



Tissue Viability Bulletin

May 2022

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Articles

Incontinence-associated dermatitis 1: risk factors for skin damage

Moisture-associated skin damage has many causes including contact with urine, faeces, perspiration and wound exudate. Incontinence-associated dermatitis occurs when there is contact between the skin and urine and/or faeces. This article, part 1 of a three-part series, explores the reasons why urine and faeces cause skin damage and outlines the risk factors for incontinence-associated dermatitis

Nursing Times 2020 116 (3) 46-50

Incontinence-associated dermatitis 2: assessment, diagnosis and management

Incontinence often has a detrimental effect on skin integrity as a variety of factors including moisture, increased humidity, alkaline skin pH, incontinence and use of antibiotics can contribute to the development of incontinence-associated dermatitis. This article, the second in a three-part series, focuses on strategies to maintain and support skin function, and minimise the effect of incontinence on skin health. Risk factors for incontinence-associated dermatitis are discussed in part 1.

Nursing Times 2020 116 (4) 40-44

Effectiveness of combined conventional treatment with a tailored exercise training program on wound healing in patients with venous leg ulcer: A randomized controlled trial

Venous leg ulcer (VLU) is a therapeutic challenge. The mainstay of care is compression therapy and wound care. Exercise is also recommended for facilitating wound healing. This study aimed to determine whether adding tailored exercise training to conventional treatment would be superior on wound healing, ankle mobility, calf muscle function, and functional ability compared to those with the conventional treatment alone.

Journal of Tissue Viability 2022 31 (1) 190-196



Leg ulcer provision in NHS hospitals

Leg ulcers are painful, distressing and common in the older population. They are costly to treat and put pressure on NHS providers. Compression therapy is the mainstay of treatment of venous leg ulceration.

British Journal of Nursing 2022 31(4) S16-S20

I-DECIDED®—a decision tool for assessment and management of invasive devices in the hospital setting

Approximately 420 million patients annually are admitted to hospital (World Health Organization, 2019). A US prevalence study identified 91% of hospitalized adults had at least one invasive device, such as central venous access device (CVAD), peripheral intravenous catheter (PIVC), or indwelling urethral catheter (IUC), with many patients requiring multiple devices concurrently (Chenetal, 2021).

British Journal of Nursing 2022 31(8) S37-S43

Ten years of clinical experience with cyanoacrylate glue for venous access in a 1300-bed university hospital

In the past decade, cyanoacrylate glue has been progressively introduced into the clinical practice of venous access devices used for different purposes. Glue has been used to increase device stabilisation (to reduce the risk of catheter dislodgement), to seal the exit site (to both reduce local bleeding and decrease the risk of bacterial contamination) and to close skin incisions required for the insertion of tunnelled catheters or totally implanted venous ports

British Journal of Nursing 2022 31(8) S4-S13

Best Practice and Guidelines

NICE 2022

3C Patch for treating diabetic leg ulcers

Diabetic foot ulcers are treated by reducing pressure on the ulcer, removing damaged tissue, controlling poor blood flow and using dressings, including UrgoStart or other advanced dressings. The 3C Patch system uses a person's own blood to create a biological patch that promotes wound healing. It is intended to be used for diabetic foot ulcers that have not healed after 4 weeks of treatment.

Available from: [3C Patch for treating diabetic foot ulcers \(nice.org.uk\)](https://www.nice.org.uk/guidance/TA819)

Cochrane Library 2022

Timing of antibiotic administration, wound debridement, and the stages of reconstructive surgery for open long bone fractures of the upper and lower limbs

Open fractures of the major long bones are complex limb-threatening injuries that are predisposed to deep infection. Treatment includes antibiotics and surgery to debride the wound, stabilise the fracture and reconstruct any soft tissue defect to enable infection-free bone repair. There is a need to assess the effect of timing and duration of antibiotic administration and timing and staging of surgical interventions to optimise outcomes.

Available from:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013555.pub2/epdf/full>



Cochrane Library 2022

Perioperative enhanced recovery programmes for women with gynaecological cancers

Gynaecological cancers account for 15% of newly diagnosed cancer cases in women worldwide. In recent years, increasing evidence demonstrates that traditional approaches in perioperative care practice may be unnecessary or even harmful. The enhanced recovery after surgery (ERAS) programme has therefore been gradually introduced to replace traditional approaches in perioperative care.

Available from:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008239.pub5/epdf/full>

Cochrane Library 2022

Prophylactic antibiotics for preventing infection after continence surgery in women with stress urinary incontinence

Surgical options for treating stress urinary incontinence (SUI) are usually explored after conservative interventions have failed. Surgeries fall into two categories: traditional techniques (open surgery) and minimally invasive procedures, such as laparoscopic procedures, midurethral sling and injections with urethral bulking agents. Postsurgery infections, such as infections of the surgical site or urinary tract are common complications. To minimise the risk of postoperative bacterial infections, prophylactic antibiotics may be given before or during surgery.

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