



Wound photography may motivate patients

Having patients view photographs of their wounds can motivate them to become more involved in managing those wounds, according to a study in *International Wound Journal*, particularly when wounds are in difficult-to-see locations.

In the wound care clinic where the study took place, 86% of patients had difficult-to-see wounds and only 20% monitored their wounds for healing progress, relying instead on clinicians.

“**Patient perception of wound photography^A**” notes that patients report a loss of autonomy when they can’t view their wound, 81% said photographing the wound would help them track its progress, and 58% said photography would give them more involvement in their own care.



Lymphedema after surgery for endometrial cancer

The risk of developing lower-extremity lymphedema is 23% for women with endometrial cancer who undergo lymphadenectomy compared with hysterecto-

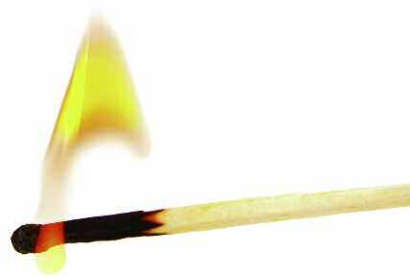
my alone, with an overall prevalence of 47%, according to “**Lymphedema after surgery for endometrial cancer: Prevalence, risk factors, and quality of life^B**.”

The study in *Obstetrics and Gynecology*, which included 1,048 patients, also found that multiple quality-of-life scores were worse in women who developed lower-extremity lymphedema.

Diabetic sensorimotor neuropathy may explain GI complaints

A study in the *Journal of Diabetes and Its Complications* concludes that in patients with diabetes and sensorimotor neuropathy, there’s “substantial evidence of concomitant cutaneous, cardiac and visceral autonomic neuropathies.” The authors of the study add that diabetic sensorimotor neuropathy can reduce quality of life and may explain the higher prevalence of GI complaints.

“**Association between visceral, cardiac and sensorimotor polyneuropathies in diabetes mellitus^C**” studied 20 patients with sensorimotor neuropathy and diabetes and 16 healthy control subjects.



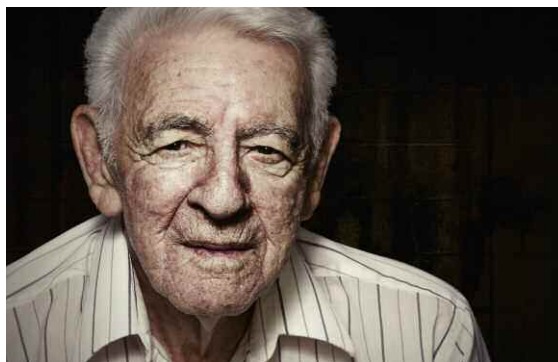
Growth factor therapy may improve healing time for partial-thickness burns

Topical application of growth factor (GF) therapy in patients with partial-thickness

burns reduces healing time compared with standard wound care alone, according to an analysis in *International Wound Journal*.

The authors of “**Growth factor therapy in patients with partial-thickness burns: A systematic review and meta-analysis^D**” analyzed 13 studies comprising a total of 1,924 participants with 2,130 wounds to evaluate the effects of fibroblast growth factor (FGF), epidermal growth factor (EGF), and granulocyte macrophage-colony stimulating factor on partial-thickness burns. In addition to decreased healing time, scar improvement was noted with FGF and EGF.

Patients who received GFs had no significant increase in adverse events.



Factors associated with infection in patients with extremity lymphedema

“**Factors associated with reported infection and lymphedema symptoms among individuals with extremity lymphedema^E**” found that the following factors are associated with infection: male gender, self-report of heaviness, and lower-extremity as opposed to upper-extremity involvement. Factors associated with symptoms include infection, lower knowledge level of self-care, and presence of secondary lower-extremity lymphedema.

Factors associated with both infection

and symptoms include decreased annual household income and decreased self-care, according to the survey of 1,837 participants, which was published in *Rehabilitation Nursing*.

Fitzpatrick Skin Type Scale studied

“**The Fitzpatrick Skin Type Scale: A reliability and validity study in women undergoing radiation therapy for breast cancer^F**,”

in the *Journal of Wound Care*, found that only the Sun Exposure subscale of the Fitzpatrick Skin Type Scale has good reliability and validity.

Analysis for other subscales, Genetic Disposition and Tanning Habits, found issues with both internal reliability and construct validity, yet the tool continues to be used in clinical practice.

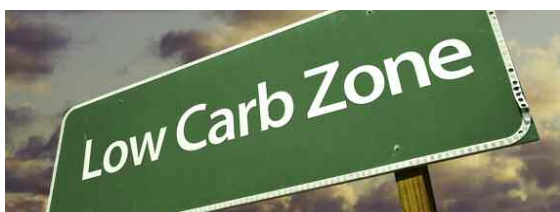


Caffeine may hinder wound healing

A study in *International Wound Journal* reports that caffeine, which has antioxidant properties, restricts cell proliferation of keratinocytes and delays cell migration, which may inhibit wound healing and epithelialization. Both effects are dose dependent. The authors, who used primary human keratinocytes, HaCaT cell line, and

an ex vivo model of human skin for the study, noted that cell adhesion and differentiation weren't affected.

“The effects of caffeine on wound healing⁶” concludes that the findings “are more in support of a role for caffeine as adenosine-receptor antagonist that would negate the effect of adenosine in promoting wound healing.”



Very low-carb, low saturated fat diet improves glycemic control and may reduce CVD risk in patients with diabetes

“A very low carbohydrate, low saturated fat diet for type 2 diabetes management: A randomized trial^h,” which compared this diet to a high- unrefined carbohydrate, low-fat diet, found that both diets resulted in “substantial” improvements for several clinical glycemic control and cardiovascular disease (CVD) risk markers, but the very low-carbohydrate diet resulted in greater benefit.

The authors of the study, which included 93 obese adults and was published in *Diabetes Care*, also reported that reductions in glycemic variability and antiglycemic medication requirements were greatest with the very low-carbohydrate diet. Both diets were hypocaloric.

Purse-string technique after ileostomy closure

“Systematic review and meta-analysis of published randomized controlled trials comparing

purse-string vs conventional linear closure of the wound following ileostomy (stoma) closure^l”

concludes that purse-string closure is associated with a reduced risk of surgical-site infection without affecting duration of the operation and length of hospital stay.

The authors of the study in *Gastroenterology Report* analyzed three randomized, controlled trials for a total of 105 patients in the purse-string closure group and 101 patients in the conventional closure group.

Cost effectiveness of NPWT

“Evaluation of wound care and health-care use costs in patients with diabetic foot ulcers treated with negative pressure wound therapy (NPWT) versus advanced moist wound therapy (AMWT)^j” found that NPWT was more cost effective than AMWT in patients with “recalcitrant” wounds that didn't close during a 12-week period.

The study, published in the *Journal of the American Podiatric Medical Association*, included 169 patients who received NPWT and 166 who received AMWT. The researchers concluded that the lower expenditures on procedures and use of healthcare resources accounted for the lower costs associated with NPWT. ■

Online Resources

- A. <http://onlinelibrary.wiley.com/doi/10.1111/iwj.12293/abstract>
- B. <http://www.ncbi.nlm.nih.gov/pubmed/25004343>
- C. <http://www.sciencedirect.com/science/article/pii/S1056872713002754>
- D. <http://onlinelibrary.wiley.com/doi/10.1111/iwj.12313/abstract>
- E. <http://www.ncbi.nlm.nih.gov/pubmed/25042377>
- F. <http://www.journalofwoundcare.com/cgi-bin/go.pl/library/abstract.html?uid=105647>
- G. <http://onlinelibrary.wiley.com/doi/10.1111/iwj.12327/abstract>
- H. <http://care.diabetesjournals.org/content/early/2014/07/29/dc14-0845.abstract>
- I. <http://www.ncbi.nlm.nih.gov/pubmed/25011379>
- J. <http://www.ncbi.nlm.nih.gov/pubmed/24725034>