A fresh approach to challenging wounds by combining T.I.M.E.\textsuperscript{1,2} with pioneering solutions

Thursday, 10 May 2018
13:15 – 14:15, Bratyslawa

Faculty:
Dr Caroline Dowsett (UK)
Dr Matthew Malone (Australia)
Andrew Sharpe (UK)

Helping you get CLOSER TO ZERO\textsuperscript{3} delay in wound healing
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Supporting healthcare professionals for over 150 years
References
Across Europe, and in fact the world, the demand for healthcare resources continues to grow, as the demographics change, long term conditions become more prevalent and patient expectations rise.\textsuperscript{3,4} Healthcare professionals are expected to do more with less and to deliver care that is efficient and effective.\textsuperscript{3,4} In this symposium we will present evidence based solutions and new tools to help you and your teams assess and manage challenging wounds, identify problems quickly and providing evidence based treatment decisions to help improve outcomes.

Dr Caroline Dowsett, PhD, MSc, BSc (Hons), Dip N, D.N, RGN, works as a Clinical Nurse Specialist in Tissue Viability for East London Foundation Trust where she is also the Clinical Lead for the leg ulcer service. Caroline also works globally as an Independent Nurse Consultant in Wound Care. She has worked in the field of wound care for over 25 years. Her main interests are in leg ulcer management, wound bed preparation and wound assessment, Negative Pressure Wound Therapy, quality improvement and service developments in wound care provision. Caroline was wound care nurse of the year in the UK in 1997 and 1999, winner of Wound UK award in 2007, and won a Queens Nursing Institute award for outstanding service to primary care in 2008. Her work on pressure ulcer prevention and management was the frontline submission for the ‘High Impact Actions; Your skin matters’ in 2010. Caroline is on the editorial board for Wounds UK and has published widely in peer review journals. Caroline has taken part in several research projects and expert advisory boards. She is an honorary lecturer at City University London and lectures locally, nationally and internationally.
T.I.M.E. was initially developed in 2003 and provides a structured approach to allow the clinician to focus on certain aspects of the wound to facilitate appropriate and realistic goal-setting within the context of holistic patient care.

As T.I.M.E. evolved, our knowledge and understanding of wound healing has continued to grow, and new evidence and technologies have emerged that can improve wound diagnostics and treatment choices. In my presentation I will be sharing these insights and introduce a new tool, which has been developed in partnership with nurses and wound care specialists, with the aim of simplifying wound care choices and improving outcomes for patients, practitioners and providers.
Matthew is the current Head of Department for the High-Risk Foot Service at Liverpool Hospital in Sydney and a Senior Research Fellow with the Liverpool Diabetes Collaborative Research Unit at the Ingham Institute of Applied Medical Research, Sydney.

Matthew completed his PhD in microbiology from the School of Medicine, Western Sydney University and his research interest is in the use of molecular and microscopy techniques to better understand Diabetes Foot Infections and the role of biofilms in human health and disease.

In June 2014, Matthew was awarded with fellowship to the Royal College of Physicians and Surgeons Glasgow, Faculty of Podiatric Medicine.

References
Biofilm is thought to be present in around 78% of chronic wounds. A recent publication with 10 key recommendations has added clarity to biofilm understanding resulting in an enhanced clinical awareness towards this barrier to healing. Furthermore, new clinical evidence is beginning to highlight the new treatment strategies for wounds containing biofilms. This new knowledge and evidence is leading to the evolution of the T.I.M.E. concept.

In my presentation, I will illustrate how the “I” category must now be viewed from both the classic infection and the biofilm-based wound care perspective and how this approach fits into the wound bed preparation continuum. My presentation aims to clarify how to make use of new technologies to assess bioburden in chronic wounds, optimal antimicrobial treatments to tackle biofilm and when to decide to kick-start healing and switch to advanced therapies.
Andrew Sharpe
Advanced Podiatrist and Team Leader
Southport and Ormskirk NHS Trust

Andrew works across 3 main fields within podiatry: clinical lead practitioner, clinical trials/scholarly output and teaching. He also works in NHS care for West Lancashire Community, Virgin Care Ltd. Their goal is for patients to feel the difference.

Andrew’s current qualifications include a BSc (Hons) Podiatry, MSc Podiatry and Non-Medical Prescriber. In addition to his clinical work Andrew has held teaching positions at the University of Huddersfield and Edge Hill University and now supports Virgin Care’s Learning Environment team for teaching Virgin Care staff. Andrew wishes to grow his research profile and currently has a scholarly output being involved in writing guidelines, helping to produce consensus documents, writing articles for peer reviewed journals, and presenting at national and international conferences.

Andrew always enjoys attending international expert panel seminars such as this as he learns from other key opinion leaders in the field of wound care.
Wound care is already a huge burden for healthcare systems, but over the coming years this burden is set to increase as our society grows and ages. Recent data has shown that over the period of a year 61% of wounds go on to heal, but 39% that do not. These non-healing wounds consume a disproportionate amount of people and financial resources, contributing to an unprecedented strain on the healthcare system.

Our aim is of course to heal wounds, but what are the key milestones on the road to healing and are there new approaches we can take to accelerate the healing trajectory?

In my presentation I will focus on the ‘M’ and ‘E’ of the T.I.M.E. framework and the role PICO™ sNPWT has in terms of accelerating the healing trajectory of hard to heal wounds. There will be a review of the latest evidence and guidelines for PICO sNPWT. Clinical cases will showcase the new PICO 7 sNPWT system demonstrating how this new product can improve both the clinical outcomes of hard to heal wounds and the overall patient experience.

References
Assess patient, wellbeing and wound
Record type of wound, location, size, state of wound bed, signs of maceration and infection, pain levels, relevant systemic problems, past medical history, concordance

Bring in other healthcare professionals to promote holistic care
Refer appropriately to other professionals for their clinical input: e.g. surgical team, link nurse, tissue viability nurse, dietician, pain team, diabetes team, and podiatry

Control or treat systemic causes
E.g. systemic infection, diabetes, heart/lung conditions, nutritional problems, continence, mobility, vascular issues, pain, stress, anxiety

Decide appropriate treatment

Decision-making support
Introducing our new plan-on-a-page (POP) tool. We’ve worked in partnership with nurses and specialist woundcare clinicians to develop a unique wound care support tool.

*ALLEVYN Range includes ALLEVYN LIFE, ALLEVYN GENTLE BORDER and ALLEVYN GENTLE BORDER LITE. †NPWT: Negative Pressure Wound Therapy.*
## Identify primary intervention

<table>
<thead>
<tr>
<th>Wound management goal</th>
<th>Viable (vascularised) wound bed</th>
<th>Reduced bacterial burden and inflammation</th>
<th>Optimal moisture balance</th>
<th>Evaluation of treatment and wound management goal.</th>
<th>Select dressing frequency or change treatment.</th>
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<tbody>
<tr>
<td>Hydrogel</td>
<td>INTRASITE® GEL or INTRASITE CONFORMABLE</td>
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<td>Foam</td>
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<td>Foam or NPWT†</td>
<td>ALLEVYN GENTLE BORDER LITE or PICO‡</td>
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<td>Foam or NPWT</td>
<td>ALLEVYN LIFE or RENASYS‡</td>
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<td>Gelling Fibre or NPWT</td>
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<td>NPWT and Skin Care</td>
<td>PICO or RENASYS SECUA® / PROSHIELD® Range**</td>
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**SECUA Range includes SECUA Moisturising Cleanser, SECUA Total Body Foam, SECUA Dimethicone Protectant, SECUA Extra Protective Cream, No Sting Skin Prep; PROSHIELD Range includes PROSHIELD Plus and PROSHIELD Foam & Spray

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†Level of exudate for wounds suitable for NPWT. ‡Wounds treated with the larger dressing sizes of the PICO system should generally be no more than 2cm (4/5 in.) in depth.
Professional education

Videos of our EWMA symposia will soon be available on the Smith & Nephew Evidence and Education site, which also includes the presentations from all of our Challenging Wounds and NPWT Expert Meetings held over the past 4 years.

If you have not already done so, please take a minute to register to access this content using the website address below:

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T.I.M.E. for something NEW

Come to the Smith & Nephew booth and see our NEW product for yourself and how they can help you get CLOSER TO ZERO°:

- PICO® 7 sNPWT
- MoleculLight i:X™
- ALLEVYN® LIFE Non-Bordered Wound Dressings
- ALLEVYN® Gentle Border Wound Dressings