



Tissue Viability Bulletin

February 2022

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Articles

Exploring the use of herbal drugs and advanced supporting techniques for wound healing

A wound may define as an interruption within the continuity of the epithelial lining of the skin or mucosa that occurs as a result of physical or thermal damage. Wound healing is an intricate process that is highly synchronized censorious in the management of the protective means of the skin. There are a variety of systemic and local factors that influence wound healing, including oxygenation, inflammation, age, stress, diabetes, nutrition, and nicotine. Hemostasis, inflammation, proliferation or granulation, remodeling or maturation are the principle phases of wound healing.

Bulletin of the National Research Centre 2022 46(1) 1-17

A new national Pressure Ulcer Surveillance system using The Model Hospital System:

Phase 1

Improving pressure ulcer (PU) prevention has been a key quality driver for over a decade within all NHS provider organisations (Fletcher et al, 2021) with PU data being used to measure improvement

Wounds UK 2021 14 (4) 14-20

Exploring concepts and current evidence of shared and self-care in the management of lower limb wounds

The SARS-Cov-2 (COVID-19) pandemic saw the introduction of safety measures such as social distancing, isolation and shielding. This has facilitated health care services transformation, particularly in tissue viability services, where a decrease in community nursing visits, limited outpatient appointments and few face-to-face GP appointments have increased the need for patients to be actively involved in their own care.

Wounds UK 2021 14 (4) 38-44



Best Practice and Guidelines

NICE 2022

Rehabilitation after traumatic injury

This guideline covers complex rehabilitation needs after traumatic injury, including assessment and goal setting, rehabilitation plans and programmes, physical, psychological and cognitive rehabilitation, rehabilitation for specific injuries, coordination of rehabilitation in hospital, at discharge and in the community, and commissioning and organising rehabilitation services.

Available from: [Rehabilitation after traumatic injury \(nice.org.uk\)](https://www.nice.org.uk/guidance/ta252)

GOV.uk 2022

Surgical site infection surveillance service: protocol and guides

Infections acquired in hospital are recognised as being associated with significant morbidity. They result in extended length of hospital stay, pain, discomfort and sometimes prolonged or permanent disability (1, 2). Infections of the surgical site account for approximately 16% of all hospital acquired infections (HAI), are estimated to double the length of post-operative stay in hospital and significantly increase the cost of care (1, 2, 3, 4).

Available from: [Protocol for the Surveillance of Surgical Site Infection version 6 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/60442/protocol-and-guides-for-the-surveillance-of-surgical-site-infections-version-6.pdf)

BMJ Best Practice 2021

Pressure Ulcers

Pressure ulcers are a common problem in hospital inpatients and people who live in care facilities. Older people, and all patients with limited mobility or impaired sensation, are at increased risk. Pressure damage usually occurs over bony prominences but can develop on any part of the body subjected to sustained localised pressure. Pressure damage varies from small superficial lesions to extensive wounds with bony involvement that contain a mass of necrotic tissue.

Available from: [Pressure ulcer.pdf \(bmj.com\)](https://www.bmj.com/lookup/doi/10.1136/bmj.b2019.027200)

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