



Value of systematic reviews and meta-analyses in wound care

“Systematic reviews and meta-analyses—literature-based recommendations for evaluating strengths, weaknesses, and clinical value^A,” in *Ostomy Wound Management*, discusses evidence-based practice and how systematic reviews (SRs) and meta-analyses (MAs) can help improve management of wound care patients.

The authors of the article explain evidence-based practice and provide useful definitions for key terms. They then provide a list of eight questions to use when evaluating SRs and practical tips such as how to search for SR and MA studies. The article finishes with a list of eight interventions supported by the most evidence: hydrocolloidal dressings, honey, biosynthetic dressings, iodine complexes, silver compounds, hydrogels, foam dressings, and negative pressure wound therapy.

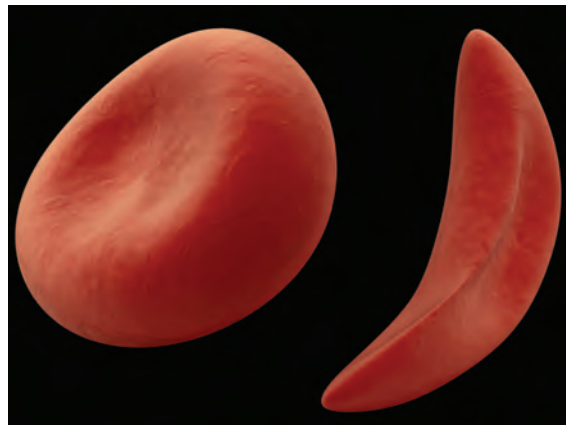
Inflammatory markers and diabetic foot osteomyelitis

Procalcitonin (PCT) is higher in patients with osteomyelitis than those without, according to a study of 35 patients with infected foot ulcers published in *International Wound Journal*.

The authors of **“The value of inflammatory markers to diagnose and monitor diabetic foot osteomyelitis^B”** also measured erythrocyte



sedimentation rate (ESR), C-reactive protein (CRP), interleukin-6 (IL-6), interleukin-8 (IL-8), and monocyte chemoattractant protein-1 (MCP-1) at baseline and after 3 and 6 weeks of standard therapy. They found that CRP, ESR, PCT, and IL-6 levels decreased significantly in patients with osteomyelitis after starting therapy, while MCP-1 increased. These findings indicate the markers might be helpful in monitoring response to therapy.



Proposed treatment algorithm for patients with sickle cell disease and leg ulcers

The authors of **“A treatment algorithm to identify therapeutic approaches for leg ulcers in patients with sickle cell disease^C,”** published in *International Wound Journal*, note that sickle cell ulcers, a common complication of sickle cell disease, are slow to heal and often recur. The article

reviews treatment options and presents a proposed treatment algorithm.



Mechanism of action for maggot therapy

Maggot debridement therapy can promote healing in patients with diabetic foot wounds, according to “**Maggot debridement therapy promotes diabetic foot wound healing by up-regulating endothelial cell activity^d.**”

The authors of the study, published in *Journal of Diabetes and Its Complications*, report that maggot excretions/secretions promote healing by “up-regulating endothelial cell activity.” In vitro, maggot excretions/secretions increased human umbilical vein endothelial cell proliferation, improved tube formation, and increased expression of vascular endothelial growth factor receptor 2 in a dose-dependent manner. CD34 and CD68 levels were increased in treated wounds.



People with diabetes and PAD at greater risk for impaired mobility

“**Diabetes is associated with increased risks of low lean mass and slow gait speed when peripheral artery disease is present^e,**” published in *Journal of Diabetes and Its Complications*, notes that low lean mass and

mobility impairment were not seen in people who had either diabetes or peripheral artery disease (PAD) alone, only when both were present.

The study included 4,769 participants 40 years or older from the National Health and Nutrition Examination Survey 1999–2004.



Systematic review of diabetic foot offloading

“**Treatment of the diabetic foot by offloading: a systematic review^f**” reports that total contact casts are the “most effective” devices for ulcer healing. However, the authors of the study in *Journal of Wound Care* note that contact casts “are not without complications and their impact on cost, compliance, and quality of life is not well understood.” The review included 15 studies.



Fleet enema may be sufficient prep for DLI surgery

A fleet enema alone may be sufficient for preoperative bowel prep in patients undergoing anterior resections followed by a diverting loop ileostomy (DLI), according to

“Colonic transit: what is the impact of a diverting loop ileostomy?”

The study in *ANZ Journal of Surgery* included 10 patients with a mean age of 57 years who were undergoing low anterior resection or ultra-low anterior resection for treatment of rectal cancer.

CDP with surgery treatment option for lower-extremity lymphedema

The combination of complex decongestive physical therapy (CDP) perioperatively and reduction surgery is an option for some patients with elephantiasis lymphedema of the lower extremity, according to a study in *Obesity Surgery*.

“An integrative therapeutic concept for sur-

gical treatment of severe cases of lymphedema of the lower extremity”

included 26 patients who underwent CDP and surgery and 30 patients who received medial thigh lift due to post-bariatric or aesthetic issues. ■

Online Resources

- A. <http://www.o-wm.com/article/systematic-reviews-and-meta-analyses-literature-based-recommendations-evaluating-strengths>
- B. <http://onlinelibrary.wiley.com/doi/10.1111/iwj.12545/abstract>
- C. <http://onlinelibrary.wiley.com/doi/10.1111/iwj.12522/abstract>
- D. <http://www.jdcjournal.com/article/S1056-8727%2815%2900447-X/abstract>
- E. <http://www.jdcjournal.com/article/S1056-8727%2815%2900453-5/abstract>
- F. <http://www.magonlineibrary.com/doi/abs/10.12968/jowc.2015.24.12.560>
- G. <http://onlinelibrary.wiley.com/doi/10.1111/ans.13376/abstract?userIsAuthenticated=false&deniedAccessCustomisedMessage=>
- H. <http://link.springer.com/article/10.1007/s11695-015-1982-2>

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