SUMMER 2014
VOL.12 NO.2

Wound Care CANADA

THE OFFICIAL PUBLICATION OF THE CANADIAN ASSOCIATION OF WOUND CARE

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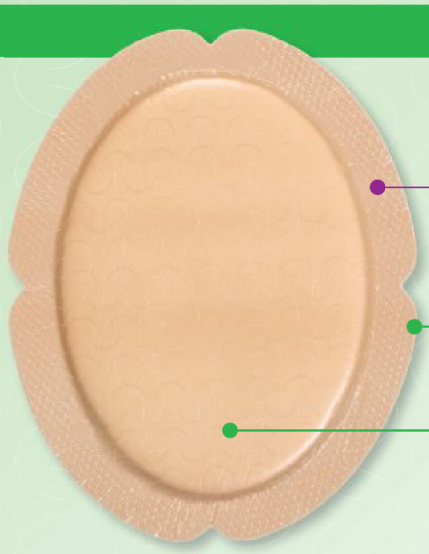

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All editorial material published in *Wound Care Canada* represents the opinions of the writers and not necessarily those of the Canadian Association of Wound Care.

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The Canadian Association of Wound Care (www.cawc.net) is a non-profit organization of health-care professionals, industry participants, patients and caregivers dedicated to the advancement of wound prevention and care in Canada.

The CAWC was formed in 1995, and its official meeting is the CAWC annual conference held in Canada each year. The association's efforts are focused on five key areas: public policy, clinical practice, education, research and connecting with the international wound care community. The CAWC works to significantly improve patient care, clinical outcomes and the professional satisfaction of wound care clinicians.

Don't Miss Out

Each time a new issue becomes available, subscribers will be notified by an email that contains a live link to the online magazine. If you are not already a subscriber, just send an email to info@cawc.net to get on the list. **It's free!**

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More is more

This fall, something very special is happening in the world of wound care. The Canadian Association of Wound Care (CAWC) has teamed up with the Canadian Association for Enterostomal Therapy and the World Alliance for Wound and Lymphedema Care to hold a mega-conference in Toronto, ON, October 30 to November 2, 2014.

As any reader who has attended a conference knows, a large gathering of professionals who share common goals and challenges can be a terrific place to learn, network and gain new perspectives. By bringing together the resources of three leading wound organizations, this conference will provide a large variety of the latest information on wound management for health-care professionals—whether they are frontline wound specialists, family physicians, part of the allied health group, educators, administrators or policy makers.

In this special issue of *Wound Care Canada* we focus solely on the upcoming conference. The magazine contains short articles covering topic areas being addressed at the conference and provides insight into who would benefit most by attending.

Delegates who attend all four days will have the optimum experience, but, because the conference agenda has been designed to group topics into blocks, even delegates with limited time or narrow focus will benefit from single-day attendance. The annotated agenda on page 18 provides a new way of looking at the blocks and specific sessions and can help you plan your days.

There is no shortage of sessions and events for every type of delegate. The various plenaries and topic-focused presentations by local, national and international experts will be the core of the conference. Industry-sponsored sessions, which run all day on Day 1 and are scheduled on the other three days, will provide attendees with the opportunity to learn about new and existing products or to hear renowned speakers. The oral and poster presentations will showcase the latest research. A variety of formal and casual networking events, which are perfect for getting together with colleagues—new and familiar—are scattered throughout the four days.

If you have already registered, check out the articles in this issue so you can plan your conference schedule. If you have not yet decided whether the conference is right for you, read up on the possibilities and consider joining us in the fall.

If you have colleagues in your workplace—or even your family doctor—who have not attended a wound conference before, please pass the link to the magazine along to them so they can see how they could improve their practice through full or single-day participation.

— Sue Rosenthal, Editor

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1. Tucker AT et al, Int J Angiol. 2010 Spring; 19(1): e31–e37
2. Jawad H, et al JVSV Vol 2; No 2. 2013

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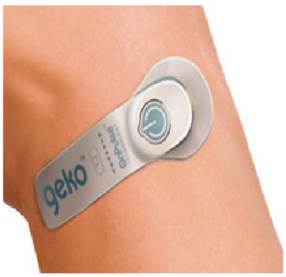

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Conference Info

Visit **www.cawc.net/en/index.php/conference/** to learn more about the conference, see the agenda and register.
Hallowe'en party RSVP: noelnorm@hotmail.com.

Canadian Association of Wound Care / Association canadienne du soin des plaies

The Canadian Association for Enterostomal Therapy
Association Canadienne des Stomothérapeutes

Wound Groups Join Forces

An invitation from CAWC President Greg Archibald, MD, FCFP and CAET President Paulo Da Rosa, RN, BScN, MClScWH, CETN(C)

Two national organizations involved in improving wound care, the Canadian Association of Wound Care (CAWC) and the Canadian Association for Enterostomal Therapy (CAET), along with the World Alliance for Wound and Lymphedema Care (WAWLC), are coming together to hold an educational conference, October 30 – November 2, 2014, at the Westin Harbour Castle in Toronto, Ontario. This conference will strengthen leadership in wound, ostomy and continence care.

The Burden of Wound Care

The current cost of wound care in Canada is at least $3.9 billion annually. This accounts for 3% of total health expenditures. (To provide context, stroke care, which is much better known as a health-care concern, consumes $2.5 billion.) The Canadian population is aging, resulting in increased demands on the health-care system. Combine this with the growing rates of chronic diseases such as diabetes, and it is evident that action needs to be taken to improve clinical outcomes and control costs. Currently, treatment for diabetic foot ulcers costs more than $150 million nationally each year, with the average cost of treating a single infected diabetic ulcer at $17,000.

The Benefits of Attending

As a result there is an urgent need to prevent wounds and reduce healing time, recurrence, system costs and patient pain and suffering. Our conference, Action 2014: Skin Health for Canada, is an organized, educational approach designed to expose delegates to national and international thought leaders. Health-care professionals at the conference will gain the tools necessary to work toward wound prevention and sustainability of wound care programs, and be able to network with others in their own and other fields and geographical regions.

A Smart Investment

By attending the conference, you will be investing in the development of knowledge, skills and connections that will bring potentially big returns through better patient outcomes. For a conference registration fee of under $400, you will experience the latest education/information on wound prevention and intervention that could result in thousands of dollars of savings within your program. Even more important, you will gain knowledge that will result in improved quality of life for your patients and family caregivers. That's the best investment of all!

For more on the conference, read through this special issue of *Wound Care Canada*, then visit www.cawc.net and register today!

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3. 2013 Statistics Canada population data.

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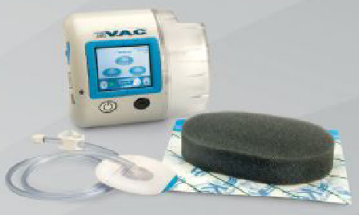

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News in Wound Care

Canadian Association of Wound Care / Association canadienne du soin des plaies

CAWC News

20 Years in the Making: The New CAWC

By Douglas Queen, BSc, PHD, MBA, Executive Director, CAWC

This is the year of the CAWC's 20th annual conference and, for the first time, we've expanded to also include the Canadian Association for Enterostomal Therapy (CAET) and the World Alliance for Wound and Lymphedema Care (WAWLC). This is a big year that you just cannot afford to miss! The conference will not only showcase exciting new topics and expert faculty but will also offer a sneak peek into the new face of the CAWC as we move into a new era of joint international, national and provincial collaboration and strong multidisciplinary engagement from all team members.

Whether you are a frontline clinician, researcher, educator, administrator, policy maker or industry partner, this year's conference will have a true multidisciplinary focus. Sessions will deliver nursing, medical, allied health and surgical perspectives, along with the patient voice. The wide range of topics covers clinical, policy and research information, as well as the latest in technology and communications. With over 70 faculty members and varied exhibits, the conference promises international and national insights on wound care and improving patient outcomes.

One of the many networking opportunities at the conference is the Hallowe'en Party. Don't miss it!

Conference Tip:
If you're at the conference with someone from your facility, split up and attend different sessions and then share notes and key learning points afterward.

Organizational News

This has been a big year for the CAWC as it truly marks the new era of what you should be expecting from your national organization: a strong commitment to improving the lives of patients living with wounds, innovative programs that utilize national and international experts as well as the latest technology to deliver them, along with strong collaborations with international wound care organizations, government partners, partnering organizations, patients and clinicians—as well as industry partners.

Recent Program Successes

- Significant interest in the online educational modules, which are a joint collaboration with the Ontario Hospital Association
- The licensing of the PEP Talk diabetes program in seven chronic disease co-ordination centres in Ontario that will be rolling out the program in their communities in the North East, North West, Toronto Central, Central West, Mississauga Halton, Waterloo-Wellington and South West Local Health Integrated Networks (LHIN)
- Successful release of *Diabetic Foot Canada* eJournal, a joint collaboration with RNAO
- Relaunch of *Wound Care Canada*, as an online-only publication
- Collaboration with Health Sciences North in Ontario on several patient and clinician education programs
- Collaboration with Memorial University of Newfoundland on the delivery of educational programs
- Collaboration with the Northern Ontario School of Medicine on the delivery of educational programs
- Joint collaboration with Queen's University in Ontario in research
- A new partnership with the Australian Wound Management Innovation Co-operative Research Centre

- Discussions on new collaborations with Health Canada, Banting and Best group and other health regions

Come to conference and learn more about these and other exciting collaborations, partnerships and programs in the works. See you at conference!

The Canadian Association for Enterostomal Therapy
Association Canadienne des Stomothérapeutes

CAET News

By Catherine Harley, RN, eMBA, Executive Director, CAET

The Canadian Association for Enterostomal Therapy (CAET) has had a few changes in the Board of Directors. We would like to announce the new president: Paulo Da Rosa, RN, BScN, MClScWH, CETN (C). Paulo is an enterostomal therapy nurse (ETN) at the London Health Sciences Centre in London, ON. We would also like to announce the new President-elect, Rosemary Hill, RN, BScN, CWOCN, who works at Vancouver Coastal Healthcare as an ETN in Vancouver, BC. We also welcome two new regional directors: Kathy Mutch, RN, BN, CETN (C), from PEI and Donna Fossum, RN, BScN, CETN (C), from Thunder Bay, ON.

The CAET has been working on some interesting initiatives over the past several months in order to advance the profession of wound, ostomy and continence care. The initiatives, many of which will be completed within the next year, have been focused in the following areas:

- In the Informatics and Research Core program, a committee led by Jean Brown RN, BScN, ET, has been working on a patient decision aid for intermittent self-catheterization.
- Carla Wells, RN, ET, PhD, has been leading a group working on the revision of CAET Enterocutaneous to support wound, ostomy and continence care.
- There will also be a new educational program on conservative sharp wound debridement.
- To address the issue of inequitable reimbursement of ostomy supplies across Canada,[1] the CAET is partnering with the United Ostomy Association of Canada (UOAC) to advocate to government for better reimbursement to support people living in Canada with an ostomy.

We look forward to seeing everyone at the joint CAWC/CAET conference!

References

1. Turnbull GB. Ostomy supplies out of balance. Ostomy Wound Manage. 2001;47(4)2–3.

Latest News from Regroupement Québécois en Soins de Plaies

RQSP

We are pleased to announce our next scientific day: March 20 and 21, 2015, at the Delta Sherbrooke Hotel and Conference Centre, Sherbrooke, QC. For more information and to register, please visit www.rqsp.ca.

OntWIG
Ontario Woundcare Interest Group

OntWIG Update

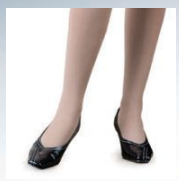
The 5th annual symposium, Critical Perspectives in Evolving Ontario Wound Care Policy, held April 25, 2014 in Niagara-on-the-Lake, ON, was a great success. Symposium presentations and the proceedings booklet are available online at www.ontwig.ca.

Following panel and roundtable discussions, four working groups were established that will further the framework for consolidated centralized wound care services in Ontario:

- Costing model for wound care across the continuum of care
- Gap analysis on existing clinical and outcome-based pathways
- Wound care "certification" model
- Development of a minimum and consistent data set for common wounds

We welcome interested persons to contact Karen Laforet at ontwig@gmail.com.

OntWIG is participating in an OACCAC working group to complete a clinical analysis of the outcome-based pathway proof-of-concept data. Laura Teague is representing OntWIG on this committee.



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CAWC Annual Conference:

About Our Conference Partners

The Canadian Association for Enterostomal Therapy
Association Canadienne des Stomothérapeutes

Canadian Association for Enterostomal Therapy (CAET)

By Catherine Harley, RN, eMBA, Executive Director, CAET

Enterostomal therapy was introduced into Canada in the late 1960s. In 1982, the Canadian Association for Enterostomal Therapy was incorporated, giving this area of nursing practice formal recognition within the nursing profession and Canadian health-care system. Enterostomal therapy nursing is recognized by the Canadian Nurses Association (CNA) as a nursing specialty designated for CNA certification: CETN(C). The versatility of the ETN role and practice is established in hospitals, ambulatory care, rehabilitation programs, continuing and long-term care, community and independent practice.[1]

The role of the ETN comprises three domains: wound, ostomy and continence care. Within each of these domains the ETN encompasses five roles of practice: leader, clinician, consultant, educator and researcher. ETNs provide specialized holistic assessment, prevention and management strategies and advocacy across the continuum of care for those living with ostomies, acute and chronic wounds and urinary and fecal incontinence. ETNs are recognized for promoting a positive influence on quality of life for patients and families within their care.[2] ETNs improve access to effective and integrated care by co-ordinating specialized requirements with hospital, community and follow-up services, which may include family physicians, specialists, other health-care professionals and services.

As a leader, the ETN advances enterostomal therapy nursing practice and promotes quality client care. As a role model, resource, facilitator, advocate, decision maker and co-ordinator, the ETN demonstrates excellence in leadership. As a change agent and through innovative practice, the ETN is instrumental in shaping social and economic policy, demonstrating improved cost outcomes.[3] This leadership is exercised within the three domains of the ETN specialty locally, regionally, provincially, nationally and internationally.

About the CAET

The Canadian Association for Enterostomal Therapy (CAET) is a not-for-profit association for over 350 nurses specializing in the nursing care of patients with challenges in wound, ostomy and continence. The CAET acts in the public interest for Canadian ETNs to give national leadership in wound, ostomy and continence nursing, promoting high standards for ET nursing practice, education, research and administration to achieve quality specialized nursing care. The CAET speaks for Canadian ETNs and gives registered nurses specialized in enterostomal therapy nursing a strong national association through which they can support each other and speak with a powerful, unified voice. The CAET is working toward taking an active role in legislative policy that could influence the health-care decisions that affect ET nursing professionals every day.

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World Alliance for Wound and Lymphedema Care

By David Keast, BSc, MSc, Dip Ed, MD, CCFP, FCFP, President, WAWLC

The World Alliance for Wound and Lymphedema Care (WAWLC) is a non-governmental organization, incorporated in Geneva, working in partnership with the Neglected Tropical Diseases Unit of the World Health Organization and wound and lymphedema care organizations around the world to foster best practices in limited-resource settings. WAWLC does not deliver programs itself but works with other organizations to develop capacity in resource-limited settings through mentoring and education.

The objectives of WAWLC are:

1. To raise awareness of the importance of chronic wounds and lymphedema as it relates to their economic and social impacts
2. To develop a global policy on principles of wound care and lymphedema management
3. To support countries in developing their capacities to use current knowledge and technologies on wound and lymphedema care to treat affected populations
4. To contribute to strengthening health systems in affected countries at all levels in order to achieve objective #3
5. To support research aimed at improving the management of chronic wounds and lymphedema

The History

In July 2007, at a Lymphatic Filariasis Workshop on Disability Prevention for Field Managers in Accra, Ghana, sponsored by Handicap International, a working group was formed to consider integration of wound and lymphedema care in limited-resource settings. A follow-up meeting was held in Geneva in September of that year. The working group agreed to move forward to create a white paper for the World Health Organization (WHO). Integration was interpreted to mean co-ordinated activity by multiple organizations, alignment of current activities and identification of common services and processes.

Follow-up meetings were held in Geneva in March and October of 2008. These were attended by the authors of the white paper and representatives of WHO, Handicap International, Médecins Sans Frontières, Health Volunteers Overseas, the Royal Tropical Institute of Amsterdam, Netherlands Leprosy Relief and Geneva University Hospitals. Attendees paid their own way. Writing occurred between the meetings.

In October 2009 a follow-up meeting was held in Geneva. It was attended by 40 participants collectively representing WHO, 43 countries, 11 medical societies, four NGOs and two industry observers. WAWLC formed and the Mission, Objectives, Structure and Deliverables were agreed upon.

Activities

The WAWLC has been involved in a range of activities since its formation.

- In 2010 the white paper "Wound and Lymphoedema Management," edited by John M. Macdonald and Mary Jo Geyer, was published by WHO as an official document.
- Site assessment visits were made to Uganda, Cameroon and Sierra Leone.
- Buruli ulcer is a skin infection caused by the bacterium *Mycobacterium ulcerans*. WAWLC is working with WHO to implement a 500-patient randomized controlled trial for treatment of Buruli ulcer with oral antibiotics instead of intramuscular injections in combination with modern wound care techniques in Ghana, Benin and Cameroon.
- Podoconiosis is a form of lymphedema caused by walking barefoot in volcanic soils. WAWLC is working with the Black Lion Hospital in Addis Abba, Ethiopia, to implement a program of wound and lymphedema care.
- WAWLC is working with the Pan African Academy of

Christian Surgeons (PAACS) to develop capacity with African surgeons in modern wound care techniques.

- Lymphatic filariasis is endemic in only two locations in the Western hemisphere: Haiti and Brazil. WAWLC facilitated the restarting of the lymphedema clinic in Léogâne, Haiti, which had become inactive. This is a joint project of WAWLC, Notre Dame University, Nova Southeastern University, International Lymphedema and Wound Care Training Institute and WHO.
- Starting from a tent hospital after the earthquake in Haiti, the wound care program at Hôpital Bernard Mevs in Port-au-Prince continues to develop. Care delivered by Haitians continues to advance with mentorship from WAWLC. The wound clinic at HBM is probably the most advanced in the entire Caribbean basin and is now involved in training other wound care providers. In association with Fondation Haïtienne de Diabète et de Maladies Cardio-Vasculaires a comprehensive diabetic foot ulcer clinic is starting.

The Future

Partnerships are being developed with other wound and lymphedema care organizations to have a hosted stream at their annual conferences. A very successful stream was held at EWMA in Denmark in 2013, and the WAWLC is looking forward to the hosted stream at the CAWC conference in Toronto in October 2014 (see page 18 for the annotated agenda).

Work is proceeding on the development of a standardized "wound care box" containing supplies for wound care in times of emergency or in clinics in resource-limited settings that can be stored and quickly shipped when ordered by an NGO.

Funding has been obtained for a burden of illness study in India, China and Brazil. This study is modelled after a European study that involves literature reviews in languages of local countries as well as the standard literature. The study got underway in 2014.

For more information on WAWLC, please visit http://wawlc.org.

Online Wound Care Education

ONLINE TRAINING FOR WOUND PREVENTION AND MANAGEMENT

Wound care is present in all areas of the health-care system, whether in hospitals, clinics, long-term care institutions or the community. It is estimated that **30% to 50% of all health-care interventions involve wound care**, and it is further estimated that the annual cost of wound care in Canada is over $3.9 billion. Despite its significance, little attention is paid to wound care by health-care policy-makers, politicians and the general public.

In an effort to shed some light on the importance of wound care knowledge, the Ontario Hospital Association (OHA) and Canadian Association of Wound Care (CAWC) created the Foundations of Wound Care program. The program includes four online training modules that provide a solid foundation for those who would like to learn more about wound prevention and management:

- Introduction to Wounds
- Prevention and Management of Venous Leg Ulcers
- Prevention and Management of Pressure Ulcers
- Prevention and Management of Diabetic Foot Ulcers

Successful completion of the Foundations of Wound Care program is a prerequisite for other CAWC educational programs.

For more information on the modules, please visit **www.oha.com/woundcare.**
For any additional questions, please contact Candace Simas at csimas@oha.com or 416-205-1586.

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Health Sciences Centre
St. John's, NL

Topics to be covered:

- Diabetes Pandemic: Implications for Politicians, Policy Makers, Providers, Heath care Professional and Patients
- A 60 Second Foot Screening Presentation Video and Hands-On-Practice Session
- The diabetic foot vascular/ infection & pressure downloading VIP of diabetic foot
- Optimizing A1C Tips for Nutrition /BMI/ Blood Pressure/ Cholesterol Interactive Sessions
- Advances in Vascular Surgery and the Treatment of Infections
- Practical Tips for Plantar Pressure Redistribution & Foot Surgery
- Optimizing Local Wound Care
- How to Make a Difference Saving Limbs

Audience:

The Diabetic Foot Conference will include a wide variety of Diabetic Foot Care topics commonly encountered by Primary Healthcare Providers, Community Care, Acute Care and Long Term Care. This inter-professional program includes a variety of topics that will address the educational needs of physicians, nurse practitioners, nurses, physiotherapists, occupational therapists, pedorthists, chiropodists, and pharmacists.

Accreditation:

Memorial University of Newfoundland designates this continuing medical education activity for up to 5.75 credit hours for MAINPRO M-1 of the College of Family Physicians of Canada.

For more information and to register, visit www.med.mun.ca/pdcs/

CAWC Annual Conference:

Planning Your Conference Experience

With the conference taking place over four days, there is plenty of time for attendees to explore a range of topics or to focus on an area of particular interest—or combine the two approaches for an in-depth review of an area while gaining insight into new or unfamiliar subjects. The agenda is designed make identifying topic "blocks" as well as individual sessions easy. Here's an overview of the core topic areas and an annotated agenda to assist with your planning.

Wounds

Any breakdown in the skin is considered a wound, regardless of whether the cause is from outside or inside the body. While most wounds in healthy individuals heal with little intervention from health-care professionals, in some cases, often where the cause of the wound has not been removed, wound healing can be slow or stalled, leading to what's termed a *chronic wound*. In this case, it is usually necessary to engage a wound-care team to create and implement a treatment plan. This conference provides opportunities for all health-care professionals, regardless of their current level of wound expertise, to advance their wound management knowledge, resulting in better patient outcomes.

Ostomy

Having an ostomy procedure is a life-changing experience for the patient and their family. An ostomy is a surgical opening that can be created, at any age, from the intestine or urinary tract to the surface of the abdomen. This opening is created to remove feces or urine from the body and requires a medical device called a pouching system to contain the drainage. The pouching system needs to be emptied throughout the day and changed regularly to protect the surrounding skin. It is estimated that there are 70,000 individuals living with an ostomy in Canada, Of the 13,000 new ostomy surgeries performed annually 55% are colostomies, 31% ileostomies and 14% urostomies.[1] This conference will educate delegates to support prevention of complications and improve quality of life for patients living with ostomy and/or continence issues.

Lymphedema

Lymphedema, chronic swelling in an arm or leg caused by impaired lymph drainage, tends

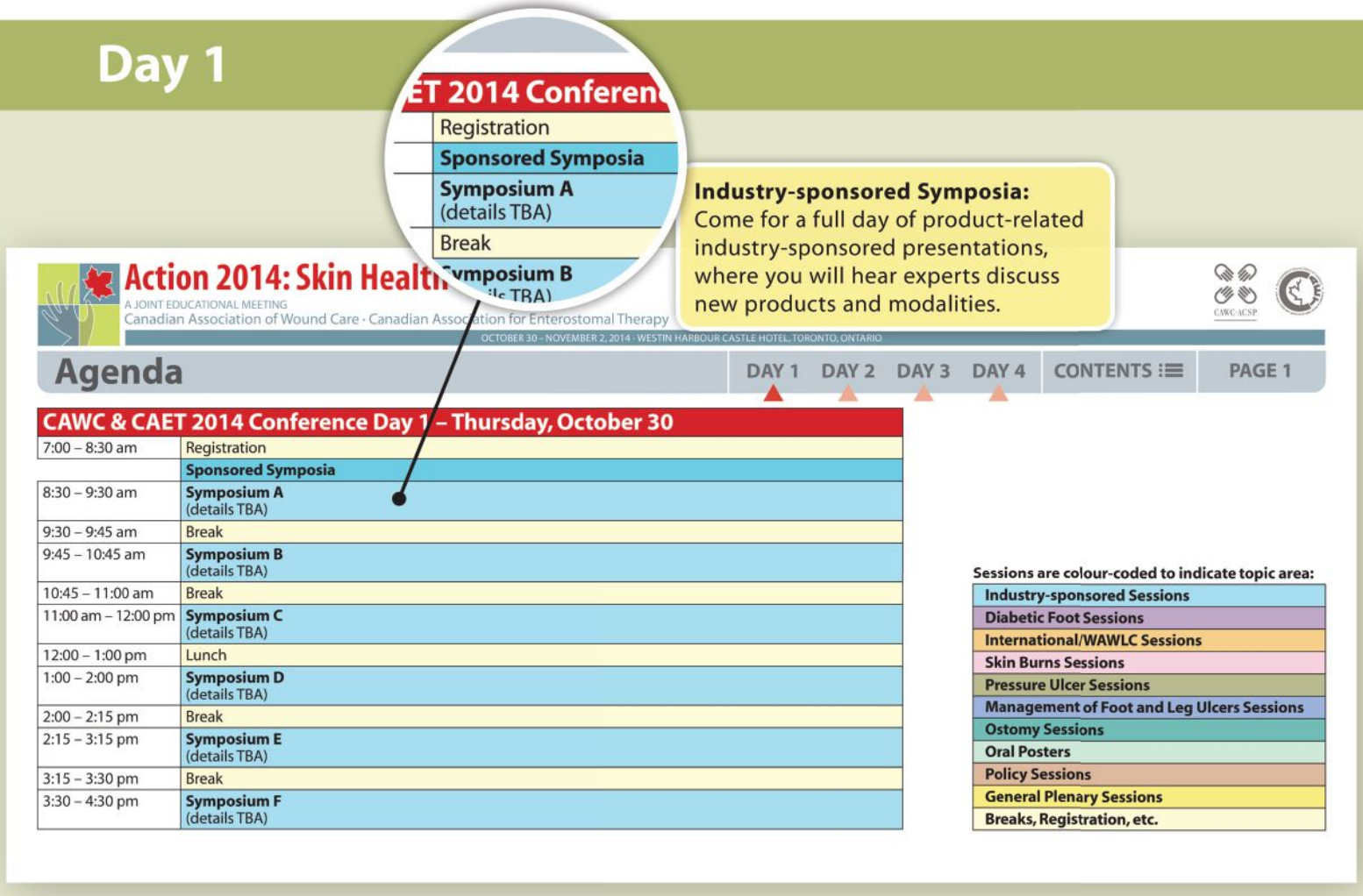
to be under-recognized despite its significant effects on persons with the condition. Some of these include skin infection, thickened skin, hyperkeratosis, papillomatosis, cellulitis, deep vein thrombosis and impaired functioning. The World Alliance for International/Wound and Lymphedema Care (WAWLC) block on Day 2 offers insight into the work being done by WAWLC around the world and how the lessons learned internationally can be applied here at home. See page 28 for an excellent primer on lymphedema.

Health Policy and Overviews

Who is a wound specialist? What impact can reporting and metrics have on wound prevention and care in Canada? How can the past inform the path forward? What role will social media have on wound care policy? What are the barriers and opportunities health professionals face in providing better wound management? How can peer leaders influence patient education and self-management at a time when chronic diseases are on the rise? While the clinical sessions provide essential information to conference attendees, the overview sessions that address these and other questions will be essential for any attendee interested in the larger issues in health policy in general and in wound prevention and management in particular.

Reference

1. Padilla LL. Transitioning with an ostomy: the experience of patients with cancer following hospital discharge. Submitted to the Faculty of Graduate and Postdoctoral Studies in partial fulfillment of the requirements for the degree of Masters of Science in Nursing and Primary Health Care Nurse Practitioner Certificate, University of Ottawa, April 2013.



To see the full agenda, please go to www.cawc.net/en/index.php/conference/agenda.

Day 2

Session 2: Be there at the beginning! Attend the opening ceremony and help kick off the conference.

Session 3: Keith Harding and Heather Orsted look ahead by looking back. See article on page 22 for a sneak preview of this session.

Action 2014: Ski
A JOINT EDUCATIONAL MEETING
Canadian Association of Wound Ca

Agenda

DAY

CAWC & CAET 2014 Conference Day 2 – Friday, October 31

7:00 – 8:00 am	Registration		
8:00 – 9:00 am	**Session 1.** Power Breakfast		
9:00 – 9:30 am	**Session 2.** Opening Ceremony		
9:30 – 10:15 am	**Session 3.** Opening Plenary: The Second Act – Back to the Future! *Presenters: Keith Harding, Heather Orsted*		
10:15 – 10:30 am	Break		
	Diabetic Foot Sessions	**International/WAWLC Sessions**	**Oral Posters**
10:30 – 11:00 am	**Session 4.** Advances of Vascular Assessment and Surgical Interventions of the Diabetic Foot *Presenter: Giuseppe Papia; Moderator: Andrew Dueck*	**Session 5.** New Lessons and Knowledge About Wound Care in Limited Resource Countries – WAWLC Guest Sessions *Presenters: David Keast, John Mcdonald, Terry Treadwell, Robyn Bjork; Moderator: David Keast*	Oral poster presentations
11:00 – 11:30 am	**Session 6.** Charcot Foot a Clinical Diagnoses *Presenter: Johnny Lau; Moderator: Barbie Murray*		
11:30 am – 12:00 pm	**Session 7.** Debate Around Antibiotics & Conservative Foot Surgery in the Management of Osteomyelitis *Presenter: Johnny Lau, John Embil; Moderator: Keith Harding*	**Session 8.** Role of Self Management in Lymp *Presenters: Kathleen Reid, Robyn Bjork; Mod*	
12:00 am – 12:30 pm	**Session 9.** QOL of Adults Living with Diabetic Foot Disease *Presenter: John Embil; Moderator: Kevin Woo*		
12:30 – 1:00 pm	**Session 10.** Lunch…		
1:00 – 2:00 pm	**Session 11.** …and Learn		
	Diabetic Foot Sessions	**International/WAWLC Sessions**	**Oral Posters**
2:00 – 2:30 pm	**Session 12.** A1c – An Important Biomarker of Glycemic Control and Impact on Wound Healing *Presenter: Afshan Zahedi; Moderator: Keith Harding*	**Session 13.** Debate Around Wound C WAWLC Guest Sessions *Presenters: David Keast, John McDonald, H Moderator: Terry Treadwell*	al poster resentations
2:30 – 3:00 pm	**Session 14.** Burden of Diabetic Foot Disease in the Aboriginal Communities *Presenters: Shubie Chetty, Dorothy Phillips; Moderator: Andrew Springer*		
3:00 – 4:00 pm	**Session 15.** Plenary: Improving Diabetic Foot Care in Canada; Exploring Barriers and *Presenters: James Elliott, Shubie Chetty, Jan Hux; Moderator: R. Gary Sibbald*		
4:00 – 6:30 pm	Exhibits – Grand Opening and Reception		
7:30 – ? pm	Hallowe'en Party		

International/WAWLC Sessions: What can working in developing countries teach us about wound care in Canada? Check out these sessions organized by WAWLC to find out. See the articles on pages 12 and 29 for more on WAWLC and lymphedema.

Diabetic Foot Sessions: Diabetes is a common chronic disease that impacts everyone. These seven sessions are suitable for all HCPs and policy makers. Read the article on page 32 for more on the impact of diabetes in Canada.

Exhibits: Join us for wine and cheese and introduce yourself to national and international exhibitors demonstrating products and information valuable to your learning needs.

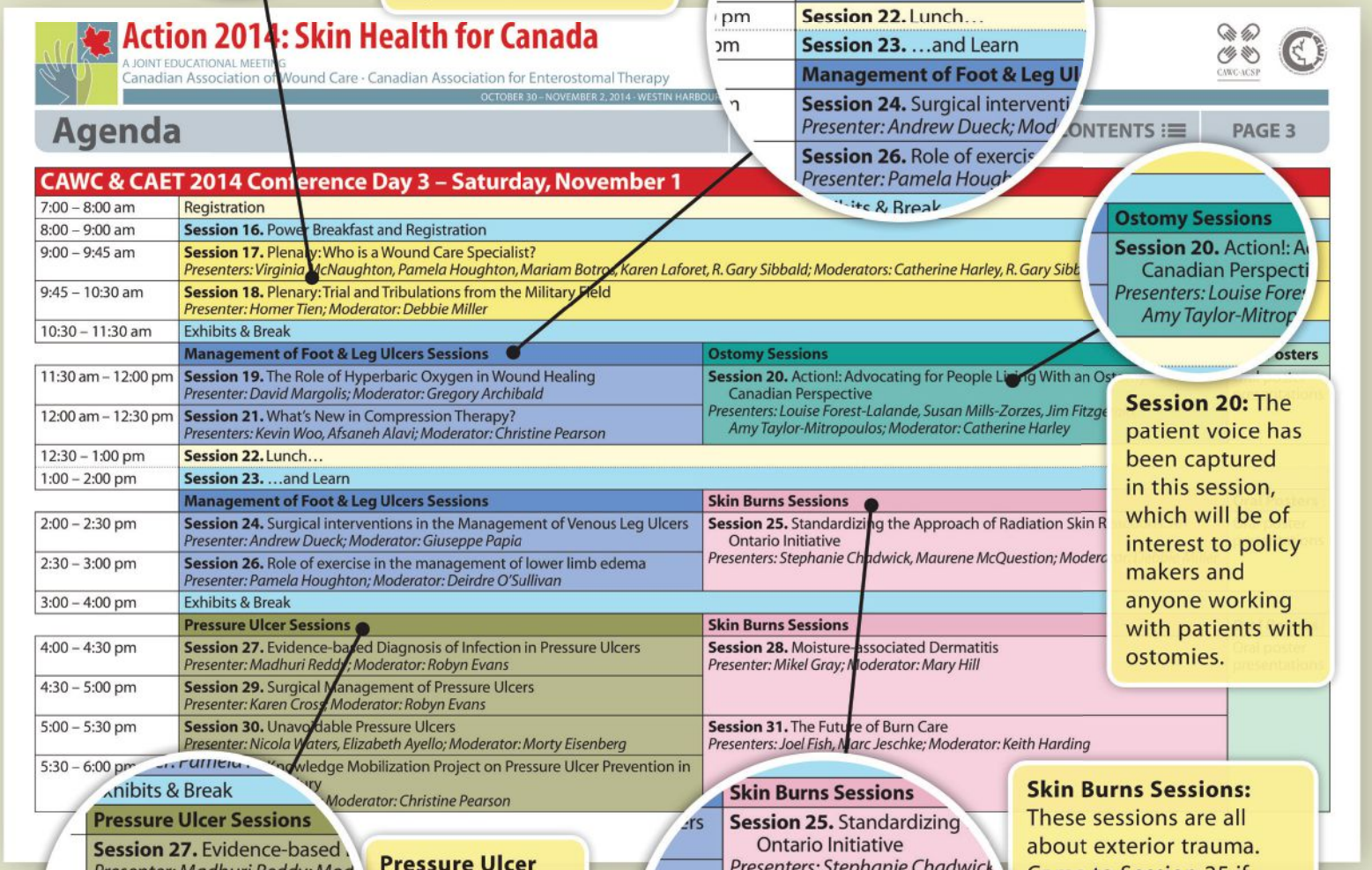
Hallowe'en Party: Dress up in your scariest costume and let your hair down at this hair-raising event. Cash bar. Dance the night away!

Day 3

Session 17: This session will provide animated discussion on the attributes required for a clinician to call themselves a wound care specialist. This session is suited to HCPs from all disciplines, including administrators and policy makers.

Session 18: Gain insight into an alternate practice setting that few get to experience.

Management of Foot & Leg Ulcers Sessions: These sessions will provide insight on management of lower leg edema and resulting ulcers. The sessions are particularly suited for RNs, MDs and PTs.



Action 2014: Skin Health for Canada

A JOINT EDUCATIONAL MEETING
Canadian Association of Wound Care · Canadian Association for Enterostomal Therapy
OCTOBER 30 - NOVEMBER 2, 2014 · WESTIN HARBOUR

Agenda

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CAWC & CAET 2014 Conference Day 3 – Saturday, November 1

7:00 – 8:00 am	Registration	
8:00 – 9:00 am	**Session 16.** Power Breakfast and Registration	
9:00 – 9:45 am	**Session 17.** Plenary: Who is a Wound Care Specialist? *Presenters: Virginia McNaughton, Pamela Houghton, Mariam Botros, Karen Laforet, R. Gary Sibbald; Moderators: Catherine Harley, R. Gary Sibb*	
9:45 – 10:30 am	**Session 18.** Plenary: Trial and Tribulations from the Military Field *Presenter: Homer Tien; Moderator: Debbie Miller*	
10:30 – 11:30 am	Exhibits & Break	
	Management of Foot & Leg Ulcers Sessions	**Ostomy Sessions**
11:30 am – 12:00 pm	**Session 19.** The Role of Hyperbaric Oxygen in Wound Healing *Presenter: David Margolis; Moderator: Gregory Archibald*	**Session 20.** Action!: Advocating for People Living With an Ost… Canadian Perspective *Presenters: Louise Forest-Lalande, Susan Mills-Zorzes, Jim Fitzge… Amy Taylor-Mitropoulos; Moderator: Catherine Harley*
12:00 am – 12:30 pm	**Session 21.** What's New in Compression Therapy? *Presenters: Kevin Woo, Afsaneh Alavi; Moderator: Christine Pearson*	
12:30 – 1:00 pm	**Session 22.** Lunch…	
1:00 – 2:00 pm	**Session 23.** …and Learn	
	Management of Foot & Leg Ulcers Sessions	**Skin Burns Sessions**
2:00 – 2:30 pm	**Session 24.** Surgical interventions in the Management of Venous Leg Ulcers *Presenter: Andrew Dueck; Moderator: Giuseppe Papia*	**Session 25.** Standardizing the Approach of Radiation Skin R… Ontario Initiative *Presenters: Stephanie Chadwick, Maurene McQuestion; Moderc*
2:30 – 3:00 pm	**Session 26.** Role of exercise in the management of lower limb edema *Presenter: Pamela Houghton; Moderator: Deirdre O'Sullivan*	
3:00 – 4:00 pm	Exhibits & Break	
	Pressure Ulcer Sessions	**Skin Burns Sessions**
4:00 – 4:30 pm	**Session 27.** Evidence-based Diagnosis of Infection in Pressure Ulcers *Presenter: Madhuri Reddy; Moderator: Robyn Evans*	**Session 28.** Moisture-associated Dermatitis *Presenter: Mikel Gray; Moderator: Mary Hill*
4:30 – 5:00 pm	**Session 29.** Surgical Management of Pressure Ulcers *Presenter: Karen Cross; Moderator: Robyn Evans*	
5:00 – 5:30 pm	**Session 30.** Unavoidable Pressure Ulcers *Presenter: Nicola Waters, Elizabeth Ayello; Moderator: Morty Eisenberg*	**Session 31.** The Future of Burn Care *Presenters: Joel Fish, Marc Jeschke; Moderator: Keith Harding*
5:30 – 6:00 pm	…nowledge Mobilization Project on Pressure Ulcer Prevention in …ry *Moderator: Christine Pearson*	

Session 20: The patient voice has been captured in this session, which will be of interest to policy makers and anyone working with patients with ostomies.

Pressure Ulcer Sessions: These sessions address issues relating to pressure ulcers, which can impact and be impacted by HCPs in all disciplines.

Skin Burns Sessions: These sessions are all about exterior trauma. Come to Session 25 if you're working in a cancer clinic or with patients who are being treated for cancer. Session 28, Moisture-associated Dermatitis, is suitable for everyone. If you work on a burn unit Session 31 is a must-attend.

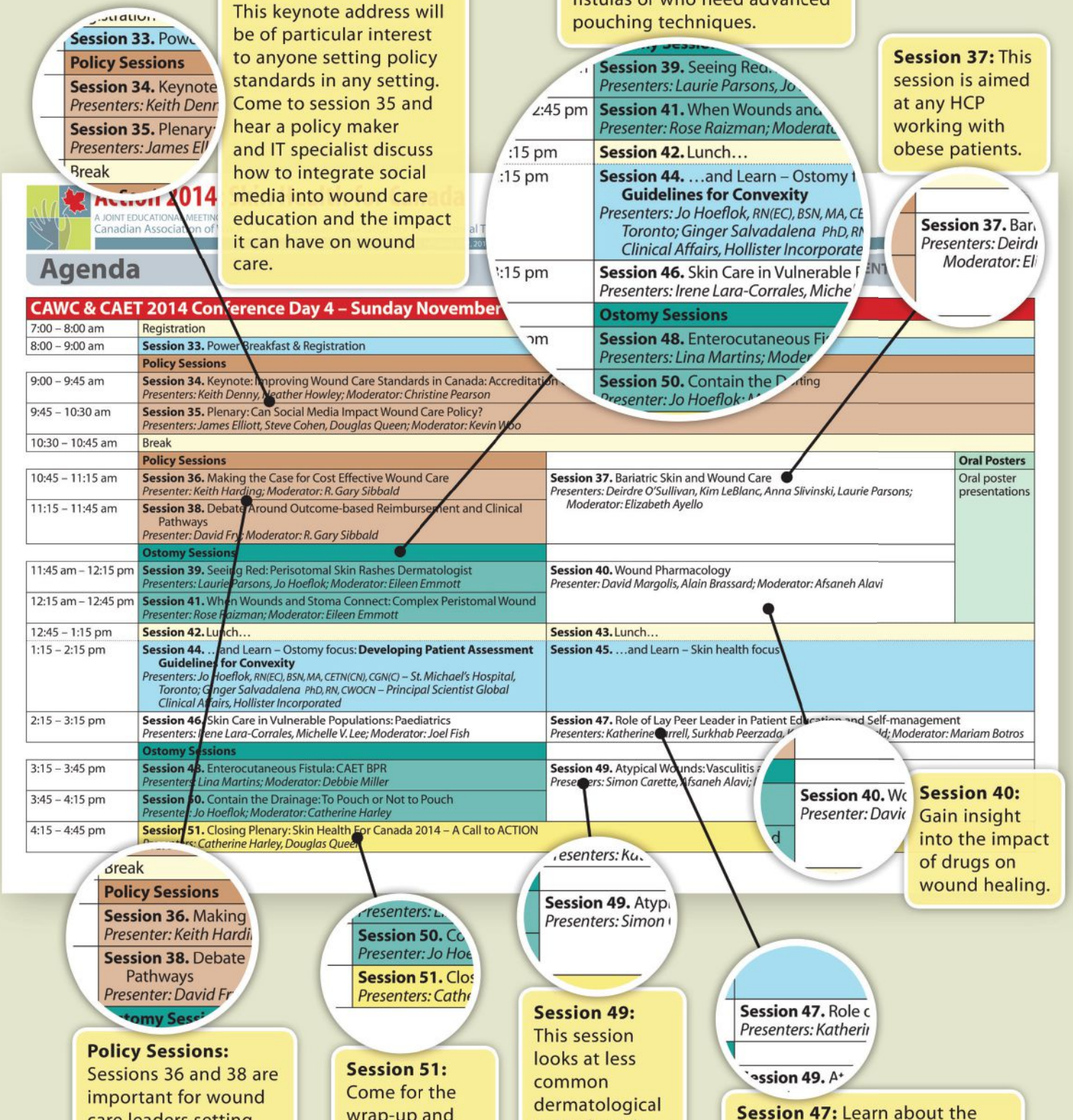
To see the full agenda, please go to www.cawc.net/en/index.php/conference/agenda.

Day 4

Policy Sessions: In session 34 you will learn about new accreditation standards for wound care. This keynote address will be of particular interest to anyone setting policy standards in any setting. Come to session 35 and hear a policy maker and IT specialist discuss how to integrate social media into wound care education and the impact it can have on wound care.

Ostomy Sessions: This block is a set of sessions especially for clinicians who work with people who have ostomies, fistulas or who need advanced pouching techniques.

Session 37: This session is aimed at any HCP working with obese patients.



Agenda

CAWC & CAET 2014 Conference Day 4 – Sunday November

7:00 – 8:00 am	Registration		
8:00 – 9:00 am	**Session 33.** Power Breakfast & Registration		
	Policy Sessions		
9:00 – 9:45 am	**Session 34.** Keynote: Improving Wound Care Standards in Canada: Accreditation *Presenters: Keith Denny, Heather Howley; Moderator: Christine Pearson*		
9:45 – 10:30 am	**Session 35.** Plenary: Can Social Media Impact Wound Care Policy? *Presenters: James Elliott, Steve Cohen, Douglas Queen; Moderator: Kevin Woo*		
10:30 – 10:45 am	Break		
	Policy Sessions		**Oral Posters**
10:45 – 11:15 am	**Session 36.** Making the Case for Cost Effective Wound Care *Presenter: Keith Harding; Moderator: R. Gary Sibbald*	**Session 37.** Bariatric Skin and Wound Care *Presenters: Deirdre O'Sullivan, Kim LeBlanc, Anna Slivinski, Laurie Parsons; Moderator: Elizabeth Ayello*	Oral poster presentations
11:15 – 11:45 am	**Session 38.** Debate Around Outcome-based Reimbursement and Clinical Pathways *Presenter: David Fr; Moderator: R. Gary Sibbald*		
	Ostomy Sessions		
11:45 am – 12:15 pm	**Session 39.** Seeing Red: Perisotomal Skin Rashes Dermatologist *Presenters: Laurie Parsons, Jo Hoeflok; Moderator: Eileen Emmott*	**Session 40.** Wound Pharmacology *Presenter: David Margolis, Alain Brassard; Moderator: Afsaneh Alavi*	
12:15 am – 12:45 pm	**Session 41.** When Wounds and Stoma Connect: Complex Peristomal Wound *Presenter: Rose Raizman; Moderator: Eileen Emmott*		
12:45 – 1:15 pm	**Session 42.** Lunch…	**Session 43.** Lunch…	
1:15 – 2:15 pm	**Session 44.** …and Learn – Ostomy focus: **Developing Patient Assessment Guidelines for Convexity** *Presenters: Jo Hoeflok, RN(EC), BSN, MA, CETN(CN), CGN(C) – St. Michael's Hospital, Toronto; Ginger Salvadalena PhD, RN, CWOCN – Principal Scientist Global Clinical Affairs, Hollister Incorporated*	**Session 45.** …and Learn – Skin health focus	
2:15 – 3:15 pm	**Session 46.** Skin Care in Vulnerable Populations: Paediatrics *Presenters: Irene Lara-Corrales, Michelle V. Lee; Moderator: Joel Fish*	**Session 47.** Role of Lay Peer Leader in Patient Education and Self-management *Presenters: Katherine Farrell, Surkhab Peerzada, …; Moderator: Mariam Botros*	
	Ostomy Sessions		
3:15 – 3:45 pm	**Session 48.** Enterocutaneous Fistula: CAET BPR *Presenters: Lina Martins; Moderator: Debbie Miller*	**Session 49.** Atypical Wounds: Vasculitis *Presenters: Simon Carette, Afsaneh Alavi;*	
3:45 – 4:15 pm	**Session 50.** Contain the Drainage: To Pouch or Not to Pouch *Presenter: Jo Hoeflok; Moderator: Catherine Harley*		
4:15 – 4:45 pm	**Session 51.** Closing Plenary: Skin Health For Canada 2014 – A Call to ACTION *Presenters: Catherine Harley, Douglas Queen*		

Session 40: Gain insight into the impact of drugs on wound healing.

Session 47: Learn about the growing role of patients as peer leaders in health education and its impact on self-management.

Session 49: This session looks at less common dermatological wounds and will highlight the importance of knowing when a referral is necessary.

Session 51: Come for the wrap-up and way forward.

Policy Sessions: Sessions 36 and 38 are important for wound care leaders setting policy or anyone interested in learning how policies are set.

CAWC Annual Conference:

The Second Act: Back to the Future

By Heather L. Orsted, RN, BN, ET, MSc and Keith Harding, CBE FRCGP FRCP FRCS

The opening plenary session in any conference, where everyone gathers in a single place, is intended to set the stage for the conference to follow. The theme of Action 2014: Skin Health for Canada*, a joint meeting of the Canadian Association of Wound Care and the Canadian Association for Enterstomal Therapy, in collaboration with the World Alliance for Wound and Lymphedema Care, is on the next phase of wound prevention and care, particularly as it relates to incorporating more types of health-care professionals into the fold than ever before.*

To move forward, sometimes we need to look back to discover how the past has informed the future and what lessons we can learn about what best serves patients, health-care providers and the system—and what does not.

It has been 20 years since a seminal article in *Scars and Stripes*, the initial iteration of the journal of the Wound Healing Society, was published. "Problems of Chronic Wound Care," by Keith Harding, stated that only when we address the factors operating around an individual patient will we be able to offer comprehensive and professional care.

Conference Tip:
Use the annotated agenda and the summaries on page 18 to help you plan for an optimal, customized conference experience.

Factors to Consider

The early paper discusses four main types of factors that need to be considered when creating an environment that is optimal for patient-focused skin and wound management: society, health-care systems, professional factors and patient factors. Let's look at each of these.

Society:

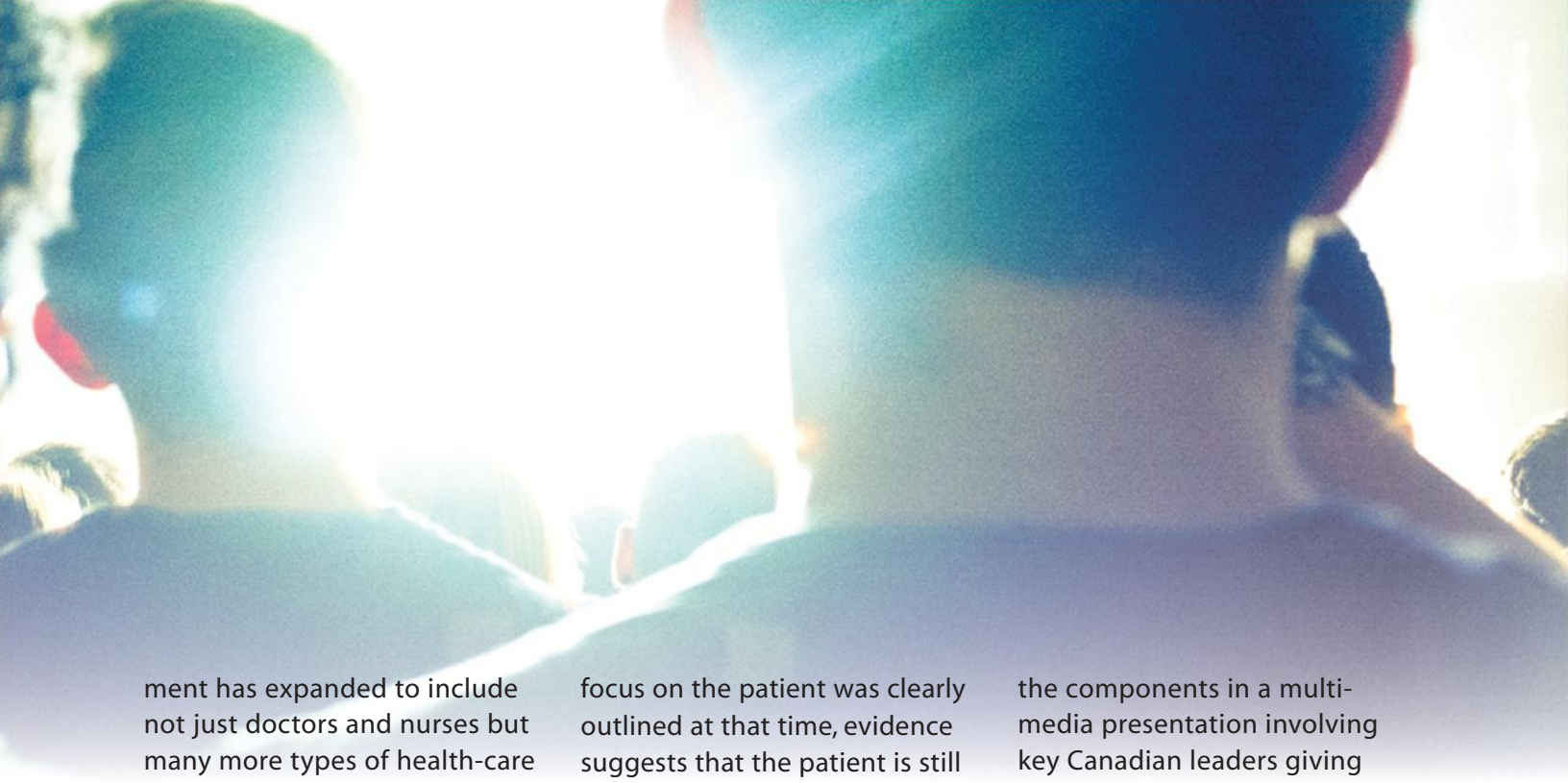
As predicted in the paper, the increase in the elderly population has become a reality. The result is growing concern on how governments are addressing both the demographic issues and an increased need for effective chronic disease management.

Health-care systems:

Administrators in hospitals, extended care facilities, clinics and community services now recognize the impact and cost of inappropriate wound care.

Professional factors:

Twenty years ago, the focus for wound care was mostly on doctors and nurses, and on encouraging more scientific involvement. Today, the science behind the ever-improving management of wounds is more embedded in the culture of care, and the world of wound manage-



ment has expanded to include not just doctors and nurses but many more types of health-care professional.

Patient factors:
The paper suggested that factors affecting and affected by patients, caregivers and family members were a necessary part of any care equation. Health factors, a patient's lifestyle patterns and behaviours should always be considered. A major summary statement in the article suggested that quality of life, comfort, return to normal function and cost may be equally important in the development of care for patients with chronic wounds. Although a need to improve the focus on the patient was clearly outlined at that time, evidence suggests that the patient is still often left out of the process when planning the prevention and treatment of wounds.

Today and Tomorrow

At the conference, these and other ideas will be presented in the opening plenary (Session 3). Discussion will focus on the original paper and introduce the four key components, exploring how they are still current and how they can be improved upon in light of present-day knowledge.

To provide multiple perspectives, we will reintroduce the components in a multimedia presentation involving key Canadian leaders giving responses to a set of questions about which they have particular expertise.

Through the interviews and discussion points relating to changes in the constitution of wound management teams and how they operate, we will compare and contrast the responses, showing where we need to go to support not only wound management but prevention. We will also focus on the concept of standardizing skill sets for wound management specialists, which is a topic that will be further explored in Session 17, "Who is a wound care specialist?"

Four Components: Questions for Today

Society: How is the population in general plagued by chronic diseases and what impact does this have on the health-care system?
Health-care systems: What is the significance of inappropriate care and the aging population in terms of increased and inappropriate cost and suffering?
Professional factors: How does standardizing health care across disciplines and generations impact discrepancies in care?
Patient factors: What is the importance of patient involvement in care and what is the most effective process of patient participation?

CAWC Annual Conference:

What's the Value for Family Physicians?

By Robyn Evans MD, CCFP, IIWCC

Toronto is hosting the 20th Canadian Association of Wound Care (CAWC) conference October 30 through November 2, 2014. I am excited to be the co-chair for this conference along with Catherine Harley, who represents the Canadian Association for Enterostomal Therapy (CAET). This year is the first joint educational event for these two national organizations.

Family physicians are responsible for knowing "everything." The management of chronic wounds is one of those topics that falls between the cracks in undergraduate teaching and residency. In all fairness to family physicians they are not the only ones to have missed this lecture! As the director of the wound clinic at Women's College Hospital I teach many residents from different specialties, and it is surprising how little exposure most have had to the principles of wound care. This conference will provide family physicians with educational sessions directed toward practical core topics such as diabetes, venous/arterial disease and pressure ulcers. Speakers will provide some basics, but the focus is on what's new and how it applies to our most challenging patients.

Sobering Statistics

People with diabetes visit physicians 1.5 times more often than people without diabetes.[1] The complications of diabetes are well known. Neuropathy is the most important risk factor for the development of diabetic foot ulcers, closely followed by peripheral vascular disease. Persons with diabetes have a 25% lifetime risk of developing a foot ulcer, with non-healing diabetic foot ulcers accounting for 85% of diabetes-related limb amputations.[2] Unfortunately the five-year mortality rate of amputees is 45%.[3]

The Role of the Family Physician

The management of diabetic foot ulcers requires the activities of many health-care professionals, but family physicians are key in the early identification of those at high risk of developing diabetic foot complications. It is also true that family physicians are often in a position to investigate and manage these complicated ulcers until an appropriate referral can be arranged.

Diabetic Foot Sessions

Topics related to diabetic foot at this conference are clustered on one day to allow the busy clinician the opportunity to optimize his or her time. Dr. Giuseppe Papia from Sunnybrook Hospital will explain the vascular assessment and what can be done to improve blood flow to the lower extremity. Orthopedics plays a major role in treating osteomyelitis and foot deformity such as Charcot Foot in people with diabetes. Dr. Johnny Lau from Toronto Western Hospital will tackle this problem, with Dr. John Embil discussing the use of antibiotics and the role of glycemic control in wound healing. To round out the discussion with a patient-centred focus, there will be talks on improving diabetic foot care in Canada, the burden of this disease in Aboriginal communities and the quality of life of adults living with diabetic foot diseases.

Wound Prevention and Management

One of the most challenging issues faced by clinicians is the diagnosis of infection in any chronic wound. Dr. Madhuri Reddy, a geriatrician and wound expert from Boston, will outline the current evidence regarding the diagnosis of infection in a chronic wound.

The cornerstone for management of venous insufficiency is the use of compression. Doctors Kevin Woo and Afsaneh Alavi will update this topic, while Dr. Andrew Dueck will review the surgical options for venous insufficiency.

Pressure ulcers can be one of the most difficult types of ulcers to manage due to the complex etiology and to patient-specific factors. The majority of pressure ulcers are preventable—however there are some that may not be. The talks on pressure ulcers will address the issue of unavoidable pressure ulcers as well as when to refer to plastic surgery for closure.

Hyperbaric oxygen therapy is often requested by our patients for the treatment of their chronic wounds, as it is often touted as being the "best" treatment. Dr. David Margolis will speak to the role of this adjuvant therapy.

Good to Know . . .

It's important for family physicians to know that:

- Wounds can be intimidating due to the lack of exposure to the approach and management of these ulcers.
- Diabetic foot ulcers are serious—and family physicians are well positioned to identify those at risk.
- Understanding vascular assessment and options for surgery is important in the management of many leg and foot ulcers.
- Hyperbaric oxygen treatment sounds good but it may not be right for everyone.

These topics are designed to cover the core issues in wound care that physicians would see regularly in their office. There are many more educational sessions on ostomy-related skin issues, burn care and lymphedema that would be of interest as well.

Learning and Networking

The conference will be an excellent opportunity to learn about the most common ulcers encountered by family physicians. It will also serve as an opportunity to meet colleagues interested in these complicated issues and key leaders to refer patients to for more urgent consultations. Having been involved in organizing the topics as well as choosing the speakers, I can assure you that all the faculty are passionate about the care of the patient with a chronic wound and are eager to answer your questions. As in previous years, it is anticipated that study credits will be granted through the College of Family Physicians.

Robyn Evans *is Director, Wound Healing Clinic, Women's College Hospital.*

References

1. National Diabetes Fact Sheets Canada 2011, Public Health Agency of Canada. 2011, Chapter 3.
2. National Diabetes Fact Sheets Canada 2008, Public Health Agency of Canada, 2008.
3. Armstrong DG, Wrobel J, Robbins JM. Guest editorial: Are diabetes-related wounds and amputations worse than cancer? Int Wound J. 2007;4:286–7.

Allied Health Professionals

and Their Role in Skin and Wound Management

By Deirdre O'Sullivan-Drombolis, BScPT, MCISc (Wound Healing)

Best practices speak to the value of building a team of health-care professionals for the management of many health issues. All patients deserve access to a skilled and knowledgeable team. This team should include professionals to address physical, mental and spiritual aspects of the patient's health. Team members such as physicians, nurses, physical and occupational therapists, dietitians, social workers and the patient and their caregivers are invaluable. For some health conditions, such as cerebral vascular events, the roles of these team members have been well established. In other areas, such as wound care and skin health, the roles for allied health-care professionals in particular are less well known.

In the spirit of building strong interdisciplinary teams, this year the Canadian Association of Wound Care has joined forces with the Canadian Association for Enterstomal Therapy, along with the World Alliance for Wound and Lymphedema Care, to hold a joint conference. Attending will be health-care professionals from many different professions and parts of Canada—and indeed the world.

Strength in Numbers—and Variety

Come and network with health-care professionals who are at the forefront of wound and skin health research and are leaders in wound care, both in Canada and internationally. Learn not only how your current knowledge base and skill set can be used to help patients with skin health issues but also expand and grow with new ideas and skills. Build partnerships with like-minded individuals with similar passions and desires to make a difference in patients' lives. Collaboratively problem-solve on issues faced by health-care providers in many different settings. Be inspired about your potential role in wound care and skin health. Perhaps create a niche within your current practice that is currently unfulfilled and build up a new client base.

Expert Advice on Products

The vendor exhibits are opportunities to explore and ask questions about the many wound care and skin-health products available. The companies' know-

Conference Tip:
Talk to strangers. A conference is a great place to network with people from other parts of the world who are grappling with the same issues you are and a great way to make new friends!

ledgeable staff are there to help you understand not only dressings but a wide range of products for the toolbox of allied health professionals, including pressure distributing surfaces, compression devices, modalities, nutrition supplements and much more. This is another great networking opportunity, as our industry partners are also valuable members of our wound care teams.

The Latest Research

The conference will also be showcasing the most current research in the field of wound care and skin health with our poster displays and oral poster presentations. Connect with the researchers and learn about what is up and coming. Generate ideas. Submit your own work, whether it be a case study, implementation of goals or a controlled trial. Tell your story. Get your name out there.

Recharge Your Batteries

Working in health care is not easy. The current financial climate has hospitals and agencies pinching pennies in many ways. Many health professionals complain of burnout. Attending a live conference is a way to re-energize and reignite your passion for health care. It is a break from the common grind of daily routine that allows you to "rest and reflect." When was the last time in your workday that you truly invested in yourself and learned something new? Attend the conference, have a change of scenery—one that is rich in educational and networking opportunities—and spark your creativity, develop new ideas and think in innovative ways. The new tools, important contacts and renewed energy will bring much value to your organization.

Deirdre O'Sullivan *is a graduate of the Clinical Master's Program in Wound Healing at the University of Western Ontario. She is adjunct faculty within the program and at the Northern Ontario School of Medicine. She is Wound Care Team Lead and staff physical therapist at Riverside Health Care Facilities and a member of the CAWC's Board of Directors.*

Top 5 Reasons Action 2014: Skin Health for Canada is a conference for all health-care professionals to attend

1. Skin health issues are on the rise. Learn how your skills can help patients with wounds and other skin-health issues.
2. Interdisciplinary teams are considered a best practice approach in the treatment of skin issues. Network and build a team.
3. The number and types of products can be overwhelming. Come and see the products first hand and ask the experts your questions face to face.
4. The latest research will be showcased. See what's new.
5. Working in health care can be very rewarding but also draining. Invest in yourself. Recharge. Reboot. Re-energize.

Chronic Edema/Lymphedema: The Hidden Epidemic

By David Keast, BSc, MSc, Dip Ed, MD, CCFP, FCFP

Day 2 of the conference contains a fascinating block of presentations, under the heading International/WAWLC Sessions. These sessions have been organized by members of the World Alliance for Wound and Lymphedema Care and will provide attendees with insight about wound care in other countries and how lessons learned there can be applied to Canada. Lymphedema will be in the spotlight. To help readers and conference attendees understand more about this prominent but poorly understood condition, the following article provides an excellent primer on chronic edema/lymphedema.

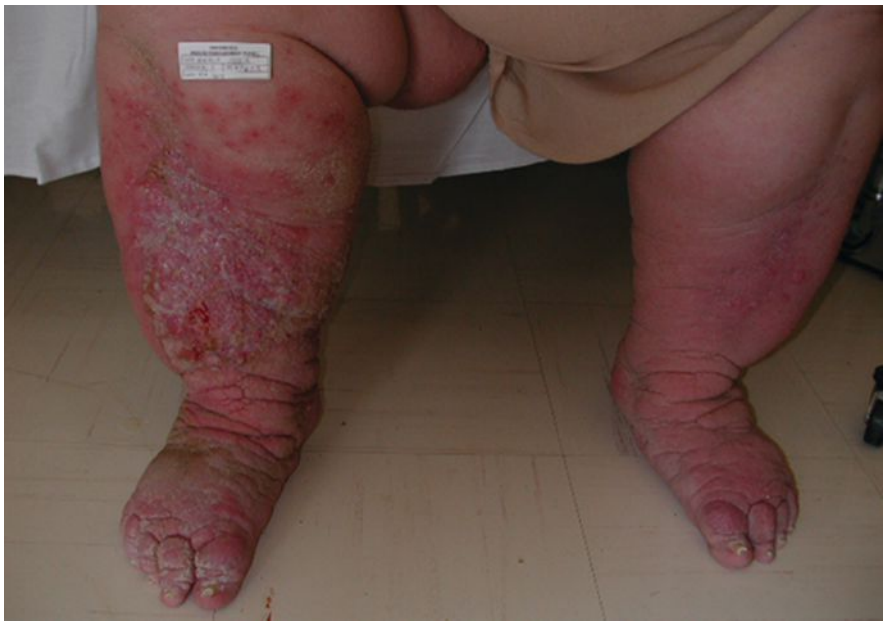
Chronic edema/lymphedema has been described as the hidden epidemic. Yet despite significant morbidity it remains under-recognized, underfunded and under-treated. According to Stout et al., the main reasons for this is lack of public awareness, insufficient education and knowledge among health-care providers and failure of insurers to recognize the extent of the problem.[1] In a Canadian study carried out by Hodgson et al., many patients with lymphedema, especially those with non-cancer-related lymphedema and children with lymphedema, had limited or no access to treatment.[2] This compromised access stems from a lack of hospital-based services, an insufficient number of private clinics and the cost of treatment. Patients in rural/suburban areas may not have access to trained therapists or physicians who can properly diagnose and treat chronic edema/lymphedema.

Extent of the Problem

Primary lymphedema occurs in one in 6000 at birth. The most common cause of secondary lymphedema worldwide is lymphatic filariasis, a parasitic infection transmitted by a mosquito vector. It is estimated to impact more than 120 million individuals worldwide.[3] About 40 million individuals are disfigured and incapacitated by the disease. Lymphatic filariasis is uncommon in the Western hemisphere, being endemic in only two locations: Léogâne, Haiti, and Recife, Brazil. It is estimated that three to five million people in the United States are affected by secondary lymphedema.

There are no Canadian statistics, but by extrapolation from the U.S. study it is estimated that at least 300,000 people in Canada may be affected by lymphedema. Likewise, there are few Canadian statistics documenting the numbers of people with secondary lymphedema; however it is suggested that the incidence of breast cancer-related lymphedema ranges from 6% to 70%, but lymphedema may be a common and under-re-

ported morbidity.[4] Up to 70% of men with prostate cancer may have lymphedema. Similarly, morbid obesity is rapidly increasing in North America, and 80% of these individuals are thought to suffer with an element of lymphedema.[3]



Definition of Chronic Edema/Lymphedema

Lymphedema is defined as an abnormal swelling of a limb and/or the related quadrant of the trunk due to the accumulation of protein-rich fluid in the tissue spaces of the skin.[5] Clinically lymphedema may be defined as chronic edema lasting more than three months that is minimally responsive to overnight leg elevation or diuretics and is accompanied by skin changes such as thickened skin, hyperkeratosis and papillomatosis.[6] Lymphedema may be primary or secondary. Primary lymphedema is related to the congenital absence or malformation of lymphatics and may appear clinically at birth or later in life. There is growing recognition that primary lymphedema is related to specific genetic abnormalities. Secondary lymphedema results from damage to lymphatics. Common causes of secondary lymphedema include chronic venous insufficiency, obesity, recurrent infections, surgery—particularly surgeries involving damage or removal of lymph nodes or lymph vessels—trauma, burns and radiation treatments. Medical conditions such as congestive heart failure, renal failure and liver failure may lead to chronic edema, which, if persistent, ultimately will lead to lymphatic dysfunction.

Pathophysiology of Chronic Edema/Lymphedema

Lymphatic fluid (also known as lymph) primarily consists of water and protein filtrate. Lymph contains large quantities of macromolecules that are not absorbed into the arteriovenous capillary bed but are transported by the lymphatic system entering the venous system in the thorax. The lymphatic system also transports fat (chyle) and waste products of metabolism.

Lymphatic failure is best discussed in the context of overall tissue fluid dynamics. The cells are nested in an extracellular matrix and are bathed in a constant flow of tissue fluid that nourishes and supports the cells as well as carries away the products of metabolism. Fluid moves under the influence of the push of hydrostatic pressure within the capillaries and in the extracellular compartment and the pull of osmotic force where fluid moves across a semi-permeable membrane from areas of low concentration of dissolved proteins to a region of higher concentration. Newer research has shown that in the extremities there is no net reabsorption of fluid into the capillary bed and that 100% of excess tissue fluid is handled by the lymphatics.[7] A normal lymphatic system may fail because the capillary filtrate exceeds the ability of the lymphatic system to handle the fluid load.

Conference Tip:
Consider attending at least one session that is completely outside your area of expertise or interest. Gaining insight and information from new people with different approaches can be enlightening and inspirational!

There are three methods by which the lymphatic system may fail:

1. Dynamic insufficiency (or high-output failure)
2. Mechanical insufficiency (also known as low-output failure)
3. A combination of the two

In high-output failure the lymphatic system becomes overwhelmed, the tissue spaces become saturated with proteinacious fluid and swelling of the affected area occurs. If left untreated, the presence of macromolecules, such as growth factors, proteases and pro-inflammatory molecules may lead to chronic inflammation, infection and hardening of the skin.[8] Additionally, the accumulation of cellular debris and blocking of the lymphatic vessels impede transportation of macrophages and lymphocytes—thus limbs affected by lymphedema are more prone to infections. Examples of high output failure include hepatic cirrhosis (ascites), nephrotic syndrome (anasarca) and venous insufficiency of the leg.

Low-output failure is characterized by decreased lymphatic transport. It may be related to congenital absence or malformation of the lymphatics, tissue damage from trauma or surgical treatment. It also my result from obstruction of the lymphatics by tumour, morbid obesity or scar tissue from thermal or chemical burns. Recurrent infection or other inflammatory conditions will ultimately lead to damage of the lymphatics. Lymph transport occurs within the lymphatic system through intrinsic contraction of the lymphangion, pulsations of adjacent arteries aided by calf-muscle-pump function. Thus chronic dependency of the limb and poor calf-muscle-pump action may also lead to low-output failure.

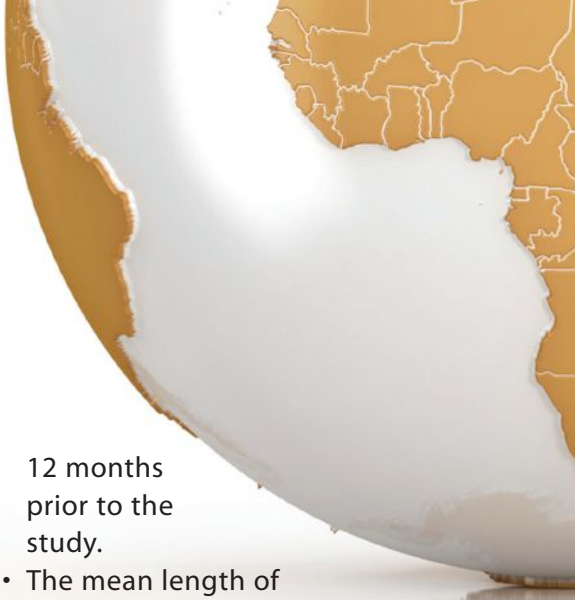
In situations where high-output transport failure is long-standing, functional deterioration of the current lymphatics system is inevitable and results in a reduction of overall transport capacity, leading to a combination of both high output and low output failure.

The Costs

Early intervention and management of chronic edema are key factors in reducing the risks to overall patient health, recovery, lifestyle and work. Unaddressed, these risks may lead to expensive hospitalization/IV treatment. These are avoidable costs, which will only multiply due to the escalating number of patients with obesity, complex medical conditions and cancer.

A prevalence study done in the United Kingdom by Christine Moffat in 2003 revealed that 823 patients in 619,000 had chronic edema.[9] Of these:

- 27% were admitted to hospital for antibiotic treatment at an increased burden on the health-care system.
- 32% received some form of compression bandaging.
- 29% had an infection in the 12 months prior to the study.
- The mean length of stay was 12 days at a mean cost of £2300 ($4200).
- 80% had taken time off work.
- 8% had to give up work.



The study estimated that for every £1 spent on lymphedema treatments £100 in hospital admission costs were saved.

In 2011 the challenges of chronic edema were compared between the UK and Canada. It was noted that both had a lack of public awareness, poor professional knowledge, inadequate information, delayed diagnosis and inappropriate treatment, poor understanding of treatment options, a lack of evidence-based guidance and difficulties ensuring concordance with treatment.[10] The geographical issues patients in Canada face are considerable, and many patients deliver their own care. There is frustration with the lack of funding for lymphedema from both government and insurance companies.

Best Practice

The most comprehensive document on best practice is the document from the International Lymphedema

Framework.[11] When combined with the recent Position Statement on Compression Therapy (www.lympho.org) it provides guidance to the practising clinician. The management of chronic edema/lymphedema has several components, which may include:

- Compression therapy
- Meticulous skin care
- Manual lymphatic drainage (MLD) done by professionals or simple lymphatic drainage done by patients or informal caregivers after instruction by a professional
- Exercise
- Intermittent pneumatic compression therapy
- Compression garments for maintenance

Of these, the most critical is compression therapy. Compression therapy works to enhance both venous and lymphatic drainage from the extremity. Short stretch, more rigid bandage systems have proven to be more effective than elastic systems in promoting mobilization of tissue fluid through:

- Reduction of the cross-section of the veins
- Improved valvular function, which reduces reflux and decreases hydrostatic pressure in the veins
- Improved venous flow velocity by enhancement of calf-muscle pumping activity
- Increased tissue hydrostatic pressure leading to decreased net filtration

This has several beneficial effects on the lymphatic system:

- Reduction of venous congestion decreases net filtration and fluid load on the lymphatic capillaries.
- Increased interstitial tissue fluid hydrostatic pressure increases tension on the anchoring filaments, which will increase the ingress of lymph fluid and macromolecules into the lymphatic capillaries.
- Enhanced muscle-pump activity improves lymph propulsion though the lymph vessels.
- Down regulation of inflammatory cytokines leads to breakdown of fibrosclerotic tissue.

Summary

Lymphedema is a hidden epidemic. It is under-recognized and undertreated worldwide. It is a chronic condition and is best managed using chronic disease models that focus on self-management with professional support for assessment, treatment recommendations and monitoring. The cornerstone of treatment is appropriate compression therapy to manage edema. It requires a partnership between health-care systems, health professionals, persons living with lymphedema and their families or caregivers.

References

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Diabetes
and the Importance of HCPs

By Andrew Springer, DCh

We have all heard the news: diabetes, health complications related to diabetes and health-care costs related to diabetes are increasing exponentially. But what does that really mean? High obesity rates, sedentary lifestyles, unhealthy diets and the aging of the population have fuelled significant growth of type 2 diabetes as a health problem in Canada.

Sobering Stats

Statistics from Ontario's Ministry of Health and Long-Term Care and the Canadian Diabetes Association suggest that the number of people living with diabetes in Ontario alone should almost quadruple, from 546,000 in 2000 to 1.9 million by 2020. A diabetes patient costs Ontario's health-care system in excess of $3000 annually—more than twice that of someone without diabetes, which can rise to over $5000 if there are complications.

Some estimates put the direct and indirect cost related to lower limb amputation caused by diabetes at $75,000. Diabetes complications account for 69% of limb amputations, 53% of kidney dialysis and transplants, 39% of heart attacks and 35% of strokes.

The Role of HCPs

We as frontline care providers are best positioned to educate patients and prevent and treat the wounds that all too often lead to amputation. Many of you are aware that we can be the extra pair of eyes that catch things before they become problematic. Sometimes the work is not as glamorous as healing a bad wound, but it is arguably more valuable and undoubtedly helps to reduce health-care and human costs.

Expand your knowledge, see what new products are out there and meet some of your colleagues from around the globe. We look forward to seeing you at Action 2014: Skin Health for Canada**,** October 30–November 2, 2014, at the Westin Harbour Castle Hotel in Toronto.

Preview of a Sponsored Session on Diabetes

The sponsored sessions on Day 1 offer valuable insight to conference attendees on a range of topics. These sessions are financially supported by industry and usually involve nationally and internationally renowned experts. Here's a sample of what you can expect.

Offloading the Diabetic Foot: 30 Years' Research in 30 Minutes

Speaker: David Armstrong

The current literature consists of numerous works advocating the use of offloading in the diabetic patient to achieve both ulcer healing and post-operative pressure reduction. However, choosing the appropriate device for the appropriate occasion is often difficult. The gold standard of offloading remains the total contact cast. While there are many benefits with this device, there are equally as many disadvantages. Other devices have shown benefit, including the removable cast walker, instant total contact cast and, for preventative measures, depth inlay shoes. Faced with active ulcers or recent amputations, appropriate wound care, debridement and pressure reduction will continue to be the essential components of treatment. The lecture and the most up-to-date information on the subject can be found at diabeticfootonline.com or by following our twitter feed @dgarmstrong.

Prevention and Management of Diabetic Foot Complications

Save the date
Friday, December 5, 2014
8:30 a.m. - 4:30 p.m.

Valhalla Inn
Thunder Bay, Ontario
Registration opening soon

Description:
You have the opportunity to positively influence your patients' clinical outcomes and quality of life by employing effective strategies to prevent diabetic foot ulcers and subsequent amputations. Learn from a dynamic, interprofessional faculty:

- About current trends in the prevention and management of diabetic foot ulcers
- Through case-based learning incorporating chronic disease self-management principles
- How to engage organizational support for evidence-based care to prevent amputations

Workshop Objectives:
By the end of the workshop, participants will be able to:

1. Discuss risk factors that contribute to the development of diabetic foot complications
2. Design treatment plans for the prevention and management of diabetic foot complications
3. Identify organizational changes that can support risk reduction of diabetic foot complications, and amputation prevention

Who should attend:
Physicians, nurses, chiropodists/podiatrists, pharmacists, diabetes educators, physiotherapists, occupational therapists and other interested health-care professionals

Diabetic Foot Canada

Northern Ontario School of Medicine
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The Role of Lay Peer Leaders
in Patient Education and Self-management

By Katherine Farrell HBK MPH; Kathryn MacDonald, RD, CDE; Surkhab Peerzada, MPH

Since 2011, the Self-Management Program in Ontario has been offering a variety of evidence-based workshops developed by the Patient Education Research Group at Stanford University. In 2013, the Canadian Association of Wound Care's PEP Talk: Diabetes, Healthy Feet and You was added to the list of peer-led programs. In Session 47, on Day 4 of the conference, the regional co-ordinators will share their reasons for including CAWC's PEP Talk in their list of peer-led programs and build awareness by using evidence specifying the value of peer leaders in promoting healthy behavior change. We will also share a clinician's experience in working with lay peer leaders and present testimonials from patients, providers, and peer leaders from across the region and in various health-care settings.

Conference Tip:
Prioritize your session attendance. You might have a grand plan to fill up your agenda and attend a session in every time slot, but sometimes reality gets in the way and you can't quite manage it. To make sure you have the energy to attend all your high-priority sessions, create an A list and B list. If you need to drop a session, take it from your B list.

Overcoming Resistance

Self-management workshops, led by trained peers, are a key component of the continuum of care. As co-ordinators we often hear from our partners, specifically clinicians, comments like: "What can a peer leader teach my patient that I can't?" Another common comment is along the lines of: "They aren't even trained health-care workers!" It can be perplexing to respond to these statements, knowing how valuable peer leaders have proven to be in evidence-based workshops promoting self-management across the province.

We have found that peer leaders have the ability to teach about lived experiences. Education and support from someone who has lived with chronic disease(s) or chronic pain themselves—and has been able to develop their own self-management skills—resonate in their facilitation and build a level of trust and learning that is unique to this form of patient care. Peer leaders have the ability to bridge gaps in the circle of care. They can educate patients about prevention and, most importantly, about how

to help people help themselves to live well with their diagnosis. They can share personal stories of successes, what resources and techniques have helped them, and how to overcome failure.

Evidence-based programs, like PEP Talk and Stanford, which we offer regionally, provide a framework to the knowledge sharing and empowerment of participants undertaken by trained peers. Both programs have been well studied in improving self-management behaviour. This grounding in the evidence allows us to continue to offer these programs in our regions.

Well-trained Leaders

Peer leaders are required to undergo an extensive training process. Once trained, they follow a standardized curriculum when conducting workshops. The standardized curriculum is aligned with goal setting and coaching techniques utilized in clinical practice to support ongoing health behaviour change and follow-through. While there are regional variations, the workshops are offered in settings that allow the co-ordinators to refer back inquiries of a clinical nature to members of the health-care team. We have found that clients often return for visits with their health-care team with a greater willingness and ability to be involved in their self-care.

Furthermore, we have found that it's not only the participants who see benefits from the workshops. The peer leaders receive satisfaction from giving support, which helps them find meaning in their own diagnosis as well. Behaviour change is increased in peers as self-management techniques are reaffirmed.

Katherine Farrell *is the co-ordinator of the Living Healthy Northeast Chronic Disease Self-Management Program located at Health Sciences North in Sudbury, Ontario.*

Kathryn MacDonald *is the Program Lead for the Central West Self Management Program hosted by William Osler Health System and serving Central West Ontario.*

Surkhab Peerzada *is the co-ordinator for the Toronto Central LHIN's Self-Management Program and is excited to make it part of the continuum of care.*

Four reasons to consider peer-led self-management education:

1. Peers can provide a positive, judgment-free learning environment for participants.
2. Peers are ambassadors of behaviour change.
3. Peers can act as liaison between health-care providers and participants.
4. Using evidence-based programs, peers increase access to and knowledge of health-care resources.

Healthy Conference Tips

By Deirdre O'Sullivan-Drombolis, BScPT, MClSc (Wound Healing)

Attending a conference is exciting. You hope to return to work with a renewed sense of purpose, fresh ideas, great connections and knowledge—but not exhausted, sluggish and stiff, as is sometimes the case. Here are some great tips for getting the most out of Action 2014: Skin Health for Canada (or any other conference you are planning to attend) and avoiding the "conference blahs."

Travel right:

Whether you are travelling by plane, train or automobile make sure you get up and move around every hour or so. Do some simple stretches in your seat to keep your circulation going and loosen up your muscles. Pack light. Heavy bags are not only a hassle to drag around but strain muscles and joints. Use a light suitcase with wheels and if you must, use two smaller suitcases rather than one really large one.

Conference Tip:
Take some time away from the conference for a culture break. This year's venue is the Westin Harbour Castle in beautiful downtown Toronto. Toronto is a city rich in culture, shopping, theatre and great places to eat. Explore the city and have a little fun!

Sit right:

You will be spending most of your day sitting so ensure you are sitting in proper alignment. Ankles, knees and hips should be at 90 degrees, with feet flat on the floor. Do not cross your legs or ankles. Ask for an extra towel and roll it up to place between the small of your back and the backrest of the chair. Keep your arms supported. Do small stretches in your chair and shift your weight frequently. If you have a sore back, stand at the back of the room against the wall for a change of position.

Move right:

Between sessions ensure you get up and move around. Go for a walk. Maintain good posture while you are walking and standing: head up, shoulders back, pelvis tilted slightly backward, slight bend in the knee and toes pointed out very slightly. If the venue has a gym, use it. Exercise will keep you feeling energized and prevent you from nodding off during sessions.

Eat right:

Try to choose healthy meals with plenty of protein and veggies. Bring your own snacks. Avoid mindless eating. Enjoy dessert in moderation. Take your vitamins. Drink plenty of water. Drink alcohol in moderation. (See Healthy Eating at Conference, page 38.)

Sleep right:

It can be tempting to stay out late visiting with old and new friends, but make sure you are getting enough rest. Lack of

sleep leads to poor concentration. Keep your room cool for sleeping. Sleep on the edge of the bed where it is likely to be firmest and try to use only one pillow under your head. Place a pillow under your knees if you sleep on your back or between your knees if you sleep on your side to maintain good alignment. If you do stay out late try to squeeze in a power nap or two.

Network right:

You are at a gathering of the best of the best! Use their resources to invest in yourself and build a support team. Share your knowledge and experiences. Ask questions. Speak with the presenters and moderators. Stay positive. Bring business cards to share. Ask people for their business cards. If you can, jot a few notes on the back of each card after your conversation so you remember them. Email those you truly connect with when you get home. Stay in touch.

These tips will help you to remain refreshed, energized and focused and this in turn will allow you to get the most out of the conference.

How should I dress?

Conference days can be long and staying comfortable is essential for getting the most out of the experience. Here are some tips:

1. Dress in layers. The only guarantee about the temperatures in conference venues is that they are too hot, too cold and always changing.
2. Wear clothing you have worn before so you are not surprised by fabric that itches or clothes that squeeze in the wrong places.
3. Wear comfortable, supportive shoes. The concrete floors, even with carpeting, can be hard on feet, legs and backs.
4. Use a rolling bag to keep weight off your shoulders.

Five stretches to do in your seat

1. Gentle shoulder rolls in both directions
2. Shoulder blade pinches—pull your shoulder blades back and down
3. Chin tucks—sit up tall and gently pull your chin to your chest
4. Arching over the back of your chair—lean back over the backrest and pull your arms open wide
5. Ankle pumps—pump your feet up and down to get the circulation going

Healthy Eating at Conference

By Anna Slivinski, RD

Making healthy food choices can sometimes be a challenge while attending a conference. With a day filled with presentations, networking events and evening socials, it can sometimes be difficult to find the nutritious foods you need to fuel your body and mind. You need food and drink that will keep you energized and alert during the day and relaxed at night when you need to sleep. Here are some tips:

Breaks

- Skip the pastry, muffin and doughnut platters at coffee breaks.
- Choose fresh fruit or a whole grain bagel and light cream cheese.

Beverages

- Keep a water bottle by your side all day. Stay hydrated.
- Use milk in your coffee and tea instead of cream. After 6 cups, this adds up to over 300 calories saved!
- Drink water, clear tea, or coffee during presentations and exhibits instead of high-sugar, high-calorie or artificially sweetened soft drinks and fruit drinks.
- Limit your intake of high-calorie alcoholic beverages at the company-sponsored events at the end of the day. Watch out for drinks with high sugar additions such as fruity martinis and highballs with fruit juices or soft drinks. Choose drinks with club soda or on the rocks, or opt for a glass of dry wine.

Meals

- Choose sandwiches, wraps and salads with dressing on the side when ordering a meal.
- Keep it small. Portion size is key.
- You can't go wrong with ordering an extra side salad or dish of vegetables.
- Select simply prepared appetizers that provide lean fish and fresh fruit and veggies (e.g., sushi).
- Choose a simple green salad with a vinaigrette dressing or a tomato and bocconcini salad as a starter. Beware of the popular Caesar salad; no salad is higher in calories!
- For an entrée, consider grilled beef, chicken or vegetarian options without creamy sauces.
- Choose a baked potato and sautéed vegetables to complete your meal.
- A wood-fired vegetarian pizza is another healthy option.

Dessert

- Dessert options can be tempting and a real downfall. Fresh berries with whipped cream (Yes, you can!) or even a fruit tart are acceptable. And the best part: you don't need to skip the chocolate! Take along dark chocolate and enjoy a small piece before turning in for the night, or start your day with a low-fat or skinny specialty coffee. "Cinnamon dolce" is my favourite!

Anna Slivinski *is a member of the CAWC Board of Directors and Community Dietitian and Wound Nutrition Consultant in Vancouver, BC.*

Resources

1. How to Eat Healthy While Traveling for Business, Lori Rice, USA Today, 2014.
2. Healthy Plate, Vancouver Coastal Health, February, 2014.
3. 10 Tips for Eating Out, EatRightOntario, Dietitians of Canada, 2014.
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A new issue of
Diabetic Foot Canada e-Journal!

The **Canadian Association of Wound Care** and the **Registered Nurses' Association of Ontario** are pleased to announce the release of the latest issue of ***Diabetic Foot Canada***. It is available online now at **www.diabeticfootcanadajournal.ca**.

This innovative publication addresses an interdisciplinary audience of health-care professionals who care for people with diabetes, to support their practice and to improve patient outcomes.

Highlights of this issue include:

- A study into aiding patients to select appropriate socks and shoes
- A discussion of the complex relationships around obesity, bariatric surgery-induced diabetic remission and the diabetic foot
- Ways to achieve plantar pressure redistribution in the diabetic foot
- . . . and more

We encourage our readers to send us your feedback and submit articles.

Diabetic Foot Canada

Canadian Association of Wound Care | Association canadienne du soin des plaies

RNAO Registered Nurse L'Association des autorisés de l'Or

Action 2014: Skin Health for Canada

A JOINT EDUCATIONAL MEETING
Canadian Association of Wound Care
Canadian Association for Enterostomal Therapy

OCTOBER 30 – NOVEMBER 2, 2014 · WESTIN HARBOUR CASTLE HOTEL, TORONTO, ONTARIO

Encourage a colleague to register!

There is something of interest for everyone!

This fall, the CAWC's 20th anniversary conference is a joint educational event with the CAET!

You will not want to miss it, and neither will your colleagues! Bring someone with you who has not been to the conference before. There is something of interest for **everyone** involved in the delivery of health care.

Who should go to the conference?

THIS CONFERENCE IS FOR

- Specialist Physicians
- Enterostomal Therapy Nurses
- Nurse Practitioners
- Registered Nurses
- Registered Practical Nurses
- Family Physicians
- Surgeons
- Endocrinologists
- Physiotherapists
- Occupational Therapists
- Pedorthists
- Chiropodists
- Pharmacists
- Social Workers
- Dermatologists
- …and other specialists!

Why should I attend?

THIS CONFERENCE WILL FEATURE

- Many new topics:
  - Skin health/prevention
  - Expanded diabetic foot topics
  - Ostomy/peristomal skin care
  - Enterocutaneous fistula
  - Continence
  - Innovations in wound care
  - Leading-edge policy plenaries
- More than 50 educational sessions
- Inspiring speakers
- New people and unparalleled networking opportunities
- Trade show exhibit with cutting-edge innovations
- …and much more!

What are you waiting for?

Register Now!

October 30 – November 2, 2014
Westin Harbour Castle Hotel
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To **find out more** about the conference and to go to the registration Web site.

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The Canadian Association for Enterostomal Therapy
Association Canadienne des Stomothérapeutes