena TE; Snyder RJ; Steed DL; Thomas DR; Wiersma-Bryant L.
[Journal Article. Practice Guideline. Research Support, Non-U.S. Gov't]
UI: 17199831

27. The management of deep sternal wound infections using vacuum assisted closure (V.A.C.) therapy. [45 refs]
Fleck T; Gustafsson R; Harding K; Ingemansson R; Lirtzman MD; Meites HL; Moidl R; Price P; Ritchie A; Salazar J; Sjogren J; Song DH; Sumpio BE; Toursarkissian B; Waldenberger F; Wetzel-Roth W.
[Consensus Development Conference. Journal Article. Practice Guideline]
UI: 17199763

A group of international experts met in May 2006 to develop clinical guidelines on the practical application of vacuum assisted closure (V.A.C.)+ therapy in deep sternal wound infections. Group discussion and an anonymous interactive voting system were used to develop content. The recommendations are based on current evidence or, where this was not available, the majority consensus of the international group. The principles of treatment for deep sternal wound infections include early recognition and treatment of infection. V.A.C. therapy should be instigated early, following thorough wound irrigation and surgical debridement. V.A.C. therapy in deep sternal wound infections requires specialist surgical supervision and should only be undertaken by clinicians with adequate experience and training in the use of the technique. [References: 45]
28.
Consensus statement on negative pressure wound therapy (V.A.C. Therapy) for the management of diabetic foot wounds. [145 refs]
Andros G; Armstrong DG; Attinger CE; Boulton AJ; Frykberg RG; Joseph WS; Lavery LA; Morbach S; Niezgoda JA; Toursarkissian B; Tucson Expert Consensus Conference. Ostomy Wound Management. Suppl:1-32, 2006 Jun.
Ut: 17007488
UNLABELLED: In 2004, a multidisciplinary expert panel convened at the Tucson Expert Consensus Conference (TECC) to determine appropriate use of negative pressure wound therapy as delivered by a Vacuum Assisted Closure device (V.A.C. THERAPY, KCI, San Antonio, Texas) in the treatment of diabetic foot wounds. These guidelines were updated by a second multidisciplinary expert panel at a consensus conference on the use of V.A.C. THERAPY, held in February 2006, in Miami, Florida. This updated version of the guidelines summarizes current clinical evidence, provides practical guidance, offers best practices to clinicians treating diabetic foot wounds, and helps direct future research. The Miami consensus panel discussed the following 12 key questions regarding V.A.C. THERAPY: (1) How long should V.A.C. THERAPY be used in the treatment of a diabetic foot wound? (2) Should V.A.C." THERAPY be applied without debriding the wound? (3) How should the patient using V.A.C. THERAPY be evaluated on an outpatient basis? (4) When should V.A.C. THERAPY be applied following revascularization? (5) When should V.A.C. THERAPY be applied after incision, drainage, and debridement of infection? (6) Should V.A.C. THERAPY be applied over an active soft tissue infection? (7) How should V.A.C. THERAPY be used in patients with osteomyelitis? (8) How should noncompliance to V.A.C. THERAPY be defined? (9) How should V.A.C. THERAPY be used in combination with other modalities? (10) Should small, superficial wounds be considered for V.A.C. THERAPY? (11) How should success in the use of V.A.C. THERAPY be defined? (12) How can one combine effective offloading and V.A.C. THERAPY?
[References: 145]
29.
Guidelines for the diagnosis and therapy of the vein and lymphatic disorders. [Review] [537 refs]
Agus GB; Allegra C; Antignani PL; Arpaia G; Bianchini G; Bonadeo P; Botta G; Castaldi A;
Gasbarro V; Genovese G; Georgiev M; Mancini S; Stillo F.
UI: 15997218

Status
MEDLINE
Authors Full Name
Allegra, C; Antignani, P L; Arpaia, G; Bianchini, G; Bonadeo, P; Botta, G; Castaldi, A;
Gasbarro, V; Genovese, G; Georgiev, M; Mancini, S; Stillo, F.
Institution
Agus, G B. Italian College of Phlebology, Italy.
Date Created
20050705
Year of Publication
2005

30.
Should we include deep tissue injury in pressure ulcer staging systems? The NPUAP debate.
[Review] [8 refs]
Donnelly J; National Pressure Ulcer Advisory Panel.
Guideline. Review]
UI: 15909435
This year's annual conference of the US National Pressure Ulcer Advisory Panel (NPUAP) included a consensus meeting to evaluate the current NPUAP pressure ulcer staging system. Jeannie Donnelly recounts the lively debate that ensued. [References: 8]

Status
MEDLINE
Authors Full Name
National Pressure Ulcer Advisory Panel.
Institution
Donnelly, J. Royal Hospitals, University of Ulster, Northern Ireland, UK.
jeannie.donnelly@royalhospitals.n-i.nhs.uk
Date Created
20050524
Year of Publication
2005

Practice parameters for the management of anal fissures (revised).
Orsay C; Rakinic J; Perry WB; Hyman N; Buie D; Cataldo P; Newstead G; Dunn G; Rafferty J; Ellis CN; Shellito P; Gregorcyk S; Ternent C; Kilkenny J 3rd; Tjandra J; Ko C; Whiteford M; Nelson R; Standards Practice Task Force; American Society of Colon and Rectal Surgeons. Diseases of the Colon & Rectum. 47(12):2003-7, 2004 Dec.
UI: 15657647
Status
MEDLINE
Authors Full Name
Orsay, Charles; Rakinic, Jan; Perry, W Brian; Hyman, Neil; Buie, Donald; Cataldo, Peter; Newstead, Graham; Dunn, Gary; Rafferty, Janice; Ellis, C Neal; Shellito, Paul; Gregorcyk, Sharon; Ternent, Charles; Kilkenny, John 3rd; Tjandra, Joe; Ko, Clifford; Whiteford, Mark; Nelson, Richard; Standards Practice Task Force; American Society of Colon and Rectal Surgeons.
Date Created
20050119
Year of Publication
2004

32.
Mainil-Varlet P; Aigner T; Brittberg M; Bullough P; Hollander A; Hunziker E; Kandel R; Nehrer S; Pritzker K; Roberts S; Stauffer E; International Cartilage Repair Society.
UI: 12721345
Status
MEDLINE
Authors Full Name
Aigner, Thomas; Brittberg, Mats; Bullough, Peter; Hollander, Anthony; Hunziker, Ernst; Kandel, Rita; Nehrer, Stefan; Pritzker, Kenneth; Roberts, Sally; Stauffer, Edouard; International Cartilage Repair Society.
Institution
Mainil-Varlet, Pierre. Institute of Pathology, University of Bern, Switzerland.
pierre.mainil@pathology.unibe.ch
Date Created
20030430
Year of Publication
2003
<td colspan=""""></td>

33.
[Venous insufficiency in lower extremities]. [Finnish]
Suomalaisen Verisuonikirurgisen yhdistyksen asettama työryhma.
UI: 12708343
Status
MEDLINE
Authors Full Name
Suomalaisen Verisuonikirurgisen yhdistyksen asettama työryhma.
Date Created
20030423
Year of Publication
2003
<td colspan=""""></td>

34. 
35. Welcome (?) guidance from the food and drug administration.
Lindblad WJ; FDA Wound Healing Clinical Focus Group.
UI: 11679133
Status
MEDLINE
Authors Full Name
Lindblad, W J; FDA Wound Healing Clinical Focus Group.
Comments
Date Created
20011026
Year of Publication
2001
<td colspan=""/>

Anonymous.
The treatment of uncomplicated leg ulcers has not always been carried out effectively. In this article, the authors introduce an evidence-based clinical guideline for the treatment of uncomplicated leg ulcers and highlight some of the key recommendations. This is to be launched at Nursing Standard's conference on evidence-based nursing this week.
Status MEDLINE Authors Full Name Cullum, N; Nelson, A; Duff, L. Institution McInnes, E. Dynamic Quality Improvement Programme, London. Date Created 19990204 Year of Publication 1998 <td colspan=""/>

39. [Surgical management of venous diseases]. [German]
UI: 9866055
Status

40. [Treatment of venous ulcer of the leg. Recommendations of the Conference of Experts, Oslo 1995]. [Review] [0 refs] [French]
UI: 9739948
Status


43. Guidelines of care for chemical peeling. Guidelines/Outcomes Committee: American Academy of Dermatology. Drake LA; Dinehart SM; Goltz RW; Graham GF; Hordinsky MK; Lewis CW; Pariser DM; Salasche SJ; Skouge JW; Turner ML; et al.
This document is the product of a multidisciplinary workshop held in November 1991 between the audit subcommittee of the British Association of Dermatologists and the Research Unit of the Royal College of Physicians. Participants included dermatologists, vascular surgeons, general practitioners, community nurses and physicians involved in care of the elderly. The text is based on papers submitted to, and presented and discussed at, the workshop, and on comments received in response to subsequent wide dissemination of the proceedings to specialty associations. Participants in the workshop, and contributors to the guidelines are: Dr B. R. Allen (Nottingham), Sister S. Bainsborough (Exeter), Professor K. Burnand (London), Professor D. Burrows (Belfast), Mr M. J. Callam (Bedford), Dr G. W. Cherry (Oxford), Dr R. P. R. Dawber (Oxford), Dr W. S. Douglas (Airdrie), Dr A. Y. Finlay (Cardiff), Dr D. Gawrrodger (Sheffield), Dr D. J. Gould (Truro), Dr A. Hopkins (Royal College of Physicians, London), Dr D. McGibbon (London), Dr A. M. Middleton (London), Dr L. Millard (Nottingham), Dr L. Rhodes (Liverpool), Professor T. J. Ryan (Oxford), Dr N. B. Simpson (Newcastle), Dr F. D. Skerrett (Fowey), Dr J. M. Sowden (Nottingham), Miss L. A. Stone (London), Dr R. Williams (Rhyl). Papers presented to the workshop (copies available from the Royal College of Physicians of London): 1. Callam M. J. Epidemiology, natural history and rate of recurrence of leg ulcers. 2. Ryan T. J. Pathology of venous leg ulcers. 3. Gould D. J. Assessment of severity; process and outcomes of care. 4. Millard L. The role of infection. 5. Cherry G. Treatment of known effectiveness. 6. Burnand K. Indications for surgical treatment. [References: 33]
Status
MEDLINE
Status MEDLINE
Institution Ryan,T J. Department of Dermatology, Churchill Hospital, Oxford, England.
Date Created 19950411
Year of Publication 1994
<td colspan=""