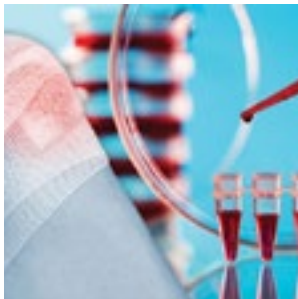


# Poster Presentation

## *Wound Care Congress 2022*



6<sup>th</sup> INTERNATIONAL CONFERENCE ON  
**WOUND CARE, NURSING AND TISSUE SCIENCE**  
May 20, 2022 | Webinar

# 6<sup>th</sup> International Conference on Wound Care, Nursing and Tissue Science

May 20, 2022 | Webinar

Received date: April 13, 2022 | Accepted date: April 15, 2022 | Published date: May 30, 2022

## Use of standardized treatment protocols in promoting timely management of pressure injuries

**Joshua Moralejo**

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**Aim:** To establish a process that will support timely treatment of pressure injuries among patients with pending wound referrals. The goal has three main

### Objectives:

- To enhance nursing knowledge on pressure injury staging and assessment,
- To develop evidence-based protocols
- To update relevant hospital policies, procedures and guidelines.

**Procedures:** The “Knowledge-to-Action” framework was used to facilitate the planning and implementation of the project objectives. The knowledge creation component of the framework enabled the appraisal of the literature resulting in the development of the pressure injury protocols. Various stakeholders (including plastic surgeons & frontline nurses) were engaged to provide their perspective of the established local treatment protocols

**Implications:** Leveraging the use of standardized treatment protocols and supporting staff knowledge in wound assessment and management can minimize inadvertent delays in local wound treatment. The use of the “Knowledge-to-Action Cycle” provides an excellent framework for the adoption and

integration of theoretical knowledge into clinical practice. Embedding protocols and clinical guidelines within electronic health record solutions can support accessibility and front-line clinical decision-making at the point-of-care.

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### Biography

Joshua Moralejo is a registered nurse who has developed a passion for wound care since the beginning of his nursing practice in 2009. He has completed the Canadian Association of Wound Care Levels 1-3 Series (2011), the International Interprofessional Wound Care Course (2014) and the Master of Science in Community Health – Wound Prevention and Care (2020) at the University of Toronto.

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# Accepted Abstracts

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May 20, 2022 | Webinar

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Wound Care, Nursing and Tissue Science

May 20, 2022 | Webinar

Received date: April 21, 2022 | Accepted date: April 24, 2022 | Published date: May 30, 2022

## Perioperative nursing care of 259 patients with atrial fibrillation undergoing percutaneous left atrial appendage occlusion

Lan Zhao

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**Background:** Percutaneous left atrial appendage closure (PLAAC) recommended to atrial fibrillation patients who is at high risk of bleeding or inconvenience while treating with long-term oral anticoagulation.

**Aims:** To summarize the observation and nursing measures of 259 patients with non-valvular atrial fibrillation undergoing PLAAC.

**Methods:** In order to achieve the best therapeutic effect, preoperative and postoperative care of the treatment technology is particularly important. We set up the norms and the nursing manual of observation and complications: (1) fully preoperative evaluation, discussion and psychological nursing and preoperative preparation, especially atrial thrombosis screening; (2) well formulated for strict post-operative observation and electrocardiograph (ECG) monitoring, prevention and nursing of complications and anticoagulation therapy; (3) set up post-operative education, detailed discharge guidance and regular follow-up.

**Results:** Through careful treatment and care, 259 patients were discharged after 5-10 days hospitalization. Peri operational period, 4 cases (1.5%) developed serious complications, among them, 3 cases (1.2%) were delayed cardiac tamponade which were cured by pericardial drainage, and the other 1 considered as air embolism who recovered later with no treatment. During a mean follow-up of  $(25.9 \pm 7.9)$  months, all patients adhere to medical order well and had no occluder displacement shedding, thromboembolism and severe bleeding complications.

**Conclusion:** The best therapeutic effect of PLAAC is strongly associated with preoperative and postoperative training of nursing staff and the development of standard nursing procedures, as well as the establishment of observation and nursing manuals for complications. This study may provide nursing practice information for this new type of interventional therapy.

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6<sup>th</sup> International Conference on  
Wound Care, Nursing and Tissue Science

May 20, 2022 | Webinar

Received date: April 03, 2022 | Accepted date: April 05, 2022 | Published date: May 30, 2022

## Urinary bladder matrix powder to help achieve wound closure in tunneling wounds

**Michael N. Desvigne**

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**Introduction:** Flap reconstruction is the mainstay of surgical treatment for chronic wounds. However, frequently there is a paucity of tissue and or the patient is a poor candidate for tissue transfer. As a result, less aggressive surgical closure is sometimes sought but can be challenged by the presence of tunneling.

Previous studies report success with porcine urinary bladder matrix (UBM) in wound progression for acute lower extremity trauma. 1,2. The availability of UBM powder offers an intriguing option particularly for tunneling wounds.

**Methods/Results:** We retrospectively evaluated cases where UBM powder was utilized to assist with closure in tunneling wounds. In the first case, tissue transfer was deemed inadvisable because of the paucity of tissue on a diabetic neuropathic foot. UBM powder was used by creating a paste to fill the tunneled defect. No additional surgery was required and no recurrence seen through 12 months.

In the second case, despite flap reconstruction for a chronic wound of a radiated sarcoma resection site, there was a persistent tunnel extending to bone. UBM paste was used to fill the tunnel. The wound progressed with sufficient granulation tissue to cover the bone within 3 weeks to support further definitive closure techniques.

The third case is a stage 4 sacral ulcer with extensive tunneling. UBM powder was used as a paste to fill the tunneled areas extending to the perineum. The patient achieved complete healing by 4 weeks without postoperative infection or abscess.

**Discussion:** In these cases, UBM powder was successful in allowing a tunneled wound to progress obviating the need for tissue transfer. This provides another tool to achieve wound closure particularly in tunneling wounds in suboptimal surgical flap candidates, and warrants further clinical study.

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6<sup>th</sup> International Conference on  
Wound Care, Nursing and Tissue Science

May 20, 2022 | Webinar

Received date: March 26, 2022 | Accepted date: March 28, 2022 | Published date: May 30, 2022

## Advanced wound therapies: When and which patient?

**Beji Saji**

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**Background:** Wounds affect patient quality of life and impose a substantial financial burden on the health care system.

**Purpose:** To systematically evaluate benefits of advanced wound care therapy for acute and chronic wounds such as pressure injuries, diabetic ulcers, traumatic wounds. If ulcers do not adequately heal with standard treatment, additional modalities may be required. We define advanced wound care therapy as an intervention used when standard wound care takes long time to heal. A large and growing array of advanced wound care therapies of different composition and indications have been developed though their efficacy, comparative effectiveness. The ulcers (those that are unresponsive to initial therapy or persist despite appropriate care) affect patient quality of

life and productivity and represent a substantial financial burden on the health care system. Identifying ulcer cause is an important factor in determining appropriate wound care interventions.

Therapies included in this review are: antimicrobial products, debridement of necrotic tissue, revascularization, and negative pressure wound therapy (NPWT). Patients undergoing wound treatment have different focuses, concerns, and needs related to treatment modality. It is important for health care personnel to carry this in mind to be able to individualize patient care.

**Conclusion:** Compared with standard care, advanced wound care therapies may improve the proportion of ulcers healed and reduce time to healing.

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6<sup>th</sup> International Conference on  
**Wound Care, Nursing and Tissue Science**

May 20, 2022 | Webinar

Received date: April 05, 2022 | Accepted date: April 08, 2022 | Published date: May 30, 2022

## **Biomechanics of the diabetic foot amputation**

**James McGuire**

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According to the International Diabetes Federation, it has been estimated that approximately 463 million adults are living with diabetes mellitus (DM), a number projected to increase to 700 million by 2045. A diabetic foot ulcer will occur in approximately 15 percent of them. Multiple factors contribute to the development of those wounds including diabetic peripheral neuropathy (DPN), biomechanical imbalances, trauma, and peripheral vascular disease. 85% of all lower limb amputations in patients with diabetes are preceded by a DFU resulting in significant biomechanical challenges for these patients, many of who never become ambulatory again.

Prior to surgical intervention, patients come with inherited and acquired biomechanical imbalances or weaknesses such as equinus, severe pronation/supination, mid and

forefoot deformities, and muscle weakness unrelated to their other diseases. Surgeons often don't take these into consideration when making decisions about amputation level. Choosing the wrong level of amputation in an attempt to "preserve the foot" often dooms the patient to future failure and multiple amputations until a final resolution of their problem. The purpose of this review is to discuss specific bio mechanical, and quality of life (QoL) issues associated with lower extremity amputations and identify the most functional levels for lower extremity amputation in compromised DFU patients. By reviewing recent data on these amputations, we hope to aid surgeons in choosing the appropriate level for intervention and highlight certain areas of weakness in the literature requiring further investigation.

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# 6<sup>th</sup> International Conference on Wound Care, Nursing and Tissue Science

May 20, 2022 | Webinar

Received date: April 11, 2022 | Accepted date: April 13, 2022 | Published date: May 30, 2022

## Pressure injury care program effects on nurses' performance and patients' pressure injury wound healing outcomes

**Samia Gaballah**

Suez Canal University, Egypt

Pressure injury (PI) is a major health problem which imposes a considerable social and economic burden nationally and globally.

Aim of the study was to investigate the effect of PI care program on nurse's performance and patients' pressure injury wound healing outcomes. Study design was a quasi-experimental control group using pre-post and follow up design. Sample of thirty nurses and fifty patients were allocated in the current study in two medical units at one of the general hospitals in Ismailia City.

**Tools:** Six tools included nurses' demographic data sheet, pressure injury knowledge questionnaire, and pressure injury care observational checklist, patients' demographic and medical profile data sheet, The Braden Scale, and patients' pressure injury wound healing outcomes were

used to collect data.

**Results:** The study revealed that nurses' knowledge and practices, were significantly improved towards PI care post program implementation when compared to preprogram. Moreover, there was a significant improvement in PI wound healing among patients cared with nurses after receiving the educational program compared with patients who received care before the program.

**Conclusion:** The PI educational program could improve nurses' performance as well as PI wound healing among cared patients.

**Recommendation:** Endorse the educational program for pressure injury care in the nurses' orientation program plus continuous in-service education.

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