

Editor Tracy Cowan

Group Commercial Director Ben Allen

Circulation Director Sally Boettcher

Publisher Tom Pollard

Associate Publisher Anthony Kerr

Editorial Advisory Board

Jan Apelqvist: MD, PhD, Malmö, Sweden

Andrea Cavicchioli: RN, MSc (Nurs), TVN, Lugano, Switzerland

George W. Cherry: MA (Oxon), DPhil (Oxon), Oxford, UK

Mark Collier: BA (Hons), RNT, RCNT, ONC, RN, Grantham, UK

Vincent Falanga: MD, FACP, Rhode Island, USA

Jeff Hart: BSc, PhD, Leeds, UK

Morris Kerstein: MD, Philadelphia, USA

Brenda King: ONC, RN, DN, B Med Sci, MMed Sci, Sheffield, UK

Lucy Land: RN, DPSN, BSc (Nurs), PGCE, RNT, Birmingham, UK

Christina Lindholm: RN, PhD, Stockholm, Sweden

Courtney Lyder: ND, GNP, FAAN, Charlottesville, USA

Norihiko Ohura: MD, Tokyo, Japan

Tania Phillips: MD, Boston, USA

Elia Ricci: MD, Turin, Italy

Marco Romanelli: MD, PhD, Pisa, Italy

Salla Seppanen: MNSc, RN, Mikkelä, Finland

Luc Téot: MD, Montpellier, France

José Verdú Soriano: PhD, MSc (Nurs), BN, RN, Alicante, Spain

David Voegeli: PhD, BSc, RN, PGCEA, Southampton, UK

Kathryn Vowden: MSc, BSc (Hons), RN, Bradford, UK

Peter Vowden: MB, CMB (Leeds), FRCS, MD (Leeds), Bradford, UK

Trudie Young: RMN, RN, DN, BN, MSc, PGCE, Bangor, UK

Thomas Zgonis: DPM, FACFAS, San Antonio, USA

Contents

- R 241 Bacteriological changes in sloughy venous ulcers treated with manuka honey or hydrogel: a RCT**
 This paper describes the secondary outcomes of a randomised controlled trial that set out to determine the qualitative bacteriological changes that occurred during a four-week treatment period with either manuka honey or a hydrogel dressing. Inclusion criterion was a wound comprising at least 50% slough. Wound swabs were taken at the start of treatment and after four weeks. A total of 108 patients were enrolled, with both groups being comparable at baseline. Eighteen patients developed an infection and were withdrawn from the study: six in the honey group and 12 in the hydrogel group. *Staphylococcus aureus* was the most common isolate, being identified in 38% of the wounds. Manuka honey eradicated MRSA in seven out of 10 infected wounds G. Gethin, S. Cowman
- P 249 Exudate management: a patient-centred approach**
 The first in a three-part series on exudate management, this article describes a patient-centred approach to this problem. It describes the physiological causes of exudate production, and gives an account of the factors to consider during patient assessment, exudate assessment and exudate management. Key attributes of the various dressings that can be used in exudate management are also discussed. In short, successful exudate management requires attention to the physical, psychological and social areas of the patient's life C. Dowsett
- R 253 Pulse oximetry index: a simple arterial assessment for patients with venous disease**
 This prospective open study set out to provide additional data comparing the ankle brachial pressure index (ABPI) and pulse oximetry (Lanarkshire Oximetry Index) as measures of arterial circulation in patients with venous leg ulcers. A total of 107 patients (195 legs) attending leg ulcer clinics participated. The investigators measured brachial and foot arterial pressures in all patients using both handheld Doppler (ABPI) and the pulse oximeter method (LOI). The LOI proved to be simpler to use than Doppler ABPI, with an endpoint less prone to subjective variability. Of the 195 legs, the investigators obtained an LOI in 10 legs in which an ABPI could not be recorded. An LOI could not be recorded in only one leg. There

PERM

- P ractice
- E ducation
- R esearch
- M anagement

was no evident tendency for LOI to read either low or high compared with ABPI. The authors conclude that pulse oximetry is a simpler alternative to Doppler ABPI in screening patients for arterial disease that could be a contraindication to, or require modification of, compression J. Bianchi, M. Zamiri, M. Loney, H. McIntosh, W.S. Douglas

P 264 Malignancy and leg ulceration in a community-based leg ulcer clinic in New Zealand

No New Zealand studies and only one Australian study assessing malignancy in leg ulceration have been published. The Australian study, whose patient population was based on referrals to a specialist leg ulcer clinic at a tertiary teaching hospital, reported a higher rate of malignancy (4.4 per 100 patients) than have European studies. However, the higher rate may have been influenced by the patient selection. This retrospective review of biopsy-proven malignant leg ulcers assessed the frequency of malignancies in a New Zealand community-based service. It reported a frequency of 7.3 per 100 patients. The authors suggest that all atypical leg ulcers should be biopsied early, as should chronic ulcers that have not responded to treatment within three months J. Waters, A. Latta, A. Hartley, A. Jull

R 268 RCT on gentian violet versus a hydrogel dressing for radiotherapy-induced moist skin desquamation

Gentian violet (GV) is still widely used outside the UK and US. Thirty patients undergoing radiotherapy to the head and neck region or the breast who had developed moist desquamation in the radiotherapy field were randomised to treatment with 0.5% aqueous GV or a hydrogel dressing. The area of desquamation was regularly measured until healing or withdrawal from the study. The findings showed that the likelihood of healing with the hydrogel was greater than for the GV: the median time to healing for the hydrogel was 12 days but was not reached for GV by 30 days. Ten of the 16 patients allocated to GV withdrew from the study compared with two of the 14 given hydrogel S. Gollins, C. Gaffney, S. Slade, R. Swindell

- 237 Editorial**
- 262 Book review**
- 277 International wound care organisations' update**

Reviewers

Irene Anderson: MSc, BSc Hons, DPSN, PGCE, LPE, RGN, Herfordshire, UK

Ben Appleby: MSc, BSc (Hons), PGCert Ed, RN, Edgbaston, UK

Tom Defloor: RN, PhD, Ghent, Belgium

Jeannie Donnelly: PhD, BSc (Hons), Dip Wound Healing and Tissue Repair, RN, ONC, Belfast, UK

Val Edwards-Jones: FIBMS, PhD, Cert Medical Laboratory Management, Manchester, UK

Julie Evans: RGN, Dip HE Nurs, Dip Tissue Viability, Dip Emergency Nursing, Swansea, UK

Manuel Gago-Forenells: RN, Masters in Nursing, Cádiz, Spain

Francisco Pedro García-Fernández: RN, Masters in Nursing, Jaén, Spain

Georgina Gethin: HRB-Research Fellow Clinical Nursing and Midwifery, RGN, HE Dip Wound Care, Dip Anatomy, Dip Physiology (PhD Student), Dublin, Ireland

Alan Lansdown: PhD, FRCPath, London, UK

Matthew Leach: RN, BN (Hons), ND, PhD, Adelaide, Australia

Menna Lloyd Jones: MSc, DipN, RGN, SCM, PGCE, North West Wales, UK

Sylvie Meaume: MD, Paris, France

Zena Moore: RGN, MSc, FFMRCIS, Dublin, Ireland

Pedro L. Pancorbo-Hidalgo: PhD, RN, Jaén, Spain

Elaine Ricci: PgD, BSc (Hons), Sunderland, UK

Hiromi Sanada: PhD, RN, WOCN, Tokyo, Japan

Lisette Schoonhoven: PhD, RN, Nijmegen, the Netherlands

Gill Wicks: MSc, Dip (HE), RN, Wiltshire, UK

Vijay K. Shukla: MS (general surgery), MCh (Wales), Varanasi, India



Cover picture:
© Tony Latham/
Getty Images