HONG KONG ENTEROSTOMAL THERAPISTS ASSOCIATION

香港造瘻治療師學會

紫荊瘻訊

NEWSLETTER

Volume 30

DATE :
Feb, 2024

CONTENTS

ORIGINAL ARTICLE

CASE STUDY:
TEAM COLLABORATION WITH SOPHISTICATED SKILLS HELPS IMPOSSIBLE WOUND MANAGEMENT REGIMES MAKE POSSIBLE

AUTHORS

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Background:

Managing complicated wound is an utmost challenge when the integrity of wound bed is compromised by unfavorable conditions when enteric stoma, enterocutaneous fistula or any obscure underlying structure situates within the wound. There is evidence to suggest that isolation techniques can be advantageous in managing wounds with fistulae. (Timmons & Russell, 2014). Patients with enterocutaneous fistulae experience delayed and impaired wound healing, periwound chemical denudation, increased pain (Brindle & Blankenship, 2009). Moreover, it is a dilemma when Negative Pressure Wound Therapy (NPWT) is deemed effective in promoting wound healing, but endanger non-intact wound bed. Here present 4 case reports demonstrating innovative wall building's isolating techniques for multiple regimes applied in one complicated wound simultaneously. Since Nov 2020, NTEC Wound Services Team collaborated with ward nurses and surgeons from Department of Surgery, PWH had successfully managed four patients' very complex wound conditions: (Case 1) a fistulated laparotomy wound (adult); (Case 2) a stoma laid within an ileostomy closure wound (adult); (Case 3) a perineal-vaginal extended open wound (adult) and (Case 4) an open abdominal wound with fascial defect partially (paediatrics).

Objectives:

- To promote wound healing by special isolating technique – wall building in complex wounds;
- To optimize wound condition to be manageable by ward nurses for wound dressing in ward settings;
- To enhance inter-professional collaboration between surgeons, nursing staff and Wound Services Team in complex wound management.

Methodology:

In adult Case 1 & 2, the high output stoma or fistula within the open wound were isolated by wall building with different skin barriers meticulously, then the entire abdominal wound was pouched with a wound manager and also allowed packing to the remaining wound simultaneously through pouch window (Fig. 1 & Fig. 2). Ward nurses could perform wound care daily incessantly.

In adult Case 3, a high wall partition was built up between patient's vaginal orifice and perineal wound areas, so that half part of wound (perineal area) can be applied with NPWT successfully to remove profound exudate (Fig. 3). Wound packing could be applied to another half part of wound (vaginal area). NPWT in half wound was impossible but possible finally.

In paediatric Case 4, barrier seal was created to separate the upper and lower halves of abdominal wound. Then, the upper half (with fascial defect) was managed by daily wound packing, where else the lower part (with intact wound bed) can be managed by NPWT (Fig. 4). Different regimes applied in one wound was achieved.

Result and Outcome:

To develop innovative wall building's isolating techniques for simultaneous application of multiple wound care regimes in one single complicated wound:

In Case 1, the technique successfully prevented fistula output from contaminating abdominal wound, so local inflammation decreased rapidly. Wound size decreased by 30% and slough decreased by 40% in 2 weeks.

In Case 2, wound size decreased by 10% and slough decreased by 20%, systemic infection subsided and contributed to favorable condition for re-operation (stoma closure) in 2 weeks.

In Case 3, the dehisced perineal part with NPWT successfully applied resulting in 100% red granulating tissue and reduced wound size by 15% after 1 week. Wound contraction was attained with vacuum environment by the half-portion NPWT.

In Case 4, the half-portion NPWT had sealed up effectively over lower part of wound resulting in dramatic 30% slough reduction. With 24-hours bacterial clearance by NPWT, it has 30% reduction in overall wound size after initial application for 1 week.

Multidisciplinary team approach with thoughtful skills helps impossible wound management regimes make possible.

Reference:

Brindle, C. T., & Blankenship, J. (2009). Management of complex abdominal wounds with small bowel fistulae: isolation techniques and exudate control to improve outcomes. *Journal of Wound Ostomy & Continence Nursing, 36*(4), 396-403.

Timmons, J., & Russell, F. (2014). The use of negative-pressure wound therapy to manage enteroatmospheric fistulae in two patients with large abdominal wounds. *International Wound Journal, 11*(6), 723-729.

Appendix

Figure 1 - Case 1

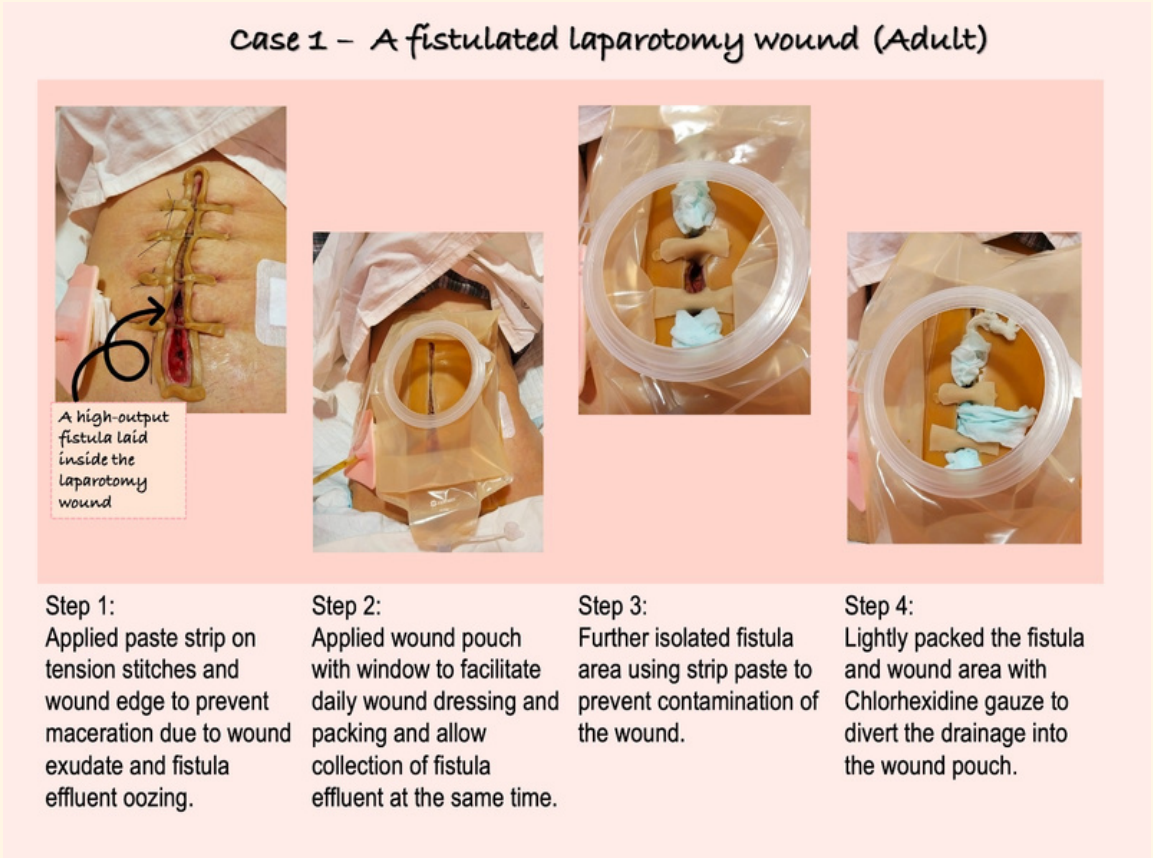


Figure 2 - Case 2

Figure 3 - Case 3

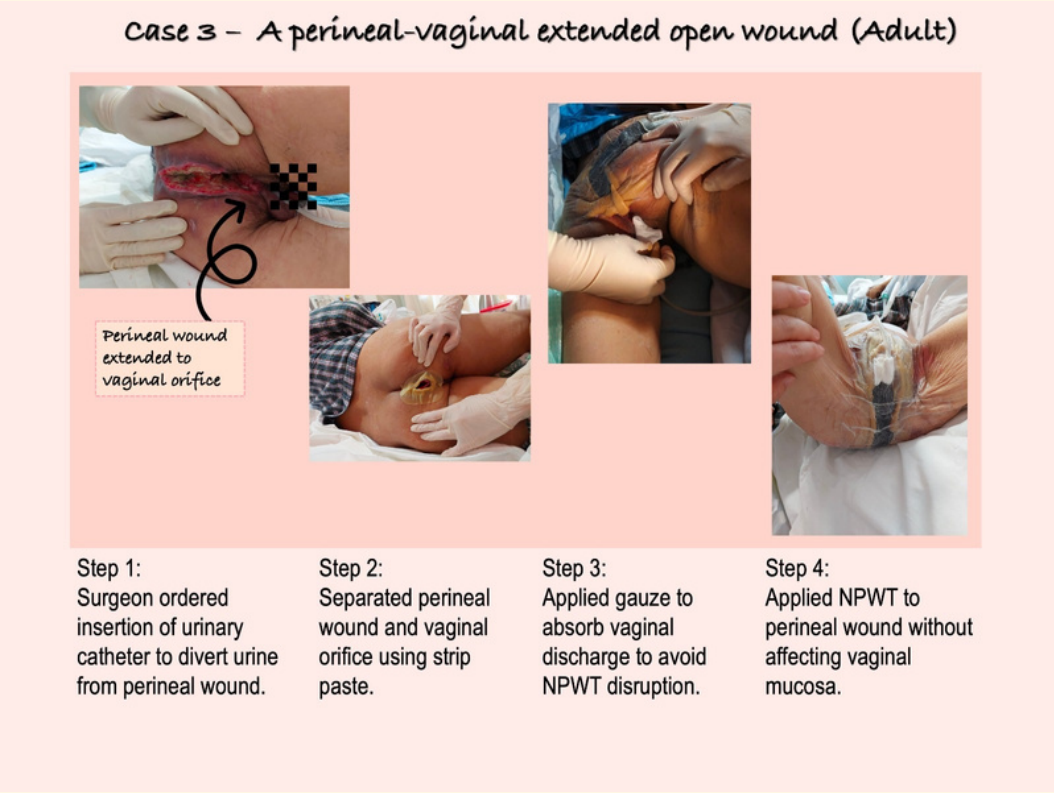
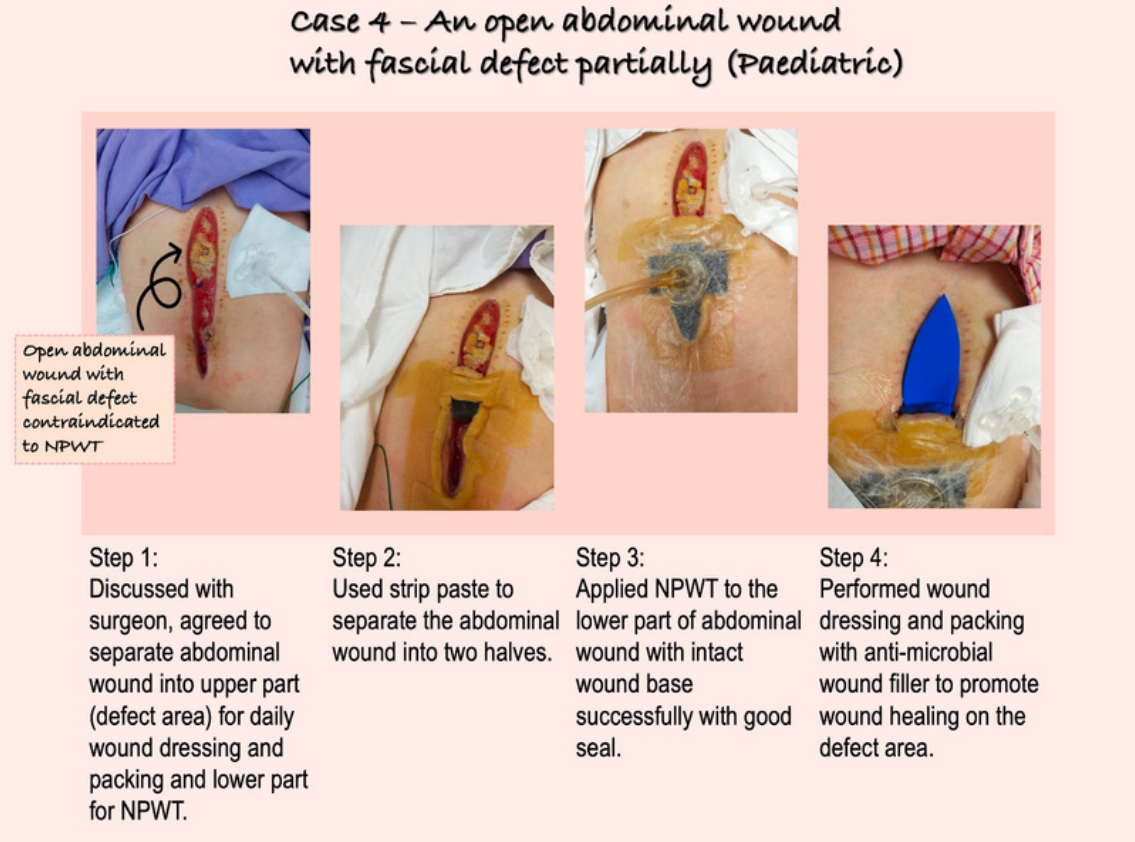


Figure 4 - Case 4



HKETA ANNUAL GENERAL MEETING HIGHLIGHTS

Our Annual General Meeting (AGM) cum seminar had been held on 12 August 2023 successfully. It was the first face to face AGM after three years of COVID. It was held in Cordis Hotel on a very warm afternoon. Many familiar faces were around the ballroom that ignited us all sweet memories in HKETA.

We were honored to have two distinguished speakers Dr. Honda Hsu and Ms. Frances Shit to give us inspirations on wound healing strategies and different evaluation modalities in debridement methods. They shared with us their clinical expertise and maximized our exposure towards wound management.

In addition, our third edition of Advanced wound dressing manual had been published and distributed to the participants. The manual may serve as a reference guide for the use and accessibility of wound care products in Hong Kong.

Your support to HKETA family is the backbone of the HKETA development. We value your presence and are looking forward to seeing you in the AGM next year.

EMWA CONFERENCE 2023
HIGHLIGHTS

Pang Shuk Yi

The 33rd conference of the EWMA 2023 was held successfully on 3-5 May in Italy this year. The main theme of this year congress was: "Wound Care-From Art to Science". There were over 4000 participants from all around the world. The scientific program provided a wide variety of sessions on topics which were very important to wound care. Firstly, the key sessions of the program featured a mixture of new topics including an advancement of wound education, research, epidemiology, pathology, prevention & management of complicated wounds. Secondly, the focus sessions provided some opportunities for nurses to go into different types of wound healing. Thirdly, participants could network with different organizations and actively look into the thematic issues of wound healing and management in the guest sessions. This year, the new technology in tissue replacement was one of the most popular topics among the participants, that we fostered a more in-depth discussion and shared a lot of local experiences on this topic during the conference.

In addition, I also joined the workshop about "Skin substitute certificate workshop". It was very interactive that we addressed and elaborated our interested area or particular aspects of the themes. We demonstrated different local practices in skin substitute and showed mutual respect to each other. We also shared ethical issues on the topics from different countries among delegates. Furthermore, we visited over 180 exhibiting booths from different wound care products' manufacturers. New products/new technologies in wound care were presented with clinical data or research in booth symposium.

In conclusion, EWMA has been the largest European wound care congress in the world. Now we are entering a new era in which EWMA takes center stage as an important global wound care event, reaching thousands of wound care specialists all around the world. We are glad to have an opportunity to participate through a long-lived participation, experience and expertise in wound care and discussions on the future of wound healing and healthcare as a whole.

EMWA CONFERENCE 2023
HIGHLIGHTS

Congress hall and program in progress

Wound models used in workshop

Booth visiting

43RD AASTN & 10TH APETNA CONFERENCE 2023

HIGHLIGHTS

We had more than 10 Hong Kong nurses attended APETNA in Perth on April 2023. The Conference provided a great chance for the nurses to unite together for sharing the best practices all over the world and networking the nurses in the same field. The next APETNA will be held in Penang, Malaysia on 4-6 July 2025. Please grab the opportunity to join this wonderful event.

On behalf of HKETA, we are also excited to announce we won the bid to host the APETNA 2027 in Hong Kong. We are welcome and need HKETA members to join this big event in the preparation of coming years. Please contact us if you're interested.

Accelerate diabetic foot ulcer healing with reduced risk of infection

- **Granudacyn®** cleanses, moistens and facilitates debridement.
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- **Exufiber®** dressings efficiently transfer exudate to the secondary dressing and is easy to remove in one piece and **Exufiber® Ag+** can prevent re-formation of biofilm (*in vivo*) as part of a biofilm management approach.
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Workshop highlights I

After the COVID-19 pandemic, the long-awaited wound care workshops have finally resumed last year.

The first event, focused on Negative Pressure Wound Therapy, took place on March 18th, followed by the second event on October 21st, which centered around compression therapy.

We are extremely grateful for the enthusiastic participation and lively discussions from the attendees of both workshops. Thank you Smith & Nephew for sponsoring both events.

NPWT workshop







Compression workshop

Workshop highlights II

In addition to conducting courses in Hong Kong, we would also like to express our sincere gratitude to the APEM (澳門護理人員協進會) for their invitation. We had the opportunity to successfully hold a Negative Pressure Wound Therapy Workshop on May 23rd last year at Hotel Royal Macau. We were delighted to have over 20 participants joining the workshop, and there was a great enthusiastic response from everyone, especially during the hands-on workshop.

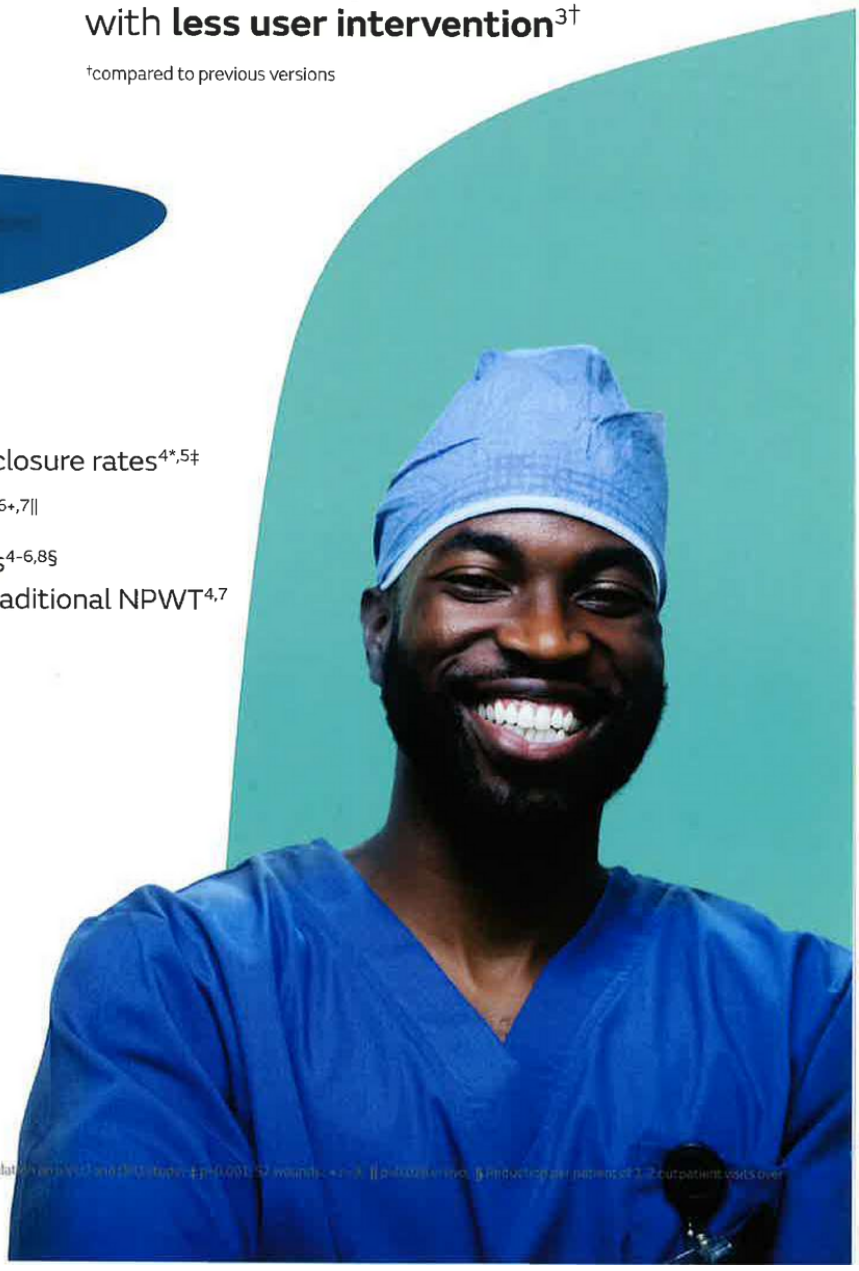
NEW PICO◊ 14
designed to challenge hard-to-heal wounds

- Pump duration of up to **14 days**[1]
- Aimed for use on **deep wounds** (e.g. 7 centimeters deep)[2]
- With an **enhanced pump** to aid use in large wounds with **less user intervention**[3†]

†compared to previous versions

PICO sNPWT has been shown to:

- Deliver greater healing and wound closure rates[4*,5‡]
- Reduced time to wound closure[4*,5‡,6+,7‖]
- Provide healthcare resource savings[4-6,8§] versus standard dressings[5,6,8] and traditional NPWT[4,7]



Smith+Nephew

PICO◊ 14
Single Use Negative Pressure Wound Therapy System

Help you get **CLOSER TO ZERO◊** delay in wound healing[1*,2‡] smith-nephew.com/pico

* p<0.001 for area and p=0.014 for depth; n=161; ITT analysis, at 12 week, combined popula… 12-week treatment period and 1-3 home visits per week.

WOUND CARE COURSE 2023
HIGHLIGHTS

HKETA plays an active role in driving popularity of nursing education in wound and stoma care. In 2023, despite of the seize of COVID 19 pandemic, HKETA was determined to organise various educational activities, including the most iconic HKETA Wound care course 2023.

The “18 contact hours-6 days” online course was conducted by 15 experienced local wound and stoma care practitioners. The course provided a 360-degree training opportunity for the local nurses who wish to attain knowledge, skill and further career advancement in wound and stoma care specialty.

Please stay tuned for the upcoming educational events from HKETA.

LOGO COMPETITION 2023
HIGHLIGHTS

LOGO is the symbol of the organization to identify its uniqueness and value. HKETA organized a Logo Competition in 2023. At the end of the Competition, we received 6 submissions. All logos demonstrated a full of creativity and represented HKETA core values.

We are here to announce that all 6 finalists will receive an appreciation gift of $200 book coupon. The finalists will be notified individually.

HKETA may reserve the right to publish and modify the selected logo designs from the Competition for the online or printed publication, or any other media.

Once again, we thank all the participants to join the Logo Competition.

CHAN HOI MING

LUCIA WONG

ERICA CHAN

O HOI SHUN

YEUNG CHING YIN

PANG CHAK HAU

STOMA & WOUND NURSE DIARY
造口及傷口護士日記

日常分享

上上上星期，在CLINIC看了一個新症，獨居DEMENTIA伯伯步伐闌珊地踏入診症室。有個外貌較年輕的伯伯陪嚟。

你係XXX邊位?

我係佢姐夫 (噢，我仲以為係阿仔...好彩冇講出口)

伯伯LYMPHEDEMA WITH LEG ULCERS，
剛剛出院幾天，雙腿穿了壓力襪，
逐層拆開敷料，有濃烈的氣味。。。
零散的傷口散佈在腳腕、腳背及腳趾位置，
多層的敷料，、壓力襪，以致鞋履都濕透了。
同姐夫傾過，伯伯有點COGNITIVE IMPAIRMENT，
不太可以照顧自己，但仲未排到院舍，所以仲係獨居。
姐夫說伯伯腦退化前好整齊，退化後滿屋垃圾一片混亂，
有時家姐會幫忙執拾家居，但家姐仲要返工所以唔幫得太多。

一邊DRESSING，伯伯不停說話，
說自己不時INCONTINENCE會忍唔住賴尿賴濕對腳，
同埋屋企經常有烏蠅飛來飛去，滿有畫面的。

好了好了，小妹不敢再想像下去.....
打咗盤水幫伯伯洗腳，
結果洗咗兩盤啡色的腳皮水。

作者：Wendypicka

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